

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

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# PART 2. FACILITY CHARACTERIZATION FORM

2-1.	FACTLITY	IDENTIFICATION	AND	T OC ATTON
	F AC 1 11 1 1		A IVIII	1. L. M. H. I. C. / (V.

	1.	Facility Name: INDUSTRIAL SERVICE CORPORATION
	2.	EPA I.D. No .: NYDO02221430
	3.	SIC Code: 3471 Business Code: 3470
	4.	Location: Street 426 Stowell STREET
		City ELMIRA State NY County CHEMUNG
	5.	Telephone No.: (607) 135-5621
	6.	Check: Owner X Operator X
2-2.	FAC	ILITY PROCESS DESCRIPTION
	1.	Raw Materials Used: ELECTROPLATING AND CLEANING CHEMICALS
	2.	Products: CLEANED AND PLATED METAL PRODUCTS
	3.	Byproducts: SPENT ELECTROPLATING AND CLEANING SOCIAL - FOCE SCHA
		Recycled? Specify:
		Treated? X Specify: Fuck Stuber To LANDFILL
2-3.		ILITY ENVIRONS
		ase provide the following information if available:
	1.	Distance to nearest drinking water source (well or
		aguifer): CHEMUNG COUNTY SEWER DISTRICT
		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 $\underline{\hspace{0.1cm} \times \hspace{0.1cm}}$
		residential
	9.	Net annual precipitation (estimate):
. 1	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

JOSEPH C. MORGAN
Printed Name of Signee

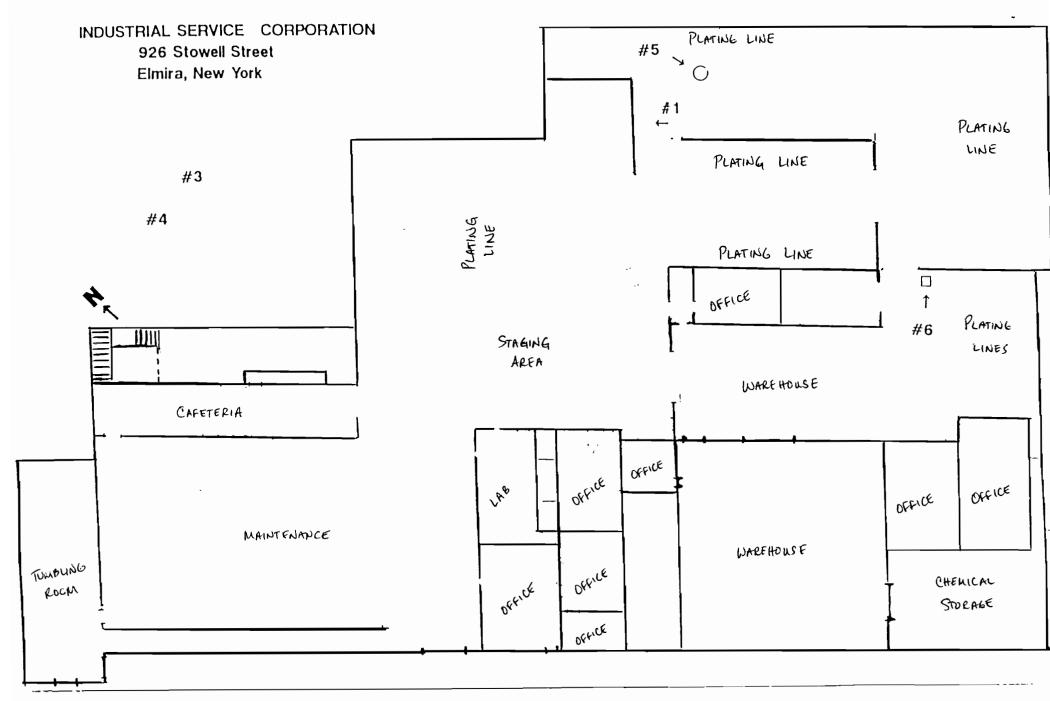
PRESIDENT
Title of Signee

# CHECKLIST

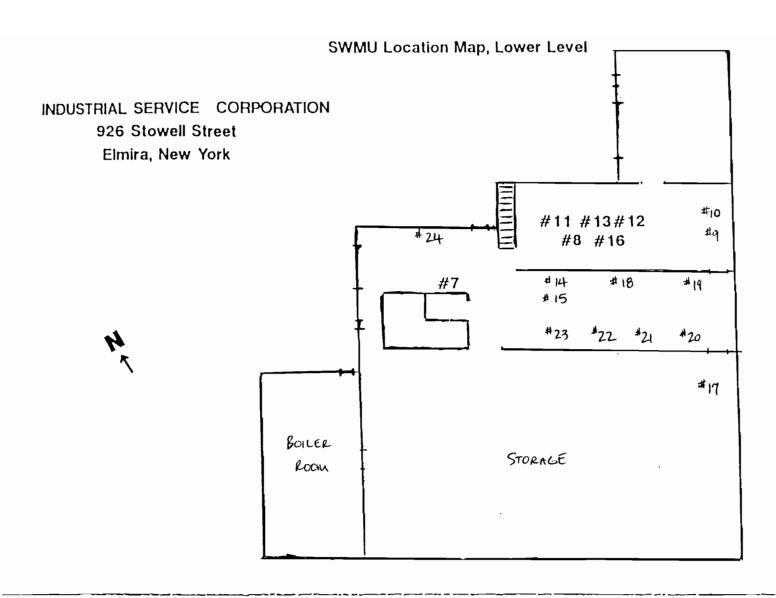
The following is identifies a checklist that completed a questionnaire response package. Each box indicates a required portion of the submittal. Note that Part 2, the facility characterization form, the facility site plan (with SWMU code), and questionnaire certification forms are required. The number of Part 3 sections submitted will be facility-specific. lines corresponding to 3-1 through 3-8 should indicate 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.	FACI	LITY CHAP	RACTERI	ZATION				•	
FACI	LITY	SITE	PLAN WIT	TH SWMU	CODE	•••	-			
	-					•	•			
PART	3.	SWMU	IDENTIFI	CATION	/RELEAS	E/REMEDI.	ATION	<u> </u>		
	• •			•				Active	Inactiv	, e
			•		<b>,</b>			,	,	Ť
3-2	LANI	DISE	TRANSFER POSAL (ex Djection ER TREATM	cludine wells)	g land a	.•	ion	<u>×</u>	X	<u> </u>
	STOR	RAGE/1	REATMENT	TANKS	. •	011115				_
-			LICATION WELLS	AREAS	•					<u>.</u>
3-7 3-8	INCI		OR AND T	HERMAL	TREATM	ENT UNIT:	<b>S</b>			
QUEST	NOI	NAIRE	CERTIFIC	ATION			·			
RESPO	ONSE	CHECH	KLIST	·	•			$\boxtimes$		

