



TRIPLE CITIES METAL FINISHING CORPORATION

4 NOWLAN ROAD, BINGHAMTON, NEW YORK 13901
PHONE (607) 722-3431 FAX (607) 773-2226

September 17, 1997

Tanya Lahr, Environmental Engineer I
NYS DEC
Division of Solid & Hazardous Materials
Bureau of Hazardous Waste Facilities
50 Wolf Road
Albany, New York 12233-7252

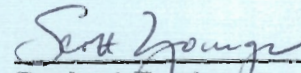
Re : RCRA Facility Assessment- Visual Site Inspection
Preliminary RCRA Facility Inspection

Dear Ms. Lahr:

The enclosed report is in response to your June 20th notification letter. The information herein includes a facility characterization, a facility site plan with areas of concern (AOC's) labeled, AOC identification/release information, a questionnaire certification, and finally a response checklist.

If you should have any questions or need additional information regarding this report, please feel free to contact us at (607) 733-5621.

Sincerely,


Project Engineer

PART 2. FACILITY CHARACTERIZATION FORM

2-1. FACILITY IDENTIFICATION AND LOCATION

1. Facility Name: INDUSTRIAL SERVICE CORPORATION
2. EPA I.D. No.: NYD002221430
3. SIC Code: 3471 BUSINESS CODE: 3470
4. Location: Street 926 STOWELL STREET
City ELMIRA State NY County CHEMUNG
5. Telephone No.: (607) 733-5621
6. Check: Owner X Operator X

2-2. FACILITY PROCESS DESCRIPTION

1. Raw Materials Used: ELECTROPLATING AND CLEANING CHEMICALS
2. Products: CLEANED AND PLATED METAL PRODUCTS
3. Byproducts: SPENT ELECTROPLATING AND CLEANING SOLUTIONS - FUDGE SLUDGE
Recycled? _____ Specify: _____
Treated? X Specify: FUDGE SLUDGE TO LANDFILL

2-3. FACILITY ENVIRONS

Please provide the following information if available:

1. Distance to nearest drinking water source (well or aquifer): CHEMUNG COUNTY SEWER DISTRICT
2. Depth to uppermost aquifer: _____
3. Distance to nearest surface water body: _____
4. Surface water use: _____
5. Distance to nearest offsite building: _____
6. Distance to nearest sensitive environment (e.g., wet-preserved areas, or critical habitat): _____
7. Percent of facility lying within 100 year floodplain: _____ (_____ acres of _____ total acres = _____ %)
8. Land use/zoning:
completely remote _____
agricultural _____
commercial or industrial X
residential _____
9. Net annual precipitation (estimate): _____
10. Soil permeability (e.g., clay, sand; particle size): _____
11. Population within 5 miles: _____

CERTIFICATION OF ANSWERS TO
REQUEST FOR INFORMATION REGARDING
SOLID WASTE MANAGEMENT UNITS

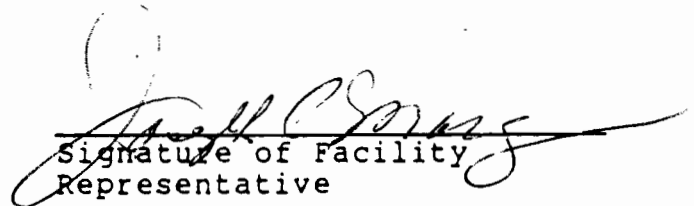
FACILITY NAME: INDUSTRIAL SERVICE CORPORATION

FACILITY EPA I.D.: NYD 00 222 1430

STATE OF: NEW YORK

COUNTY OF: CHEMUNG

I certify that the enclosed answers to the USEPA Region II request for information are true, complete and accurate to the best of my knowledge and belief and that any documents submitted herewith are complete and authentic to the best of my knowledge and belief.


Signature of Facility
Representative

9-17-97
Date

JOSEPH C. MORGAN
Printed Name of Signee

PRESIDENT
Title of Signee

CHECKLIST

The following is a checklist that identifies a completed questionnaire response package. Each box indicates a required portion of the submittal. Note that Part 2, the facility characterization form, the facility site plan (with SWMU code), and questionnaire certification forms are required. The number of Part 3 sections submitted will be facility-specific. The lines corresponding to 3-1 through 3-8 should indicate the number of units at your facility within each SWMU category and should correspond to the number of questionnaire packets submitted for these sections. Please return a copy of this checklist with your responses.

