

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>RECORD OF COMMUNICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | <input type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | <input type="checkbox"/> OTHER (SPECIFY) EPA - Site Inspection Report<br><small>(Record of item checked above)</small>                          |  |
| <b>TO:</b><br><br>Dr. Richard Spear                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>FROM:</b><br><br>Paresh G. Parekh, P.E. | <b>DATE</b><br>12/15/80<br><b>TIME</b>                                                                                                          |  |
| <b>SUBJECT</b><br><br>STERLING DRUGS, INC. SITE 1, RENSSELAER, N.Y. (TDD 2-8011-43)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                 |  |
| <b>SUMMARY OF COMMUNICATION</b><br><br><div style="display: flex;"> <div style="width: 50px; font-size: 2em; margin-right: 10px;">118</div> <div> <p>             Sterling Drugs, Inc. Site 1 is a 11 acre inactive landfill site located at the main plant in the city of Rensselaer. It is entirely covered by paved areas and buildings owned by Sterling Organics a subsidiary of Sterling Drugs, Inc. The site was active prior to 1947 and for 6 month in 1970, at which time the area was a swamp. Unknown amount of waste such as Filter cakes, rejected products, packaging materials, solvents, still bottoms, oils were placed on the site.           </p> <p>             The site is separated from built up commercial and residential areas of the City of Rensselaer by a paved road. The area is serviced by public water and sewer and is approximately 1,000 feet from the Hudson River.           </p> <p>             During the site visit on 12/4/80, no evidence of leachate was observed. Also to date there is no evidence of contamination by fumes in basement of any buildings.           </p> <p>             Due to nature of the site and nonexistence of groundwater wells the extent of contamination and impact on health and environment is not known.           </p> </div> </div> |                                            |                                                                                                                                                 |  |
| <b>CONCLUSIONS, ACTION TAKEN OR REQUIRED</b><br><br><p>As no apparent adverse environmental effects have been caused by the site, this site should be classified as a low priority site and no sampling is recommended at this time.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                                                                                                 |  |
| <b>INFORMATION COPIES</b><br><b>TO:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                 |  |



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION II  
SITE NUMBER (to be assigned by NJ) NY 000006250

**GENERAL INSTRUCTIONS:** Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-333); 401 M St., SW; Washington, DC 20460.

**I. SITE IDENTIFICATION**

|                                              |                  |                                                        |                              |
|----------------------------------------------|------------------|--------------------------------------------------------|------------------------------|
| A. SITE NAME<br>Sterling Drugs, Inc., Site 1 |                  | B. STREET (or other identifier)<br>33 Riverside Avenue |                              |
| C. CITY<br>Rensselaer                        | D. STATE<br>N.Y. | E. ZIP CODE<br>12144                                   | F. COUNTY NAME<br>Rensselaer |

**G. SITE OPERATOR INFORMATION**

|                                                                                      |                       |                                       |                      |
|--------------------------------------------------------------------------------------|-----------------------|---------------------------------------|----------------------|
| 1. NAME<br>Current operator<br>Sterling Organics a subsidiary of Sterling Drug, Inc. |                       | 2. TELEPHONE NUMBER<br>(518) 445-8100 |                      |
| 3. STREET<br>33 Riverside Avenue                                                     | 4. CITY<br>Rensselaer | 5. STATE<br>N.Y.                      | 6. ZIP CODE<br>12144 |

**H. REALTY OWNER INFORMATION (if different from operator of site)**

|         |          |                     |  |
|---------|----------|---------------------|--|
| 1. NAME |          | 2. TELEPHONE NUMBER |  |
| 3. CITY | 4. STATE | 5. ZIP CODE         |  |