# SWMU Location Map, Upper Level



**SCALE: UNKNOWN** 



STOWELL STREET

UNIT	ID;	#1 1	
Page	ļ	of 5	

EXITE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL THANSFER STATION & CONTAINER STORAGE AREA (CSA) SWHU WITCH 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. 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. 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 RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNADAL 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 bazardous waste constituents was/is associated with the unit described.

SMMU TYPE/ UNIT IDENTIFIER	DIMERSIONS STONAGE AREA	CPERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE  HO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIPATED AROUAL QUARTITY (SPECIFY UNITS)	ASSOCIATED RELFASE?
# 1		YEAR START:	Soi	F008	NK	
				D002		
	VOLUME	INACTIVE X				
	DRUMS	INCLUSIVE YEARS: 1983 - 1988	_			
	55 GALLONS					
	NUMBER					
	<u>THUMS</u>					
		•			<del></del>	
				-		
			•			
•						
1 UNIT ID as cod	led on your facility	y site map.				
from Subparts tuling wastes	odes, EPA Hazardous C and D and criter regulated under RC	ia consti- RA are defined			·	

# 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.

	fxcellent	Cood	<u> Pair</u>	HK	<u>Comment</u>
		<u> </u>			POLY PROPYLENE
				•	
2.	Mat was/is t	.he average r	esidence	e time of chem	nicals in the transfer station/CSA?
	_11K	Chemi	cal		ne_(units)/COMMENT
	*			THE WIT	IS NO LONGER IN SERVICE. THE AREA UNDERWENT AN APPROVED
				RCRA CU	OSURE PLAN
				<del></del>	· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·
					1
3.	Were/are rea	ctive, ignita	able, or	incompatible	wastes placed in the unit?
		No	NK		Description/COMMENT
		X			
					<u> </u>
	If so, are∕w	ere the waste	es store	d, treated, re	endered or mixed so that it no longer poses/posed a hazard?
	Yea	No N	ĸ	If yes, mitiga	ative treatement? Comment

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT ID: # ( 1 Page 3 of 5

# 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAS)

1	1	. 2	•			*d1
	- 1			w	H.	u

<u> Үев Но НК С</u>	Apacity(unita)/compens LOCATED WITHIN THE FACILITY	
<u> </u>	COLATED WITHIN THE PACILITY	·
icate whether the unit is/was locat m the weather [e.g., rain, snow].	ed indoors or outdoors. If located outdoors, indicate if the area is/was protected	ņ
CORS OUTDOORS NK	COMMENT	
<del></del>		
TECTED UNITAROTECTED NK	COMMENT	
ease described any precautionary me	asures that are/were taken [e.g., roofed area, tarp graded].	
ECAUTIONARY MEASURES	•	
ROCFED AREA		

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT	ID: _	#	_1	
Page	4	ot	5	

# 3-1.3 EVIDENCE OF RELFASE/REHEDIATION

Please provide the following information on any prior or current release of bazardous waste or hazardous waste constituents associated with the transfer station/CSA described in the preceding pages.

			1	
EV.	i dence	of	Re.	lease

tione X	Indirect*	Positive Proof from Direct Chservation		Proof from ry Analyses	Description/Comment
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of Re	lease			:
EPA Haz or Wast	ardous Waste   e Description	Estimated Quantity Volume Released (U		Date(s) of Release	Nuture of Release
		·			
			1	. ———	
		·		<del></del>	<del></del>
					·
		· ·			•
					<del></del>

<sup>1</sup> UNIT ID as coded on your facility site map.

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

UNIT I	Ð: _	#	+ {	1
Page	5	of	5	

•

## 3-1 TRANSPER 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:

CM Monitoring Data Attached SW Analytical Data Attached Soil Analytical Data Attached Air Honitoring Data Attached

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

Previ	CUS	lγ
Imple	eneni	ted

Thorem	encea			
<u>Yes</u>	<u>Ho</u>	<u>NK</u>	Inclusive Dates	Description/COMMENT
	_	<del>.</del>		
				<u> </u>
Orrei				
<u>Yes</u>	<u>Ho</u>	<u>NK</u>	Starting Dates	Description/COMMENT
			<u> </u>	
				•
Plann				
	<u>No</u>	<u>HK</u>	Starting Date	Description/COMMENT
			•	

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	ıD:	<u></u> #2I	
Page	1	of 5	

EXITE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHIP HITCH EITHER IS CURRENILY 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. 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. 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 RCDA and provide waste descriptions. For each waste, Indicate the quantity that was/is handled on an ANNANA, 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.