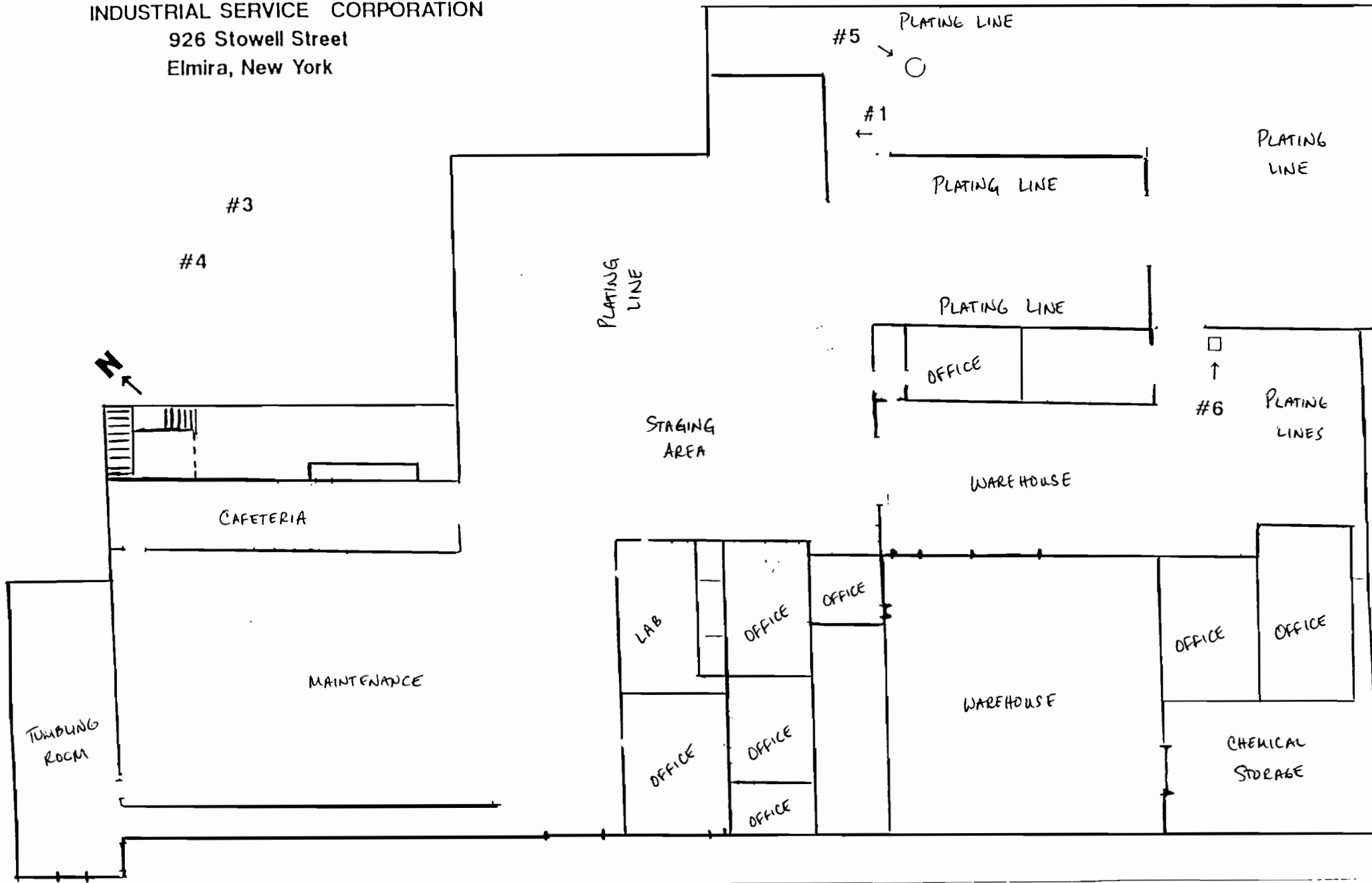
PART 2. FACILITY CHARACTERIZATION ☒FACILITY SITE PLAN WITH SWMU CODE ☒PART 3. SWMU IDENTIFICATION/RELEASE/REMEDiation ☒

	<u>Active</u>	<u>Inactive</u>
3-1 CSAs AND TRANSFER STATIONS	<u>X</u>	<u>X</u>
3-2 LAND DISPOSAL (excluding land application and injection wells)	<u> </u>	<u> </u>
3-3 WASTEWATER TREATMENT/RECYCLING UNITS	<u>X</u>	<u> </u>
3-4 STORAGE/TREATMENT TANKS (excluding 3-3 units)	<u> </u>	<u> </u>
3-5 LAND APPLICATION AREAS	<u> </u>	<u> </u>
3-6 INJECTION WELLS	<u> </u>	<u> </u>
3-7 INCINERATOR AND THERMAL TREATMENT UNITS	<u> </u>	<u> </u>
3-8 OTHER	<u> </u>	<u> </u>