I. SITE DESCRIPTION This is an 11 acre inactive landfill, which was used prior to 1947 and for six months in 1970.

**J. TYPE OF OWNERSHIP**

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

**II. TENTATIVE DISPOSITION (complete this section last)**

|                                                                                 |                                                                                                                                                                                       |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)<br>January 15, 1981 | B. APPARENT SERIOUSNESS OF PROBLEM<br><input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**C. PREPARER INFORMATION**

|                                   |                                       |                                      |
|-----------------------------------|---------------------------------------|--------------------------------------|
| 1. NAME<br>Paresh G. Parekh, P.E. | 2. TELEPHONE NUMBER<br>(609) 784-8695 | 3. DATE (mo., day, & yr.)<br>12/5/80 |
|-----------------------------------|---------------------------------------|--------------------------------------|

**III. INSPECTION INFORMATION**

**A. PRINCIPAL INSPECTOR INFORMATION**

|                                                  |                                                      |
|--------------------------------------------------|------------------------------------------------------|
| 1. NAME<br>Paresh G. Parekh, P.E.                | 2. TITLE<br>Sr. Environmental Engineer               |
| 3. ORGANIZATION<br>Fred C. Hart Associates, Inc. | 4. TELEPHONE NO. (area code & no.)<br>(201) 621-6800 |

**B. INSPECTION PARTICIPANTS**

| 1. NAME            | 2. ORGANIZATION               | 3. TELEPHONE NO. |
|--------------------|-------------------------------|------------------|
| Edward Moore, P.E. | Fred C. Hart Associates, Inc. | (201) 621-6800   |
| Frances Barker     | Fred C. Hart Associates, Inc. | (201) 621-6800   |
| Gary Johnston      | NYS DEC                       | (518) 457-7110   |

**C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, real. ests)**

| 1. NAME            | 2. TITLE & TELEPHONE NO.                                          | 3. ADDRESS                                                         |
|--------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|
| Joel B. Landes     | Environmental Engineer/<br>Plant Energy Manager<br>(518) 445-8694 | Sterling Organics<br>33 Riverside Avenue<br>Rensselaer, N.Y. 12144 |
| Edward W. Schurick | Vice President<br>(518) 445-8740                                  | same as above                                                      |

### III. INSPECTION INFORMATION (continued)

#### D. GENERATOR INFORMATION (source of waste)

| 1. NAME             | 2. TELEPHONE NO. | 3. ADDRESS                              | 4. WASTE TYPE GENERATED                                                   |
|---------------------|------------------|-----------------------------------------|---------------------------------------------------------------------------|
| Sterling Drugs Inc. | (518) 445-8100   | 33 Riverside Avenue<br>Rensselaer, N.Y. | Filter cakes, re-<br>jected products,<br>solvent, still<br>bottom and oil |

#### E. TRANSPORTER/HAULER INFORMATION

| 1. NAME        | 2. TELEPHONE NO. | 3. ADDRESS | 4. WASTE TYPE TRANSPORTED |
|----------------|------------------|------------|---------------------------|
| Not applicable |                  |            |                           |
|                |                  |            |                           |
|                |                  |            |                           |

#### F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

| 1. NAME                                                                                                                                                                                             | 2. TELEPHONE NO. | 3. ADDRESS |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------|
| Currently Frontier Chemical Waste Processing, Niagara Falls hauls the waste. The solid portion of the waste is taken to Waste Management Facility at Alabama and the liquid portion is incinerated. |                  |            |

#### G. DATE OF INSPECTION

(mm/dd/yyyy)  
12/4/80

#### H. TIME OF INSPECTION

1:00 pm.