SWHU TYPE/ UNIT IDENTIFIER	DIMPISIONS STONAGE AREA	OPERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIBATED ARAUAL, QUARTITY (SPECIPY UNITS)	ASSCCIATED RELEASE?
# 2	600 Gallons	ACTIVE	<u> </u>	D002	60 GALLONS	
	VOLUME DRUMS	inactive <u>X</u> inclusive years: <u>1983</u> - <u>1987</u>	-			
	NUMBER DRUMS					
. UNIT ID as coo	ded on your facili	ty site map.				
from Subparts tuting wastes	odes, EPA Hazardou C and D and crite regulated under R	ria consti- KNA are defined			<u>.                                    </u>	

UNIT 1D: #2 1
Page 2 of 5

# 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAS)

# 3-1.2 WASTE HANAGEMENT PRACTICES

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

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

	Fxcellent	Cood Pa	ir <u>nk</u>	<u>Comment</u> .
		*		STEEL
2.	What was/is the	e average resid	lence time of chemi	cals in the transfer station/CSA?
	11K	Chemical	Hesidence Time	(units)/COMMENT
	<u>X</u>		THIS UNIT	HAS UNDERGONE CLOSURE
				•
3.	Were/are react:	ive, ignitable,	or incompatible w	wastes placed in the unit?
	Yes H	<u>N</u>		Description/COMMENT
	×	<b>(</b>		
			_	
	If so, are/were	e the wastes sl	ored, treated, ren	ndered or mixed so that it no longer poses/posed a hazard?
	Yes N	D NK	If yes, mitigat	Live treatement? Comment

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT 10: #2 1
Page 3 of 5

# 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAS)

<u>Yes</u> <u>NO</u> <u>NK</u>	Capacity(units)/COMMENT	
	•	·
icate whether the unit is/wanther the weather [e.g., rain, r	s located indoors or outdoors. If located outdoors, indicate if the area is/wa	p protected
CORS OUTDOORS N	<u>COHHENT</u>	
TECTED UNITROTECTED N	COMMENT	
	COVERED WITH PLYWOOD	
ease described any precautlo	nary measures that are/were taken [e.g., roofed area, tarp graded].	
ECAUTIONARY MEASURES	•	
		:

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: #2 1
Page 4 of 5

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

# 3-1.3 EVIDENCE OF RELEASE/REHEDIATION

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

hone Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	Description/Ожижент	
			*e.g., discoloration of surrounding soil, dead vegetation	
Characteristics of R EPA Hazardous Waste or Waste Description	Estimated Quantity		Nature of Release	
	<u> </u>			

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> EPA Process Codes, EPA Hazardous Waste Codes from Subjects C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEPINITIONS of this questionnaire.

UNIT ID:	#2	_1
Page 5	of 5	

7.0

# 3-1 TRANSPER 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:

CM Honitoring SW Analytical Soil Analytical Air Honitoring Data Attached Data Attached Data Attached Data Attached

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

# Previously Implemented

Yes	<u>Ho</u>	<u>NK</u>	Inclusive Dates	Description/COMMENT
—	_	<del></del>		
			•	
Orre				
Yes Yes	Nented No	<u> NK</u>	Starting Dates	Description/COMMENT
			•	
	•			· · · · · · · · · · · · · · · · · · ·
Plann be Im	ed to <del>plemented</del>			
Yes	<u>No</u>	<u>NK</u>	Starting Date	Description/COMMENT
—	_		•	•

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	ID:	_	# <sub>3</sub>	_1	
Nage	j	of	5		

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

#### 3-1.1 WASTE CHARACTERISTICS

in Fart 1 DEFINITIONS of this questionnaire.

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. 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. 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 RCNA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SHANU TYPE/ UNIT IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	- ·.	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
#3	450 GALLINS	ACTIVEYEAR START:	••	Sc2	KNOWN FOR SURE	NK	
	VOLUME DRUMS	INACTIVE X INCLUSIVE YEARS: 19	82 - NK		ONLY TO CONTAIN		
		· ·	<u> </u>				
	NUMBER DRUMS				<u> </u>		
	. d <sup>els</sup>	. ,	·				
		· ·					
1 UNIT ID as cod	ded on your facility	y site map.					
from Sulparts	odes, EPA Hazardous C and D and criter regulated under RC	ia consti-			·		

UNIT ID: \_\_\_\_\_\_1 Page 2\_ ot 5\_\_\_

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

## 3-1.2 WASTE HANAGEMENT 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 it known.

Fxcellent Good Fair HK Comment

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

<u> 11K</u>	Chemical	Hesidence Time (units)/COMMENT		
<u>×</u>			· · · · · · · · · · · · · · · · · · ·	
				•
			<del></del>	
			<del></del>	
		,		

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

Yes	<u>Ho</u>	<u> NK</u>	Description/COMMENT	
			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?

Yes	110	<u>NK</u>	If yes, mitigative treatement?	Comment	
				<u> </u>	<u>·</u>
			•		

I UNIT 1D as coded on your facility site map.

UHIT	10:		#3	_1
Page	3	ot	5	

. J-1 TRANSFER STATIONS & CONTAINER STURAGE 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 NK Capacity(units)/COMMENT	
$\frac{1}{x}$	
	·
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].	8
INDOORS COTINORS IN COMENT	
HROTECTED UNIHROTECTED NK COMMENT	
UNIT WAS COVERED WITH PLYWOOD	
Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].	
PRECAUTIONARY MEASURES	
	<del>:</del>
	<del></del>

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID:	_ # 3	ı
Page 4	ot 5	

# 1-1.3 EVIDENCE OF RELFASE/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

tione .	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	Description/Oximent	
X				<u></u>	
				*e.g., discoloration of surrounding soil, dead vegetation	
				re.g., discorptation of surrounding soir, dead vegetation	
Characte	eristics of Re	lease		•	
EPA Haza or Waste	ardous Waste   e Description	2 <u>Volume Released (U</u>		Nature of Release	
		•			
			<u> </u>		
				•	
		<u> </u>			
		<del>.</del>			

<sup>1</sup> Unit ID as coded on your facility site map.