QUESTIONNAIRE CERTIFICATION ☒RESPONSE CHECKLIST ☒

SWMU Location Map, Upper Level

INDUSTRIAL SERVICE CORPORATION
926 Stowell Street
Elmira, New York



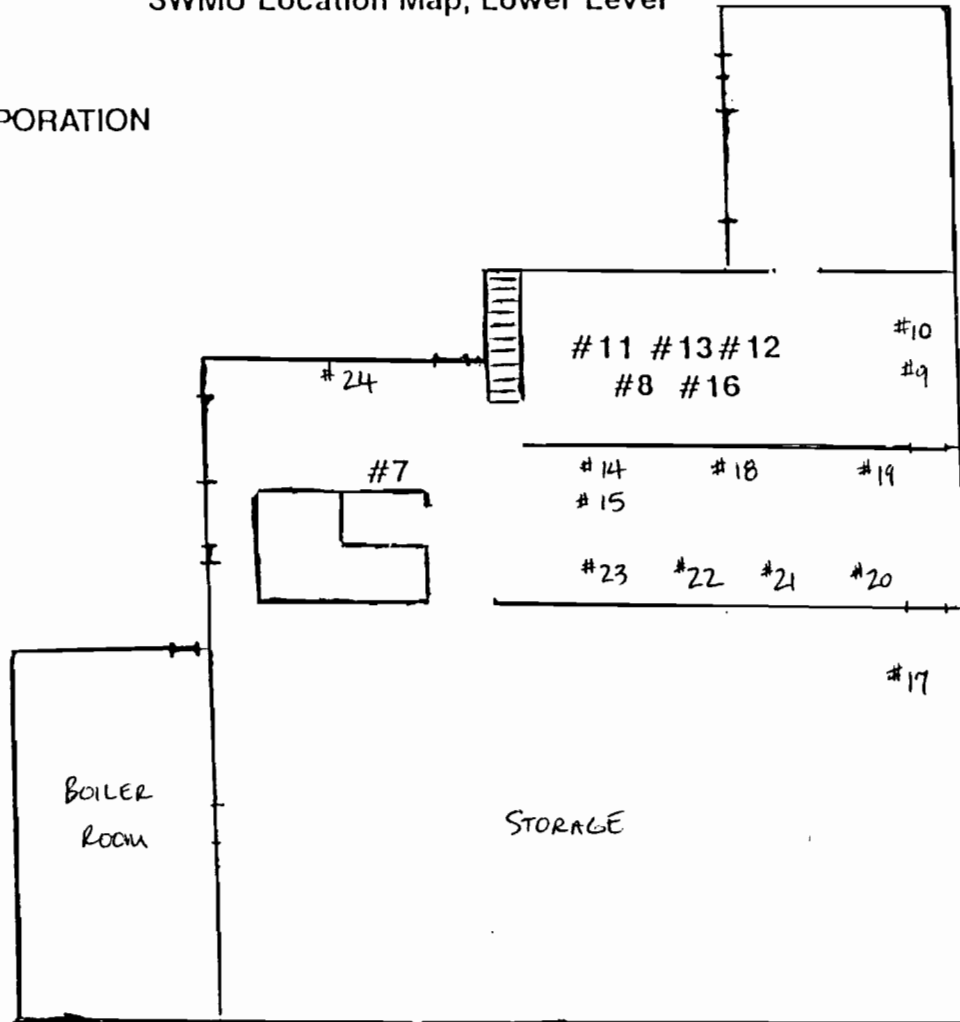
SCALE : UNKNOWN

STOWELL STREET

SWMU 2 located across Stowell Street

SWMU Location Map, Lower Level

INDUSTRIAL SERVICE CORPORATION
926 Stowell Street
Elmira, New York



STOWELL STREET

SCALE : UNKNOWN

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHW WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIRECTIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
# 1		ACTIVE _____ YEAR START: _____	S01	F008 D002	NK	
	VOLUME DRUMS 55 GALLONS	INACTIVE <u>X</u> INCLUSIVE YEARS: 1983 - 1988				
	NUMBER DRUMS 1					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	X			POLYPROPYLENE

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
X		THE UNIT IS NO LONGER IN SERVICE. THE AREA UNDERWENT AN APPROVED RCRA CLOSURE PLAN

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

1 UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>LOCATED WITHIN THE FACILITY</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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

[illegible]

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#2	600 GALLONS	ACTIVE _____ YEAR START: _____	S02	D002	60 GALLONS	
	VOLUME DRUMS	INACTIVE <u>X</u> INCLUSIVE YEARS: <u>1983</u> - <u>1987</u>				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)J-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<u>X</u>			<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		<u>THIS UNIT HAS UNDERGONE CLOSURE</u>

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

J-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<u>X</u>		

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
	<u>X</u>		

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
	<u>X</u>		

COVERED WITH PLYWOOD

Please describe any precautionary measures that are/were taken [e.g., roofed area, tarp graded].

PRECAUTIONARY MEASURES¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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

[illegible]

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (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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Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Dates</u>	<u>Description/COMMENT</u>
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Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>
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¹ UNIT ID as coded on your facility site map.

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

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-1.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

SMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#3	450 Gallons	ACTIVE _____ YEAR START: _____	SC2	KNOWN FOR SURE ONLY TO CONTAIN RAINWATER	NK	
	VOLUME DRUMS	INACTIVE <u>X</u> INCLUSIVE YEARS: <u>1982</u> - <u>NK</u>				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Sulparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<u>X</u>			

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

KNOWN ONLY TO CONTAIN RAINWATER FOR SURE

NO EVIDENCE OF HAZARDOUS CYANIDE WASTE

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<u>X</u>		

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
	<u>X</u>		

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
	<u>X</u>		

UNIT WAS COVERED WITH PLYWOOD

Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].

PRECAUTIONARY MEASURES

¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDATION

Evidence of Release

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

[illegible]

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

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GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

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

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-1.1 WASTE CHARACTERISTICS

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[illegible]

¹ UNIT ID as coded on your facility site map.