#### I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION

☐ 2. WARRANT

#### J. WEATHER (describe)

cloudy and cold

### IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

| 1. SAMPLE TYPE   | 2. SAMPLE TAKEN (mark 'X')  | 3. SAMPLE SENT TO: | 4. DATE RESULTS AVAILABLE |
|------------------|-----------------------------|--------------------|---------------------------|
| A. GROUNDWATER   |                             |                    |                           |
| B. SURFACE WATER |                             |                    |                           |
| C. WASTE         | No samples taken on 12/4/80 |                    |                           |
| D. AIR           |                             |                    |                           |
| E. RUNOFF        |                             |                    |                           |
| F. SPILL         |                             |                    |                           |
| G. SOIL          |                             |                    |                           |
| H. VEGETATION    |                             |                    |                           |
| OTHER (specify)  |                             |                    |                           |

#### FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

| 1. TYPE                                | 2. LOCATION OF MEASUREMENTS | 3. RESULTS |
|----------------------------------------|-----------------------------|------------|
| No field measurements taken on 12/4/80 |                             |            |
|                                        |                             |            |
|                                        |                             |            |
|                                        |                             |            |

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

1. TYPE OF PHOTOS No photo taken

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

Not applicable

## D. SITE MAPS

☐ YES. SPECIFY LOCATION OF MAPS.

No mapping is required as the site is paved and buildings built on it.

## E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

42° 37' 46"

2. LONGITUDE (deg.-min.-sec.)

73° 44' 51"

## V. SITE INFORMATION

## A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)☒ 2. INACTIVE (Those sites which no longer receive wastes.)☐ 3. OTHER (specify):  
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

## B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code):  
Currently the innocuous waste is sent to Albany City Landfill and questionable materials are disposed to secure landfill.

## C. AREA OF SITE (in acres)

11 Acre

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify):

Plant and office of Sterling Organics

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| <input checked="" type="checkbox"/> A. TRANSPORTER | <input type="checkbox"/> B. STORER                                              | <input checked="" type="checkbox"/> C. TREATER | <input type="checkbox"/> D. DISPOSER |
|----------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------|
| 1. RAIL                                            | 1. PILE                                                                         | 1. FILTRATION                                  | 1. LANDFILL                          |
| 2. SHIP                                            | 2. SURFACE IMPOUNDMENT                                                          | 2. INCINERATION                                | 2. LANDFARM                          |
| 3. BARGE                                           | <input checked="" type="checkbox"/> 3. DRUMS                                    | 3. VOLUME REDUCTION                            | 3. OPEN DUMP                         |
| 4. TRUCK                                           | 4. TANK, ABOVE GROUND                                                           | 4. RECYCLING/RECOVERY                          | 4. SURFACE IMPOUNDMENT               |
| 5. PIPELINE                                        | 5. TANK, BELOW GROUND                                                           | 5. CHEM./PHYS./TREATMENT                       | 5. MIDNIGHT DUMPING                  |
| 6. OTHER (specify):                                | 6. OTHER (specify):                                                             | 6. BIOLOGICAL TREATMENT                        | 6. INCINERATION                      |
|                                                    | Currently questionable waste is stored in drums and disposed to secure landfill | 7. WASTE OIL REPROCESSING                      | 7. UNDERGROUND INJECTION             |
|                                                    |                                                                                 | 8. SOLVENT RECOVERY                            | 8. OTHER (specify):                  |
|                                                    |                                                                                 | 9. OTHER (specify):                            |                                      |

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLDR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

## B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☒ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No records of amount of waste disposed at site available.

# VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE                                               |                 | b. OIL                                                  |                 | c. SOLVENTS                                                  |                 | d. CHEMICALS                                             |                 | e. SOLIDS                                      |                 | f. OTHER                                                        |                 |
|---------------------------------------------------------|-----------------|---------------------------------------------------------|-----------------|--------------------------------------------------------------|-----------------|----------------------------------------------------------|-----------------|------------------------------------------------|-----------------|-----------------------------------------------------------------|-----------------|
| AMOUNT                                                  | UNIT OF MEASURE | AMOUNT                                                  | UNIT OF MEASURE | AMOUNT                                                       | UNIT OF MEASURE | AMOUNT                                                   | UNIT OF MEASURE | AMOUNT                                         | UNIT OF MEASURE | AMOUNT                                                          | UNIT OF MEASURE |
|                                                         |                 | unknown                                                 |                 | unknown                                                      |                 | unknown                                                  |                 |                                                |                 | unknown                                                         |                 |
| <input checked="" type="checkbox"/> (1) PAINT, PIGMENTS |                 | <input checked="" type="checkbox"/> (1) OILY WASTES     |                 | <input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS |                 | <input checked="" type="checkbox"/> (1) ACIDS            |                 | <input checked="" type="checkbox"/> (1) FLYASH |                 | <input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT. |                 |
| (2) METALS SLUDGES                                      |                 | <input checked="" type="checkbox"/> (2) OTHER(specify): |                 | (2) NON-HALOGENATED SOLVENTS                                 |                 | (2) PICKLING LIQUORS                                     |                 | (2) ASBESTOS                                   |                 | (2) HOSPITAL                                                    |                 |
| (3) POTW                                                |                 | Motor and compressor oils, still bottoms                |                 | <input checked="" type="checkbox"/> (3) OTHER(specify):      |                 | (3) CAUSTICS                                             |                 | (3) MILLING/MINE TAILINGS                      |                 | (3) RADIOACTIVE                                                 |                 |
| (4) ALUMINUM SLUDGE                                     |                 |                                                         |                 | various solvent                                              |                 | (4) PESTICIDES                                           |                 | (4) FERROUS SMELTING WASTES                    |                 | (4) MUNICIPAL                                                   |                 |
| (5) OTHER(specify):                                     |                 |                                                         |                 |                                                              |                 | (5) DYES/INKS                                            |                 | (5) NON-FERROUS SMELTING WASTES                |                 | <input checked="" type="checkbox"/> (5) OTHER(specify):         |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | (6) CYANIDE                                              |                 | (6) OTHER(specify):                            |                 | packaging materials                                             |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | (7) PHENOLS                                              |                 |                                                |                 |                                                                 |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | (8) HALOGENS                                             |                 |                                                |                 |                                                                 |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | (9) PCB                                                  |                 |                                                |                 |                                                                 |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | (10) METALS                                              |                 |                                                |                 |                                                                 |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | <input checked="" type="checkbox"/> (11) OTHER(specify): |                 |                                                |                 |                                                                 |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | Filter cakes                                             |                 |                                                |                 |                                                                 |                 |
|                                                         |                 |                                                         |                 |                                                              |                 | rejected products                                        |                 |                                                |                 |                                                                 |                 |

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

| 1. SUBSTANCE        | 2. FORM (mark 'X') |         |          | 3. TOXICITY (mark 'X') |         |        |         | 4. CAS NUMBER | 5. AMOUNT | 6. UNIT |
|---------------------|--------------------|---------|----------|------------------------|---------|--------|---------|---------------|-----------|---------|
|                     | a. SOLID           | b. LIQ. | c. VAPOR | a. HIGH                | b. MED. | c. LOW | d. NONE |               |           |         |
| Solvent             |                    | X       |          | X                      |         |        |         |               |           |         |
| Oil                 |                    | X       |          | X                      |         |        |         |               |           |         |
| Still Bottoms       |                    | X       |          |                        | X       |        |         |               |           |         |
| Packaging Materials | X                  |         |          |                        |         |        | X       |               |           |         |
|                     |                    |         |          |                        |         |        |         |               |           |         |
|                     |                    |         |          |                        |         |        |         |               |           |         |
|                     |                    |         |          |                        |         |        |         |               |           |         |
|                     |                    |         |          |                        |         |        |         |               |           |         |
|                     |                    |         |          |                        |         |        |         |               |           |         |

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

### ☒ A. HUMAN HEALTH HAZARDS

Potential of human health hazard exists. However, to date there is no evidence of of contamination by fumes in basement of any building. Also no adverse health hazard has been reported.

☐ B. NON-WORKER INJURY/EXPOSURE

None

☒ C. WORKER INJURY/EXPOSURE

No evidence of fumes in the building have been reported to date.