<sup>2</sup> EPA Process Codes, EPA Hazardous Waste Codes from Subjects C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEPINITIONS of this questionnaire.

UNIT 1D: \_\_\_\_#3 \_\_1
Page \_5 \_ of \_5

# 3-1 THANSPER 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 constituents in contaminated soil, groundwater (GH), 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:

CM Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Air Data Attached Data	Honitoring a Attached	<b>9</b>
					·
For the prior/c	urrent	release documented a	ove please describe relevant re	mediation implemented or planned.	
Previously Implemented				; ;	
<u>Yes</u> <u>Ho</u>	<u>NK</u>	Inclusive Dates	Description/COMMENT		
	-				
			•		
Currently		·	• .		
<u>Implemented</u> <u>Yes</u> <u>No</u>	NK_	Starting Dates	Description/COMMENT		,
		•			
•					
Planned to be implemented					•
Yes No	<u>NK</u>	Starting Date	Description/COMMENT		
		•			

<sup>1</sup> UNIT 1D as coded on your facility site map.

MIT.	10:	#4	_1
age	_!_	of 5	

EXTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SMHU 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. 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. 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 RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SHOU TYPE/	DIMERSICAS STONAGE AREA	CPERATIONAL STATUS	EPA PROCESS <sup>2</sup>	EPA HAZARDOUS WASTE HO, OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ARAUAL QUARTITY(SPECIFY UNITS)	ASSCCIATED RELEASE?
#4	30 cu. yds.	YEAR START:	<u>S03</u>	F008	25 TONS	-
	VOLUME DRUMS	inactive <u>X</u> inclusive years: <u>1984</u> - <u>1988</u>	<u>.</u>			
·	NUMBER DRUPS			·		
2 EPA Process On from Subparts tuting wasten	led on your facility  des, EPA Hazardous  C and D and criteri  regulated under RCR  DUTIONS of this one	Waste Codes a consti- A are defined				

UNIT 10: #4 1
Page 2 of 5

# J-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAS)

## 3-1.2 WASTE HANAGEMENT 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 it known.

Fixcellent Good Fair NK Comment

STEEL

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

IN Chemical Hesidence Time (units)/COMMENT
FOOR LESS THAN 90 DAYS

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

Yes No NK Description/COMMENT

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, miligative treatement? Comment

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT 10: #4 1
Page 3 of 5

# 3-1 TRANSFER STATIONS & CONTAINER STURAGE AREAS (CSAS)

3-1.2 (cont'd)

Yes	No	HK	Capacity(units)/COMMENT	
	X			· <u>·</u>
	er the unit er [e.g., r		ocated indoors or outdoors. If located outdoors, indicate if the area is/was protected].	29
OORS OUT	icors X	<u> </u>	COPPENT	
NECHED U	HHROTECTED	<u>NK</u>	COMMENT	
ease descrit	sed any pre	cautionary	measures that are/were taken [e.g., roofed area, tarp graded].	
ECAUTIONARY	<b>HEASURES</b>		· ·	
MOUNTED	ON A	SPHALT	PAD	

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: #4 1
Page 4 of 5

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

# 3-1.3 EVIDENCE OF RELFASE/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>tkine</u>	Indirect*	Positive Proof from Direct Observation		Proof from ry Analyses	<u>!</u> -	<u>Description/Oximent</u>	
EPA Baz	eristics of Re	Estimated Quantity	or	Date(s) of		*e.g., discoloration of surrounding soil, dead vegetation	
or Wast	e Description	Volume Released (U	<u>nits)</u>	Release		Nature of Release	_
							_
		•					_

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> EPA Process Codes, EPA Hazardous Waste Codes from Subjects C and D and criteria constituting wastes regulated under RCNA are defined in Part 1 DEPINITIONS of this questionnaire.

UNIT 1D: #4 1
Page 5 of 5

# 3-1 TRANSPER 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 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:

OH Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Air Honitoring Data Attached Data Attached	9
	current	release documented a	bove please describe relevant remediation implemented or planned.	
Previously Implemented			· · · · · · · · · · · · · · · · · · ·	
Yes No	NK	Inclusive Dates	Description/COMMENT	
	<del>.</del>			
			<del></del>	
		•		
Currently			<b>'</b>	•
Yes No.	<u>-NK</u>	Starting Dates	Description/COPPENT	
		•		
Planned to			·	•
<u>be implemente</u> <u>Yes No</u>	<u> 14X</u>	Starting Date	Description/COMMENT .	
<b>_</b>				
				·

<sup>1</sup> UNIT ID as coded on your facility site map.

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age	1	υ£	5	

#### 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. 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. 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 FPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituents) under RCDA and provide waste descriptions. For each waste, Indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT TORKTIFTE	DIMERSICAS STONAGE AREA	CPERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO, OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED AROUAL QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
<b>*</b> 5	15 GALLONS	active X Year start: 1988	502	D002	NK	
		. —		ELECTROPLATING		
	VOLUHE	INACTIVE		SOLUTIONS		
	DRUMS	INCLUSIVE YEARS:				
	NUMBER			·		
	DRUMS					
		•				
			•			
					<del></del>	
1 UNIT ID AS	coded on your facilit	ty site map.				
	_					
	s Codes, EPA Hazardous rts C and D and crites					
tuting was	tes regulated under R	CNA are defined				

UNIT ID: #5 1 Page 2 of 5

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

# 3-1.2 WASTE HANAGEMENT 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	Cood	<u>Pair</u>	<u>nk</u>	Comment
					POLYPROPYLENE
2.	What was/is th	ne average rer	idence (	time of chemica	als in the transfer station/CSA?
••					
	<u>+1K</u>	Chemica	11 18	esidence Time	(units)/COPPEN
					•
				1	
3.	Were/are reac	tive, ignitab	le, or i	ncompatible was	stes placed in the unit?
	<u>Yes</u>	<u>Ho</u>	NK	•	Description/COMMENT
		X			
					· · · · · · · · · · · · · · · · · · ·
	If so, are∕we	re the wastes	stored,	treated, rend	ered or mixed so that it no longer poses/posed a hazard?
	Yes	No NK	<u>1f</u>	yes, mitigati	ve treatement? Comment