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J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)J-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
<u>X</u>				<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
	<u>FOOB</u>	<u>LESS THAN 90 DAYS</u>

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<u>X</u>		

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
	<u>X</u>		

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESMOUNTED ON ASPHALT PADCOVERED WITH TARP¹ UNIT ID as coded on your facility site map.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the transfer station/CSA 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>			

Description/Comment

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

Characteristics of Release

EPA Hazardous Waste # or Waste Description ²

Estimated Quantity or Volume Released (Unit)

Date(s) of Release

Nature of Release

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

Yes	No	NK	Inclusive Dates	Description/COMMENT

Currently
Implemented

Yes	No	NK	Starting Dates	Description/COMMENT

Planned to
be Implemented

Yes	No	NK	Starting Date	Description/COMMENT

¹ UNIT ID as coded on your facility site map.

3-1.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#5	15 GALLONS	ACTIVE <u>X</u> YEAR START: <u>1988</u>	S02	D002 ELECTROPLATING SOLUTIONS	NK	
	VOLUME DRUMS	INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<u>X</u>			<u>POLYPROPYLENE</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<u>X</u>		<u>TANK IS SET INTO FLOOR AND CONTINUOUSLY HAS CONTENTS PUMPED</u> <u>TO MAIN SUMP</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.3 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 transfer station/CSA 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>
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X

Description/Comment

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

Characteristics of ReleaseEPA Hazardous Waste 1
or Waste Description 2Estimated Quantity or
Volume Released (Units)Date(s) of
ReleaseNature of Release

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS ² CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#6	75 Gallons	ACTIVE _____ YEAR START: _____	504	SUSPECTED DOOL	NK	NK
	VOLUME DRUMS	INACTIVE <input checked="" type="checkbox"/> INCLUSIVE YEARS: NK - 1987				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Sulparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
------------------	-------------	-------------	-----------	----------------

	<u>X</u>			
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2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
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<u>X</u>		
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3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

	<u>X</u>		
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If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
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¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<u>X</u>		

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDATION

Evidence of Release

Description/Comment	Date	Time	Temp	Wind	Cloud	Vis	Hum	Precip	Remarks
1000	10/10/20	1000	15.0	10	10	10	10	0.0	Clear
1005	10/10/20	1005	15.0	10	10	10	10	0.0	Clear
1010	10/10/20	1010	15.0	10	10	10	10	0.0	Clear
1015	10/10/20	1015	15.0	10	10	10	10	0.0	Clear
1020	10/10/20	1020	15.0	10	10	10	10	0.0	Clear
1025	10/10/20	1025	15.0	10	10	10	10	0.0	Clear
1030	10/10/20	1030	15.0	10	10	10	10	0.0	Clear
1035	10/10/20	1035	15.0	10	10	10	10	0.0	Clear
1040	10/10/20	1040	15.0	10	10	10	10	0.0	Clear
1045	10/10/20	1045	15.0	10	10	10	10	0.0	Clear
1050	10/10/20	1050	15.0	10	10	10	10	0.0	Clear
1055	10/10/20	1055	15.0	10	10	10	10	0.0	Clear
1100	10/10/20	1100	15.0	10	10	10	10	0.0	Clear
1105									

SUSPECTED RELEASE OF DOC 6

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

**EPA Hazardous Waste
or Waste Description** ²

Date(s) of Release

Nature of Release

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

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

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-1.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#7	250 GALLONS	ACTIVE <u>X</u> YEAR START: <u>1984</u>	S04	D002	NK	
	VOLUME DRUMS	INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		<u>PUMPED CONTINUOUSLY TO MAIN SUMP</u>

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
<u>X</u>			<u>NEUTRALIZATION</u>	

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
------------	-----------	-----------	--------------------------------

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

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
----------------	-----------------	-----------	----------------

<u>X</u>			
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<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
------------------	--------------------	-----------	----------------

<u>X</u>			
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Please describe any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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

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

Characteristics of Release

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data AttachedSW Analytical
Data AttachedSoil Analytical
Data AttachedAir Monitoring
Data Attached

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>Starting Dates</u>	<u>Description/COMMENT</u>
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Planned to
be Implemented

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

¹ UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-3.1 THROUGH 3-3.3 FOR EACH INDIVIDUAL WASTEWATER TREATMENT OR WASTE RECYCLING SYSTEM WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-3.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been treated or recycled in each wastewater treatment/recycling unit on your site. Identify unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.2 WASTE MANAGEMENT PRACTICES**

Please answer the following questions concerning waste management practices associated with the wastewater treatment/recycling unit identified on the preceding page.

1. Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent.

Yes	No	NK	NPDES No.	Prior Exceedances?		COMMENT
				Yes	No	
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>MONITORING DONE DAILY BY FACILITY PERSONNEL</u> <u>WEEKLY/MONTHLY MONITORING DONE BY OUTSIDE SOURCE</u> <u>ANNUAL MONITORING DONE BY SEWER DISTRICT</u>

2. Briefly describe treatment/recycling processes. If unknown, indicate.

NK	Description/COMMENT
<u> </u>	<u>NEUTRALIZATION, METAL PRECIPITATION, DRYING OF FLOC SLUDGE</u>

3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate.