☐ D. CONTAMINATION OF WATER SUPPLY

None

☐ E. CONTAMINATION OF FOOD CHAIN

None

☒ F. CONTAMINATION OF GROUND WATER

Potential of groundwater contamination exists. However, there are no wells in the surrounding vicinity to verify the extent of contamination.

☐ G. CONTAMINATION OF SURFACE WATER

None

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

None

☐ I. FISH KILL

None

☐ J. CONTAMINATION OF AIR

None

☐ K. NOTICEABLE ODORS

None

☒ L. CONTAMINATION OF SOIL

Contamination of soil exists due to past landfilling operation. However, the soil is paved and buildings built on it.

☐ M. PROPERTY DAMAGE

None

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

None

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

None

☒ P. SEWER, STORM DRAIN PROBLEMS

No evidence of leachate migration to the sewer and storm drain have been reported.

☐ Q. EROSION PROBLEMS

None

☐ R. INADEQUATE SECURITY

Site is secured, however as building and plant is built on the site only authorized person are allowed to enter.

☐ S. INCOMPATIBLE WASTES

unknown

## VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

None

☒ U. OTHER (specify):

There is no known leachate discharge. There are no wells in the vicinity of the site to verify the impact of health and environment.

## IX. POPULATION DIRECTLY AFFECTED BY SITE

| A. LOCATION OF POPULATION                  | B. APPROX. NO. OF PEOPLE AFFECTED      | C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA | D. APPROX. NO. OF BUILDINGS AFFECTED | E. DISTANCE TO SITE (specify units) |
|--------------------------------------------|----------------------------------------|----------------------------------------------------|--------------------------------------|-------------------------------------|
| 1. IN RESIDENTIAL AREAS                    | 15,000 ±                               |                                                    | 300 ±                                | 1 mi ±                              |
| 2. IN COMMERCIAL OR INDUSTRIAL AREAS       | No. of commercial estd within one mile |                                                    |                                      |                                     |
| 3. IN PUBLICLY TRAVELLED AREAS             |                                        |                                                    |                                      |                                     |
| 4. PUBLIC USE AREAS (parks, schools, etc.) |                                        |                                                    |                                      |                                     |

## X. WATER AND HYDROLOGICAL DATA

|                                                            |                                                                                      |                                             |
|------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------|
| A. DEPTH TO GROUNDWATER (specify unit)<br>1 to 10 feet     | B. DIRECTION OF FLOW<br>West                                                         | C. GROUNDWATER USE IN VICINITY<br>none      |
| D. POTENTIAL YIELD OF AQUIFER<br>unknown                   | E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)<br>15 miles           | F. DIRECTION TO DRINKING WATER SUPPLY<br>NW |
| G. TYPE OF DRINKING WATER SUPPLY                           |                                                                                      |                                             |
| <input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS | <input checked="" type="checkbox"/> 2. COMMUNITY (specify town): City of Rensselaer  |                                             |
| <input type="checkbox"/> 3. SURFACE WATER                  | <input type="checkbox"/> 4. WELL buy water from City of Troy who obtained water from |                                             |

## X. WATER AND HYDROLOGICAL DATA (continued)

## H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

| 1. WELL | 2. DEPTH<br>(specify unit) | 3. LOCATION<br>(proximity to population/buildings)            | 4. NON-COM-<br>MUNITY<br>(mark 'X') | 5. COM-<br>MUNITY<br>(mark 'X') |
|---------|----------------------------|---------------------------------------------------------------|-------------------------------------|---------------------------------|
|         |                            |                                                               |                                     |                                 |
|         |                            |                                                               |                                     |                                 |
|         |                            | No drinking water wells exists within 1/4 mile radius of site |                                     |                                 |
|         |                            |                                                               |                                     |                                 |
|         |                            |                                                               |                                     |                                 |
|         |                            |                                                               |                                     |                                 |

## I. RECEIVING WATER

## 1. NAME

Hudson

☐ 2. SEWERS☒ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

## G. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

River is classified as class "C" and used for fishing.