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT	10:	# 5	_1
Parqe	3	ot 5	

•	Transfer of the state of the st
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 NK	Capacity(units)/COMHENT
·_×_	TANK IS SET INTO FLOOR AND CONTINUOUSLY HAS CONTENTS PUMPED
	TO MAIN SUMP
Indicate whether the unit is/was loc from the weather [e.g., rain, snow].	ated indoors or outdoors. If located outdoors, indicate if the area is/was protected
INDOORS OUTDOORS NK	COHENT
THOLECLED ANY	COHMENT
Please described any precautionary #	neasures that are∧were taken [e.g., roofed area, tarp graded].
PHECAUTIONARY MEASURES  ROOKED AREA	1

4511h

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: _	#5	_ l
Page 4	ot 5	_

## 3-1.3 EVIDENCE OF RELFASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste constituents associated with the transfer station/CSA'described in the preceding pages.

Evidence of Release

tkone <u> </u>	Indirect*	Positive Proof from Direct Observation		Proof from ry Analyses	Description/Comment	_
					*e.g., dis∞loration of surrounding soil, dead vegetation	
EPA Baz	eristics of Re ardous Waste   e Description	Estimated Quantit	y or <u>Unita)</u>	Date(s) of Release	Nature of Release	
			,			
		<u>.</u>				_

<sup>1</sup> Unit ID as coded on your facility site map.

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

UNIT 1D: #5 1
Page 5 of 5

# 1-1 TRANSPER 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:

CW Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached	
For the prior/	current	release documented a	bove please describe rele	vant remediation implemented or planned.	
Previously Implemented				:	
Yes <u>Ho</u>	<u>NK</u>	Inclusive Dates	Description/COMMENT		
	<del></del>	_			
		•	· .		
Ourrently		·	٠.		•
Implemented Yes No	NK	Starting Dates	Description/COMMENT		
		•			
•				· · · · · · · · · · · · · · · · · · ·	
Planned to				•	
be Implemented Yes No	<u> </u>	Starting Date	Description/COMMENT		

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	ID;	# b	_1
Page	1	of <u>5</u>	

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.

#### 3-1.1 WASTE CHARACTERISTICS

in Fart 1 DEFINITIONS of this questionnaire.

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. 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. 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. 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.

SWHU TYPE/ UNIT IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS <sup>2</sup>	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESCIPATED ANNUAL QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
±6	15 GALWINS	YEAR START:	<u> 504</u>	Suspected Dool	NK	NK
	VOLUME DRUMS	INACTIVE X INCLUSIVE YEARS: NK - 198	3 <u>n</u>	· · · · · · · · · · · · · · · · · · ·		
	NUMBER DRUMS					
		12				
		· · · · · · · · · · · · · · · · · · ·	· .			. '
,;; ;;	.*			· · · · · · · · · · · · · · · · · · ·		
2 EPA Process Co from Subparts	des, EPA Hazardous C and D and criter	Waste Codes ia consti-				

UNIT ID: # 6 1
Page 2 of 5

# 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	<u>Cood</u> X	<u>Pair</u>	<u>NK</u>	<u>Comment</u>		· . · ·
	,						
	)						
2.	What was/is th	ne average	residenc	e time of chem	nicals in the transfer station/	CSA?	, •
	NK	Chem	ical	Hesidence Tim	ne (units)/COMMENT		•
	_X_		· 		· , , , , , , , , , , , , , , , , , , ,	· .	
					', '		•
		,					
			,		,		
			· .	·		,	
3.	Were/are reac	tive, ignit	able, or	incompatible	wastes placed in the unit?		;
. '	Yes	<u>No</u> .	NK	•	Description/COMMENT		
		X			: •		
.`				, V ,			

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

<u>res</u>	NO	HIV	it yes, mittgative treatement?	CORDICIL		
		· ·		<del></del>	·	·
		,	,			

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID:		<u></u> #6 1			
Page	3	ot	5		

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# 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 NK Capacity(units)/COMMENT

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

\_

COHENT

PROTECTED

UNPROTECTED

NK

COMMENT

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

PRECAUTIONARY MEASURES

ROOFED AREA

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: _	#6 I		
Page 4	ot 5	_	

# 3-1.3 EVIDENCE OF RELFASE/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.

Evi	dence	of	Rel	ease

None	Indirect*	Positive Proof Direct Observat		ve Proof from tory Analyses	Descri	ption/Comment		
X			<u> </u>		Sus	PECTED RELEI	ACF OF DOC	le .
		1 3						
			•			,		·
,					*e.g.,	discoloration of su	urrounding soil, d	ead vegetation
Charact	eristics of Rel	ease		,			•	
EPA Has	ardous Waste   e Description 2		Quantity or eased (Units)	Date(s) of Release	<u>Natur</u>	e of Release		
				2				
		•						
	·			·			·	<del></del>
			<del></del>	<del></del>	,			
		<del></del>						· ·
	·							
	· — — —	,	٠١.					

<sup>1</sup> UNIT ID as coded on your facility site map.

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

UNIT ID:			
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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:

Data Attached		Data Attached	Data Attached	Data Attached
·			· · · · · · · · · · · · · · · · · · ·	·
For the prior/	current	release documented ab	ove please describe releva	nt remediation implemented or planned.
Previously Implemented			•	
Yes No	NK	Inclusive Dates	Description/COMMENT	
	<del></del>		<del></del>	<del></del>
			,	
			•	
Ourrently Implemented				
Yes No	NK	Starting Dates	Description/COMMENT	
	<del>-</del> -	<del></del>		<del></del>
٠				
			٠.	
Planned to be Implemented	) 1	•	•	
Yes No	NK	Starting Date	Description/COMMENT	
		<del></del>		
			·	•

<sup>1</sup> UNIT ID as coded on your facility site map.