NK	Effectiveness
<u> </u>	<u>EFFLUENT CONTINUALLY EXCEEDS LIMITS POSTED BY SEWER DISTRICT</u>

4. With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are/were there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.

Yes	No	NK	NA	Monitoring Device/Procedure Description/COMMENT
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u>ANNUAL OSHA MONITORING</u>

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similarly, are/were there devices/procedures in place for controlling volatilized organic waste releases to the atmosphere?
Please describe the control devices/procedures.

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

1) UNIT ID as coded on your facility map.

3-3.3 EVIDENCE OF RELEASE/REMEDIATION

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				

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

Characteristics of Release

[illegible]

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3 (Cont'd)

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

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

Yes No

NK

Inclusive Dates

Description/COMMENT

Currently
Implemented

Yes No

NK

Start Date

Description/COMMENT

Planned to
Implementation

Yes No

NK

Start Date

Description/COMMENT

NOTE: COMPLETE 3-3.1 THROUGH 3-3.3 FOR EACH INDIVIDUAL WASTEWATER TREATMENT OR WASTE RECYCLING SYSTEM WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/ have been treated or recycled in each wastewater treatment/recycling unit on your site. Identify unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS3-3.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the wastewater treatment/recycling unit identified on the preceding page.

1. Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent.

Yes	No	NK	NPDES No.	Prior Exceedances?		COMMENT
				Yes	No	
<u>X</u>						<u>ANNUAL SEWER DISTRICT MONITORING</u> <u>WEEKLY/MONTHLY EFFLUENT MONITORING BY OUTSIDE SOURCE</u> <u>DAILY CHECKS BY FACILITY PERSONNEL</u>

2. Briefly describe treatment/recycling processes. If unknown, indicate.

NK	Description/COMMENT
	<u>OXIDATION OF CYANIDE</u>

3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate.

NK	Effectiveness
	<u>EFFLUENT CONTINUALLY MET OR EXCEEDED SEWER STANDARDS</u>

4. With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are/were there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.

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

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similarly, are/were there devices/procedures in place for controlling volatilized organic waste releases to the atmosphere?
Please describe the control devices/procedures.

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

1. UNIT ID as coded on your facility map.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SWU 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

[illegible]

1 UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.3 (Cont'd)**

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

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented
Yes No

NK

Inclusive Dates

Description/COMMENT

Currently
Implemented
Yes No

NK

Start Date

Description/COMMENT

Planned to
Implementation
Yes No

NK

Start Date

Description/COMMENT

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<u>X</u>			

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Yes No NKCapacity(units)/COMMENTX1500 MAIN SUMP OF WASTE TREATMENT SYSTEM

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

INDOORS OUTDOORS NKCOMMENTXPROTECTED UNPROTECTED NKCOMMENTX

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDATION

Evidence of Release

Description/Comment

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

Characteristics of Release

Nature of Release

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting 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>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting 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>

¹ UNIT ID as coded on your facility site map.

3-3-1

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the wastewater treatment/recycling unit identified on the preceding page.

1. Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent.

		Prior Exceedances?		NPDES No.	COMMENT
Yes	No	Yes	No		
X					DAILY EFFLUENT CHECKS AS WELL AS WEEKLY, MONTHLY, AND ANNUAL MONITORING WAS PERFORMED

2. Briefly describe treatment/recycling processes. If unknown, indicate.

NK	Description/COMMENT
	THE ELECTROCHEMICAL CELLS WORKED IN SERIES. AS THE WASTE WATER PASSED THROUGH THEM, DIRECT CURRENT WAS APPLIED, PRODUCING OH ⁻ AND H ₂ IONS FROM THE WATER. THE RESULTING METAL HYDROXIDE SOLUTION WOULD THEN PASS ON TO THE DEFASSING AND CLARIFYING STAGES.

3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate.

NK	Effectiveness
	EFFLUENT CONTINUALLY MET ALL POTW STANDARDS

4. With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are/were there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.

Yes	No	NK	NA	Monitoring Device/Procedure Description/COMMENT
X				ANNUAL OSHA MONITORING

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similarly, are/were there devices/procedures in place for controlling volatilized organic waste releases to the atmosphere?
Please describe the control devices/procedures.

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

1) UNIT ID as coded on your facility map.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on 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

EPA Hazardous Waste #
or Waste Description ²Estimated 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, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3 (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/existed as a result of release. Any information on the concentration of hazardous waste or hazardous waste constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including groundwater monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented
Yes No

NK

Inclusive Dates

Description/COMMENT

Currently
Implemented
Yes No

NK

Start Date

Description/COMMENT

Planned to
Implementation
Yes No

NK

Start Date

Description/COMMENT

NOTE: COMPLETE 3-3.1 THROUGH 3-3.3 FOR EACH INDIVIDUAL WASTEWATER TREATMENT OR WASTE RECYCLING SHED WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-3.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been treated or recycled in each wastewater treatment/recycling unit on your site. Identify unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.2 WASTE MANAGEMENT PRACTICES**

Please answer the following questions concerning waste management practices associated with the wastewater treatment/recycling unit identified on the preceding page.

1. Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NPDES No.</u>	<u>Prior Exceedances?</u>		<u>COMMENT</u>
				<u>Yes</u>	<u>No</u>	
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>DAILY, WEEKLY, MONTHLY, AND ANNUAL CHECKS WERE PERFORMED</u> <u>ON A REGULAR BASIS</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Briefly describe treatment/recycling processes. If unknown, indicate.

<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>WASTEWATER FROM THE ELECTROCHEMICAL CELLS WOULD ENTER THE DEBASSING CHAMBER FOR THE</u> <u>REMOVAL OF HYDROGEN GAS BEFORE PASSING ON TO THE CLARIFIER.</u>
<u> </u>	<u> </u>

3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate.

<u>NK</u>	<u>Effectiveness</u>
<u> </u>	<u>EFFLUENT CONTINUALLY MEETS POTW STANDARDS</u>
<u> </u>	<u> </u>

4. With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are/were there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Device/Procedure Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u>ANNUAL OSHA MONITORING</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similarly, are/were there devices/procedures in place for controlling volatilized organic waste releases to the atmosphere?
Please describe the control devices/procedures.

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

1) UNIT ID as coded on your facility map.

3-3.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

COMMENT

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

Characteristics of Release

Nature of Release

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3 (Cont'd)

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

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented
Yes No

NK

Inclusive Dates

Description/COMMENT

Currently
Implemented
Yes No

NK

Start Date

Description/COMMENT

Planned to
Implementation
Yes No

NK

Start Date

Description/COMMENT

NOTE: COMPLETE 3-3.1 THROUGH 3-3.3 FOR EACH INDIVIDUAL WASTEWATER TREATMENT OR WASTE RECYCLING SMDU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/ have been treated or recycled in each wastewater treatment/recycling unit on your site. Identify unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the wastewater treatment/recycling unit identified on the preceding page.

1. Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent.

Yes	No	NK	NPDES No.	Prior Exceedances?		COMMENT
				Yes	No	
X						DAILY, WEEKLY, MONTHLY, AND ANNUAL EFFLUENT MONITORING TAKES PLACE

2. Briefly describe treatment/recycling processes. If unknown, indicate.

NK	Description/COMMENT
	WASTEWATER FROM THE DEGASSING CHAMBER PASSES ON TO THE CLARIFIER WHERE ANIONIC POLYMER IS ADDED TO ASSIST IN THE SETTLING OF METAL HYDROXIDES.

3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate.

NK	Effectiveness
	EFFLUENT CONTINUALLY MEETS POTW STANDARDS

4. With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are/were there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.

Yes	No	NK	NA	Monitoring Device/Procedure Description/COMMENT
X				ANNUAL OSHA MONITORING

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.2 (Cont'd)**

Similarly, are/were there devices/procedures in place for controlling volatilized organic waste releases to the atmosphere?
Please describe the control devices/procedures.

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

.1) UNIT ID as coded on your facility map.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.3 EVIDENCE OF RELEASE/REMEDIATION**

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the SSWU 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>EPA Hazardous Waste # or Waste Description ²</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, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.3 (Cont'd)**

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

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

Yes No

NK

Inclusive Dates

Description/COMMENT

Currently
Implemented

Yes No

NK

Start Date

Description/COMMENT

Planned to
Implementation

Yes No

NK

Start Date

Description/COMMENT

2. EPA Process Codes, EPA Hazardous Waste Codes from Sulparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)**3-1.2 WASTE MANAGEMENT PRACTICES**

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

Excellent Good Fair NK Comment

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

2. What was/is the average residence time of chemicals in the transfer station/CSA?

NK Chemical Residence Time (units)/COMMENT

X

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

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

Yes No NK Description/COMMENT

X

_____	_____	_____
_____	_____	_____
_____	_____	_____

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

Yes No NK If yes, mitigative treatment? Comment

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

1 UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Yes No NKCapacity(units)/COMMENTXBASEMENT FLOOR CONTAINS DRAINS, ALL OF WHICH LEAD TO MAIN SUMP

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

INDOORS OUTDOORS NKCOMMENTXPROTECTED UNPROTECTED NKCOMMENTX

Please describe any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

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

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste or hazardous waste constituents associated with the transfer station/CSA 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>
X			

Description/Comment	Date	Time	Location	Weather	Wind	Temp	Humidity	Pressure	Visibility	Clouds	Precip	Other

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

Characteristics of Release

**EPA Hazardous Waste 1
or Waste Description 2**

**Estimated Quantity or
Volume Released (Units)**

Date(s) of Release

Nature of Release

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHOSE TANK EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in LET 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<u>X</u>			<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>BASEMENT CONTAINS DRAINS, ALL OF WHICH LEAD TO MAIN SUMP</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

Please describe any precautionary measures that are/were taken [e.g., roofed area, tarp graded].