## XI. SOIL AND VEGETATION DATA

## LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

| 'X' | A. OVERBURDEN | 'X' | B. BEDROCK (specify below) | 'X' | C. OTHER (specify below) |
|-----|---------------|-----|----------------------------|-----|--------------------------|
|     |               |     |                            |     |                          |
|     | 1. SAND       |     |                            |     |                          |
| X   | 2. CLAY       |     |                            |     |                          |
|     | 3. GRAVEL     |     |                            |     |                          |

## XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

## G. RECHARGE AREA

☒ 1. YES☒ 2. NO

3. COMMENTS:

## H. DISCHARGE AREA

☒ 1. YES☐ 2. NO

3. COMMENTS: Near the Hudson River

## I. SLOPE

## 1. ESTIMATE % OF SLOPE

1 - 3 %

## 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

Western slope, paved area

## J. OTHER GEOLOGICAL DATA

Site is located on what was once a wetland; therefore clay is assumed to be present.

# XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

| A. PERMIT TYPE<br>(e.g., RCRA, State, NPDES, etc.) | B. ISSUING AGENCY | C. PERMIT NUMBER | D. DATE ISSUED<br>(mo., day, & yr.) | E. EXPIRATION DATE<br>(mo., day, & yr.) | F. IN COMPLIANCE (mark "X") |       |            |
|----------------------------------------------------|-------------------|------------------|-------------------------------------|-----------------------------------------|-----------------------------|-------|------------|
|                                                    |                   |                  |                                     |                                         | 1. YES                      | 2. NO | 3. UNKNOWN |
| NPDES                                              | EPA               | 0087971          | April 1, '76                        | April 1, '81                            |                             |       |            |
| Air Permit                                         | NYSDEC            | Various bldgs    | have different air permits.         |                                         |                             |       |            |
|                                                    |                   |                  |                                     |                                         |                             |       |            |
|                                                    |                   |                  |                                     |                                         |                             |       |            |
|                                                    |                   |                  |                                     |                                         |                             |       |            |
|                                                    |                   |                  |                                     |                                         |                             |       |            |

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE

☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LANDFILLS SITE INSPECTION REPORT  
(Supplemental Report)

INSTRUCTION  
Answer and Explain  
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)

☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☐ YES ☒ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☐ NO

Not applicable as the entire site is paved and buildings built on it.

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☐ YES ☐ NO

Not applicable -

6. EVIDENCE OF PONDING OF WATER ON SITE

☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)

☐ YES ☐ NO

Not applicable as the site is paved and buildings built on it.

8a. SURFACE LEACHATE SPRING

☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS

☐ YES ☒ NO

10. GAS MONITORING

☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☒ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)

☐ YES ☒ NO

14. FIXATION (Stabilization) OF WASTE

☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☒ YES ☐ NO

Site is paved and building built on it.