JHIT'	D:	#7	_1
lage	1	of _5_	

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

EXITE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & COMPAINER STORAGE AREA (CSA) SWHU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN CPERATED 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. 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. 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, it the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE HO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUARTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
#7	250 GALLINS	active X year stakt: 1984		D002	NK_	
	VOLUME DRUMS	INACTIVE	_			
	NUMBER DRUMS					
		•				
	ed on your facility					
from Subparts tuting wastes	des, EPA Hazardous C and D and criter regulated under RCI DUTIONS of this our	ia consti- ovare defined			<u>.</u>	

URIT ID: #7 1
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## 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	<u>Palr</u>	HK	<u>Comment</u>
2.	What was/is the	e average red	idence	time of chem	icals in the transfer station/CSA?
	<u> </u>	<u> Chemica</u>	<u> 1</u>	esidence Tim	e (units)/COPPENT
	*_			PumpED C	ENTINUELIS LY TO MAIN SUMP
					•
				•	
					1
3.	Were/are react	ive, ignitab	e, or i	ncompatible	wastes placed in the unit?
	Yes N	<u>o</u> .	ИK	•	Description/COMMENT
	×				
	If no are Amer	a the weetus	etored	treated re	endered or mixed so that it no longer poses/posed a hazard?
	Yes N	<u> </u>			tive treatement? Comment
			!	NEUTRALIZA	† TICM

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	10:		± 7	1
Page	3	ot	5	

# 3-1 TRANSFER STATIONS & CONTAINER STURAGE AREAS (CSAS)

Was/is the unit surrounded by  Yes No NK	a containment system? What was/is the capacity of the containment system?  Capacity(units)/COMMENT	
	•	·
dicate whether the unit is/was lo om the weather [e.g., rain, snow]	cated indoors or outdoors. If located outdoors, indicate if the area is/was protecte.	d P
DOORS OUTDOORS NK	COMMENT	
OTECTED UNIAKOTECTED NK	COMMENT	
ease described any precautionary	measures that are/were taken [e.g., roofed area, tarp graded].	
RECAUTIONARY MEASURES	1	
ROOFED AREA		
		<u> </u>

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: 47 1
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## 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

#### 3-1.3 EVIDENCE OF RELFASE/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

tone Indirect		tive Proof from		Proof from ry Analyses	Description/Oximent	#
					*e.g., discoloration of surrounding soil, de	ead vegetation
Characteristics o	f Release				ti •	
EPA Hazardous Was or Waste Descript	te   ion 2	Estimated Quantity Volume Released (U		Date(s) of Release	Nuture of Release	
		·				
			·	. ———		
		•				
		·				

<sup>1</sup> Unit ID as coded on your facility site map.

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

UNIT 1D: \_\_\_\_\_#7\_\_\_1
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### J-1 THANSPER 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 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:

SW Analytical Soil Analytical Air Honitoring CM Monitoring Data Attached Data Attached Data Attached Data Attached For the prior/current release documented above please describe relevant remediation implemented or planned. Previously Implemented Description/COMMENT NK Inclusive Dates Yes No Currently Implemented Description/COHMENT Yes No. Starting Dates Planned to be implemented Starting Date Description/COMMENT

<sup>1</sup> UNIT ID as coded on your facility site map.

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Page	1	of S	5_	

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

#### 3-3.1 WASTE CHARACTERISTICS

in part 1 DEFINITIONS of this questionnaire.

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. 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. 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 RCWA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SMMU TYPE/ UNIT IDENTIPIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATE RELEASE?
# g	1500 GALLONS	ACTIVE X YEAR START: 1984	·504 .	D002	500,000 GALLERS	
,	7	INACTIVE	•			
		INCLUSIVE YEARS;	<del></del> ,	<u> </u>		
				<del></del>		
		• •				
			1			
			e.			
.,			* * * * * * * * * * * * * * * * * * *			
LINIT ID as cod	ed on your facility	v site map.				
2 EPA Process Co	des, EPA Hazardous C and D and criteri	Waste Codes				٠.

TINU	ID:	<u></u> #8 1	l
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## 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.

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

Prior Exceedances? COMMENT NPDES No. Yes No MONITORING DONE DAILY BY FACILITY PERSONNEL WEEKLY MONTHLY MONITORING DON'T BY ONTSIDE SOURCE ANNUAL MONITORING DONE BY SEWER DISTRICT

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

Description/COMMENT NK NEUTRALIZATION, METAL PRECIPITATION, DAYING OF FLCC SLUDGE

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

Effect iveness EFFLUENT CONTINUALLY EXCEEDS LIMITS POSTED BY FEWER DISTRICT

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 Monitoring Device/Procedure Description/COMMENT ANNUAL OSHA MUNITERINE

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT 1D: #8 1

# 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont!d)

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

Yes	No	<u>NK</u>	NA_	Control Dev	vice/Procedure Desc	ription/COMMENT	·.	·	
	X					,			
			`:	,					
		•			,				

<sup>.1&#</sup>x27; UNIT ID as coded on your facility map.