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

Date	Description/Comment
11/1/2011	11/1/2011
11/2/2011	11/2/2011
11/3/2011	11/3/2011
11/4/2011	11/4/2011
11/5/2011	11/5/2011
11/6/2011	11/6/2011
11/7/2011	11/7/2011
11/8/2011	11/8/2011
11/9/2011	11/9/2011
11/10/2011	11/10/2011
11/11/2011	11/11/2011
11/12/2011	11/12/2011
11/13/2011	11/13/2011
11/14/2011	11/14/2011
11/15/2011	11/15/2011
11/16/2011	11/16/2011
11/17/2011	11/17/2011
11/18/2011	11/18/2011
11/19/2011	11/19/2011
11/20/2011	11/20/2011
11/21/2011	11/21/2011
11/22/2011	11/22/2011
11/23/2011	11/23/2011
11/24/2011	11/24/2011
11/25/2011	11/25/2011
11/26/2011	11/26/2011
11/27/2011	11/27/2011
11/28/2011	11/28/2011
11/29/2011	11/29/2011
11/30/2011	11/30/2011
11/31/2011	11/31/2011
11/32/2011	11/32/2011
11/33/2011	11/33/2011
11/34/2011	11/34/2011
11/35/2011	11/35/2011
11/36/2011	11/36/2011
11/37/2011	11/37/2011
11/38/2011	11/38/2011
11/39/2011	11/39/2011
11/40/2011	11/40/2011
11/41/2011	11/41/2011
11/42/2011	11/42/2011
11/43/2011	11/43/2011
11/44/2011	11/44/2011
11/45/2011	11/45/2011
11/46/2011	11/46/2011
11/47/2011	11/47/2011
11/48/2011	11/48/2011
11/49/2011	11/49/2011
11/50/2011	11/50/2011
11/51/2011	11/51/2011
11/52/2011	11/52/2011
11/53/201	

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

EPA Hazardous Waste # or Waste Description ²	Estimated Quantity or Volume Released (Units)	Date(s) of Release	Nature of Release
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[illegible]

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

3-1.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
<u>X</u>				<u>POLYPROPYLENE LINED</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<u>X</u>		

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].

PRECAUTIONARY MEASURESROOFED AREA

3-1.3 EVIDENCE OF RELEASE/REMEDATION

Evidence of Release

X

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

Characteristics of Release

Nature of Release

[illegible][illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting 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>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting 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>

¹ UNIT ID as coded on your facility site map.

3-3.1 WASTE CHARACTERISTICS

[illegible]

¹ UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the wastewater treatment/recycling unit identified on the preceding page.

1. Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent.

Yes	No	NK	NPDES No.	Prior Exceedances?		COMMENT
				Yes	No	
X						DAILY, WEEKLY, MONTHLY, AND ANNUAL MONITORING IS PERFORMED

2. Briefly describe treatment/recycling processes. If unknown, indicate.

NK	Description/COMMENT
	SPENT ELECTROPLATING SOLUTIONS ARE DISCHARGED TO THIS UNIT FOR PH ADJUSTMENT PRIOR TO ENTERING THE TREATMENT SYSTEM.

3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate.

NK	Effectiveness
	CONTINUALLY MEETING POTW EFFLUENT STANDARDS

4. With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are/were there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.

Yes	No	NK	NA	Monitoring Device/Procedure Description/COMMENT
X				ANNUAL OSHA MONITORING

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similarly, are/were there devices/procedures in place for controlling volatilized organic waste releases to the atmosphere?
Please describe the control devices/procedures.

Yes	No	NK	NA	Control Device/Procedure Description/COMMENT
	X			

1. UNIT ID as coded on your facility map.

3-3.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

COMMENT

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

Characteristics of Release

EPA Hazardous Waste #
or Waste Description ²**Estimated Quantity or
Volume Released (Units)****Date(s) of Release**

Nature of Release

1 UNIT ID as coded on your facility site map.

2. EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS**3-3.3 (Cont'd)**

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

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented
Yes No

NK

Inclusive Dates

Description/COMMENT

Currently
Implemented
Yes No

NK

Start Date

Description/COMMENT

Planned to
Implementation
Yes No

NK

Start Date

Description/COMMENT

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS ² CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#18		ACTIVE <u>X</u> YEAR START: <u>1990</u>	<u>S03</u>	<u>F006</u>	<u>45 TONS</u>	
	VOLUME DRUMS	INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>HK</u>	<u>Comment</u>
<u>X</u>				<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>HK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>HK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

J-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
<u>X</u>			<u>BASEMENT CONTAINS DRAINS, ALL OF WHICH LEAD TO MAIN SUMP</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

Please describe any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA

1 UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDATION

Evidence of Release

Description/Comment

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

Characteristics of Release

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, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-1.3 (Cont'd)

<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>

Previously Implemented

Yes	No	NK	Inclusive Dates	Description/COMMENT
-----	----	----	-----------------	---------------------

Currently
Implemented

Yes	No	NK	Starting Dates	Description/COMMENT
-----	----	----	----------------	---------------------

Planned to
be Implemented

Yes	No	NA	Starting Date	Description/COMMENT
-----	----	----	---------------	---------------------

1 UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHWU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
# 19	690 GALLONS	ACTIVE <u>X</u> YEAR START: <u>1990</u>	<u>S02</u>	<u>F006</u>	<u>NK</u>	
	VOLUME DRUMS	INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)J-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
<u>X</u>				<u>POLY PROPYLENE</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>BASEMENT DRAINS ALL LEAD TO MAIN SUMP</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

Please describe any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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