16. COVER (Type)

unknown

16a. THICKNESS

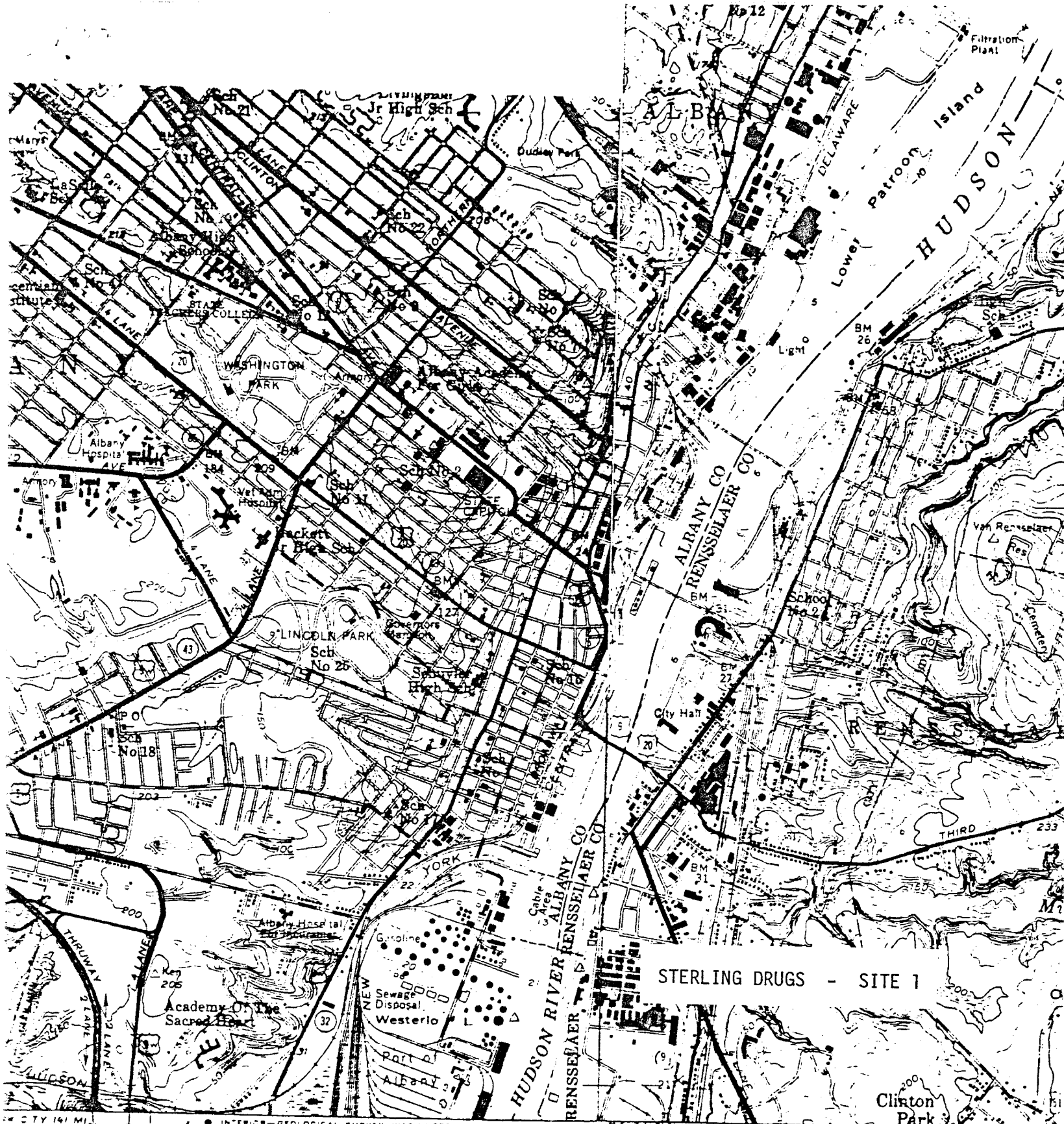
unknown

16b. PERMEABILITY

As the site is paved in its entity the whole area is impermeable.

16c. DAILY APPLICATION

☐ YES ☒ NO



STERLING DRUGS - SITE 1

BETHLEHEM CENTER 1.9 MI.  
CATSKILL 29 MI.

602000 E

73°45'

660000 FEET

### ROAD CLASSIFICATION:

- |             |       |                 |       |
|-------------|-------|-----------------|-------|
| Heavy-duty  | ————— | Light-duty      | ----- |
| Medium-duty | ————— | Unimproved dirt | ..... |
| U. S. Route |       | State Route     |       |



## ALBANY, N.Y.

NE.4 ALBANY 15' QUADRANGLE  
N4237.5—W7345/7.5

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 1:50,000 SCALE  
 1:50,000 SCALE  
 graphs by stereophotogrammetric  
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