UNIT	ID:		#8	1
Page	4	of	5	

## 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 SWHU described in the preceding pages.

Positive Proof from Indirect*  Indirect*  Positive Proof from Laboratory Analyses  COMMENT  Ae.g., discoloration of surrounding soil, dead vegetation  Paracteristics of Release  Nature of Release  Nature of Release		•			· · · · · · · · · · · · · · · · · · ·
Taboratory Analyses  COMMENT  *e.g., discoloration of surrounding soil, dead vegetation  aracteristics of Release  A Hazardous Waste   Volume Heleased (Units)  Estimated Quantity or Date(s) of Release  Nature of Release  Nature of Release	idence of Releas	<u> </u>			
*e.g., discoloration of surrounding soil, dead vegetation  lazardous Waste   Estimated Quantity or Waute Description   Nature of Release   Nature	e <u>Indirect</u>				COMMENT
*e.g., discoloration of surrounding soil, dead vegetation  *acteristics of Release  *Interistics					<u> </u>
*e.g., discoloration of surrounding soil, dead vegetation  *aracteristics of Release  *A Hazardous Waste # Estimated Quantity or Volume Released (Units)  *Bate(s) of Release  *Nature of Release  *Nature of Release  *Nature of Release					
*e.g., discoloration of surrounding soil, dead vegetation  *acteristics of Release  *Ilazardous Waste   Estimated Quantity or Wolume Released (Units)  *Bate(s) of Release  *Nature of Release  *Nature of Release	•	/			
A Hazardous Waste   Estimated Quantity or Date(s) of Waste Description   2   Volume Released (Units)   Release   Nature of Rel			,		
A Hazardous Waste   Estimated Quantity or Date(s) of Wolume Released (Units) Release Nature of Release			,	*	*e.g., discoloration of surrounding soil, dead vegetation
Waste Description 2 Volume Released (Units) Release Nature of Release	aracteristics of	f Re)ease	, , , , , , , , , , , , , , , , , , ,		
	A Nazardous Wast Waste Descript	te   Estimated Quant ion 2 Volume Released	ity or Dat (Units) Rel		Nature of Release
				•	
		<del></del> <del></del>	<del></del>		
<u> </u>	• •			•	. <u> </u>
	<u>.</u>	· ·		:	
	r	·	·	<del></del> `:	; <del></del>
	•	<u> </u>	·	•	<u> </u>
					, <u> </u>

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> 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.

#### 3-3.3 (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:

CW Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
		:	,	·
· <del></del>			· .	,
•		•	,•	
For the prior/c	urrent	release, documented	above please describe	relevant remediation implemented or planned.
Previously				
Implemented Yes No	NK	Inclusive Dates	Description/COM	<u>iENT'</u>
Yes No	<u>car</u>	McIdsive races		
		· · ·		
•		•		,
			· . <del> </del>	
		•		
Oirrently	<i>3</i>			
Implemented	,		Description/COM	<u>IENT</u>
Yes No	NK	Start Date		
<u> </u>	<del></del> .	· <del></del>		
			. ———	
! <b>*</b>				
•				
Planned to Implementation		•	Description/COM	ent.
Yes No	NK	Start Date	industriplication cars	<del></del>
				<u> </u>
			,	
•				

UNIT ID as coded on your facility site map.

UNIT	ID:		# 9	1
Page	1	of	5	

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

#### 3-3.1 WASTE CHARACTERISTICS

in tert 1 DEPINITIONS of this questionnaire.

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. 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. 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 RCKA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIPY UNITS)	ASSOCIATEI RELEASE?
# 9	25 gaurns	YEAR START:	· Sc2 .	Focq	NK	
,	,	INACTIVE X INCLUSIVE YEARS: 1984 - 1	993			
•				<u></u>		
	, , , , , , , , , , , , , , , , , , ,	•				
s ·	•					
	:	,	·			
						,
2 EPA Process Code from Subparts C	l on your facility es, EPA Hazardous ( and D and criteri equiated under RCR	Waste Codes a consti-				

UNIT	ID;	<u> #9</u>	_1
Page	2	of _5	

#### 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.

Were/are process and effluent quality monitoring programs in place? If yes, please specify and include NPDES No. or equivalent. Prior Exceedances? Yes No ' NK NPDES No. COMMENT Yes ANNUAL SENER DISTRICT MONITORING EFFLYENT MONITORING BY OUTSIDE SOURCE WEEKLY / MUNTHLY DAILY CHECKS BY FACILITY PERSONNEL 2. Briefly describe treatment/recycling processes. If unknown, indicate. NK Description/COMMENT CY ANIDE. OXIDATION OF

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

Effect iveness EFFLUENT CONTINUALLY MET OR EXCEEDED LEWER 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 Monitoring Device/Procedure Description/COMMENT

UNIT ID as coded on your facility site map.

UNIT ID: #9 1
Page 3 of 5

## 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont.'d)

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

Yes	<u>No</u>	NK_	<u>NA</u>	Control Device	ce/Procedure Des	cription/COMMENT	٠.	
٠.	X			,		•		
						·, ·		
٠,	,				<del></del>			

UNIT ID as coded on your facility map.

UNIT	ID:		<u>*9</u>	1
Page	4	of	5	_

## 3-3.3 EVIDENCE OF RELEASE/HEMEDIATION

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.

ne <u>Indirect</u> *	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
·			
e <sup>r</sup>	<i>,</i>	,	
· · ·	<b>1</b>	$\mathbf{r} = \frac{r_{2} - r_{2}}{r_{2}}$	*e.g., discoloration of surrounding soil, dead vegetation
racteristics of Re Hazardous Waste   Waste Description	Estimated Quantity	y or Date(s) of Units) Release	Nature of Release
		· .	· <u> </u>
		<u> </u>	e e e e e e e e e e e e e e e e e e e

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> 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.

#### 3-3.3 (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:

OW Monitoring Data Attached		SW Analytical Data Attached		Soil Analytical Data Attached	Air Monitoring  Data Attached
		:	$\cdot \cdot \cdot t$	•	
<del></del>				<del></del> .	<del></del>
•				•	
For the prior/o	urrent i	elease, documented	above	please describe relevan	nt remediation implemented or planned.
Previously				,	
<u>Implemented</u>				Description/COMMENT	•
Yes No	NK	Inclusive Dates			
		<del> </del>		<del></del>	<del></del>
		•		<del></del>	<del></del>
		<i>e</i> -		·	
					·
		•			
Currently	. ,	•		Described on Johnson	
Implemented Yes No	NK	Start Date		Description/COMMENT	
				•	
,•					
Planned to		•		•	
Implementation				Description/COMMENT	
Yes No	NK	Start Date			
		· .			<u></u>
			, .		