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

Characteristics of Release

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

1 UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
------------------	-------------	-------------	-----------	----------------

<u>X</u>				<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
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<u>X</u>		

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

	<u>X</u>		

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
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¹ UNIT ID as coded on your facility site map.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

J-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
<u>X</u>			<u>BASEMENT DRAINS ALL LEAD TO MAIN SUMP</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>			

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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

Characteristics of Release

[illegible]

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (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> </u>	<u> </u>	<u> </u>	<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>Starting Dates</u>	<u>Description/COMMENT</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>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</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>

1 UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHOW WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)J-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NR</u>	<u>Comment</u>
<u>X</u>				<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NR</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		<u>ONLY ACTS AS HOLDING TANK FOR CHROME SOLUTIONS PRIOR TO BEING TREATED</u>

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NR</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

1 UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

YesNoNKCapacity(units)/COMMENTXBASEMENT DRAINS ALL LEAD TO MAIN SUMP

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].

INDOORSOUTDOORSNKCOMMENTXPROTECTEDUNPROTECTEDNKCOMMENTX

Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].

PRECAUTIONARY MEASURESROOFED AREA

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

3-1.3 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 transfer station/CSA 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>Description/Comment</u>
<u>X</u>				

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

Characteristics of Release

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

¹ UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHOW WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

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SMU TYPE/ UNIT IDENTIFIER ¹	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
*22	700 GALLONS	ACTIVE <u>X</u> YEAR START: <u>1991</u>	<u>Sc2</u>	<u>D002</u>	<u>NK</u>	
	VOLUME DRUMS	INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
<u>X</u>				<u>STEEL</u>

2. What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<u>X</u>		<u>ACTS AS HOLDING TANK FOR ACIDS PRIOR TO PH ADJUSTMENT AND</u>
		<u>WASTE TREATMENT</u>

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

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

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
------------	-----------	-----------	--------------------------------

<u>X</u>			<u>BASEMENT DRAINS LEAD TO MAIN SUMP</u>
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Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
----------------	-----------------	-----------	----------------

X

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
------------------	--------------------	-----------	----------------

X

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA

1 UNIT ID as coded on your facility site map.

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

3-1.3 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 transfer station/CSA 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>Description/Comment</u>
<u>X</u>				

^ae.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

[illegible]

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

J-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

1 UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA 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.

[illegible]

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

J-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

Excellent	Good	Fair	NR	Comment
X				STEEL

2. What was/is the average residence time of chemicals in the transfer station/CSA?

NR	Chemical	Residence Time (units)/COMMENT
X		HOLDS ACIDS ONLY TEMPORARILY UNTIL THEY ARE USED FOR pH ADJUSTMENT

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

Yes	No	NR	Description/COMMENT
	X		

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

Yes	No	NR	If yes, mitigative treatment?	Comment

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>BASEMENT DRAINS ALL LEAD TO MAIN SUMP</u>

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>

Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA

3-1.3 EVIDENCE OF RELEASE/REMEDIATION

Evidence of Release

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

[illegible]

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D, and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this questionnaire.

J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

J-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>Starting Dates</u>	<u>Description/COMMENT</u>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>

1 UNIT ID as coded on your facility site map.

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHW WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA 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 40 CFR, Subpart D for each listed hazardous waste handled at the unit.² If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER ¹	DIRECTIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE ²	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
# 24	1000 Gallons	ACTIVE <u>X</u> YEAR START: <u>1997</u>	S02	D002	NK	
	VOLUME DRUMS	INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
	NUMBER DRUMS					

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

¹ UNIT ID as coded on your facility site map.

2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)3-1.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the transfer station/CSA identified on the preceding page.

1. If containers or drums are/were used, please specify their condition. Describe materials of construction if known.

Excellent Good Fair NK Comment

X

POLYPROPYLENE

2. What was/is the average residence time of chemicals in the transfer station/CSA?

NK Chemical Residence Time (units)/COMMENT

X

USED TO HOLD CHROME BEARING WASTES PRIOR TO WASTE TREATMENT

3. Were/are reactive, ignitable, or incompatible wastes placed in the unit?

Yes No NK Description/COMMENT

X

If so, are/were the wastes stored, treated, rendered or mixed so that it no longer poses/posed a hazard?

Yes No NK If yes, mitigative treatment? Comment

¹ UNIT ID as coded on your facility site map.

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
------------	-----------	-----------	--------------------------------

	<u>X</u>		
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Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather (e.g., rain, snow).

<u>INDOORS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
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<u>X</u>			
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<u>PROTECTED</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
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<u>X</u>			
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Please describe any precautionary measures that are/were taken (e.g., roofed area, tarp graded).

PRECAUTIONARY MEASURESROOFED AREA¹ UNIT ID as coded on your facility site map.

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

3-1.3 (Cont'd)

For the unit 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/or the State under any other regulatory programs (e.g., Superfund) that concerns prior or continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

GW Monitoring
Data Attached

SW Analytical
Data Attached

Soil Analytical
Data Attached

Air Monitoring
Data Attached

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

Previously
Implemented

<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>

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting 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>

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Starting 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>

1 UNIT ID as coded on your facility site map.