UNIT ID as coded on your facility site map.

UNIT	lb:		# 10	_1
Page		υ£	5	

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

EXITE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & COMPAINER STORAGE AREA (CSA) SMHU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN CHERATED 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. 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. 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. 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 bazardous waste constituents was/is associated with the unit described.

SWMU TYPE/ UNIT IDENTIFIER	DIMPISTORS STORAGE AREA	CPERATIONAL STATUS ACTIVE	EPA PROCESS 2	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED MANAI. QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
#10	600 gamens	YEAR START:	_SUZ_	D002	NK	
	VOLUME DRUMS	inactive X inclusive years: 1984 - 1993	<u>}</u>			
	HUMBER DRUMS					
1 UNIT ID as co	ded on your facility	site map.				
from Subparts tuting wastes	odes, EPA Hazardous C and D and criteri regulated under NCI	a consti- Ware defined			<u>.                                    </u>	

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

#### 3-1.2 WASTE HANAGEMENT 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>X</u> Comment

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

NR Chemical Hesidence Time (units)/COPMENT

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

Yes No NK Description/COMMENT

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, miligative treatement? Comment

I UNIT ID as coded on your facility site map.

UNIT 1D: # 10 1 Page 3 ot 5

# 3-1 TRANSFER STATIONS & CONTAINER STURAGE AREAS (CSAS)

	Yes	<u>-No</u>	NK	Capacity(units)/COMMENT	
	X			1500 MAIN SUMP OF WASTE TREATMENT SYSTEM	
				,	
licat xm th	e whethe e weathe	er the unit er (e.g., i	is/was lo	ocated indoors or outdoors. If located outdoors, indicate if the area is/was protected	P
gores #	con	XXXIS	_14K	COHPENI	
				<del></del>	
OTECT	ED UI	HROTECTED	NK	COMMENT	
X					
				possesses that are Auge taken to a second area (taken maded)	
			Cautionaly	measures that are/were taken [e.g., roofed area, tarp graded].	
		MEASURES		1	
14	ofen A	HREA_			
					:

 $<sup>1^{\</sup>circ}$  UNIT ID as coded on your facility site map.

UNIT ID: _	<b>*10</b>	_1
Page 4	ot 5	

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

## 3-1.3 EVIDENCE OF RELFASE/REMEDIATION

Please provide the following information on any prior or current release of hazardous waste constituents associated with the transfer station/CSA'described in the preceding pages.

Evidence of Release

tone Indirect		itive Proof from ect Observation		Proof from ry Analyses	tes	cription/Oximent		9
Characteristics of EPA Hazardous Was or Waste Descript	ste	Estimated Quantity Volume Released (U		Date(s) of Release		g., discoloration of surrounce : : : : : : : : : : : : : : : : : : :	unding soil, dead ve	<b>getation</b>
		·	<u> </u>					
					_ _ _			

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> EPA Process Codes, EPA Nazardous Waste Codes from Subjects C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEPINITIONS of this questionnaire.

### 3-1 TRANSPER 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 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:

CM Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Air Honitoring Data Attached Data Attached	ē.
		·	
For the prior/curren	t release documented abo	ove please describe relevant remediation implemented or planned.	
Previously Implemented		· · · · · · · · · · · · · · · · · · ·	
Yes <u>NK</u> NK	Inclusive Dates	Description/COMMENT	
	<del></del>		
	•		
Ourrently	•	•	
Implemented Yes No NK	Starting Dates	Description/CONNEM!	
	<del></del>		
Planned to			
<u>be implemented</u> <u>Yes No NK</u>	Starting Date	Description/COMMENT .	

<sup>1</sup> UNIT ID as coded on your facility site map.

лит	ID:	# 11	.1
Page	}	of <u>5</u>	

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

#### 3-3.1 WASTE CHARACTERISTICS

in tart 1 DEFINITIONS of this questionnaire.

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. 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. 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 RCFA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SHAU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATES RELEASE?
* [1	NK,	ACTIVEYEAR START:	S02 ·	D002	Nk	
		INACTIVE X	٠ <u>١</u>			
. 4 .						
· · ·			•			
1 UNIT ID as code	d on your facility	, aite map.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2 EPA Process Cod	d on your raciits les, EPA Hazardous C and D and criteri regulated under RCI	Waste Codes			•	•

UNIT	ID:	1 1 1	
Page	2	of _5_	

## 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.

Driefly describe treatment/recycling processes. If unknown, indicate.  NK Description/COMMENT  THE ELECTROCHEMICAL CELLS WIRKED IN SERIES. AS THE WASTE WATER PASSED THRUGH THEM, DIRECT CLIEF  WAY APPLIED PRODUCING OH AND HZ. IDNS FROM THE WATER. THE RESULTING WETCH MYDRIXIDE SC  WOULD THEN PASS ON TO THE DEEMSSING AND CLARIFYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLUENT CONTINUARLY MET ALL. POTH STANDANDS  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 ND NK HA HONITORING PROCESSES (A.G., AERATION) CONTENT  AWMUNE CSHIM MUNITALING	Yes	NO NK NPDES N	Prior Excee <u>10. Yes</u>	edances? No <u>COMMENT</u>
Briefly describe treatment/recycling processes. If unknown, indicate.  NK Description/COMPENT  THE ELECTROLIERICAN CELLS WERED IN SERIES. AS THE WASTE WATER PASSED THROUGH THEM, DIRECT CLIER WAY APPLIED, PRODUCING OH AND 12 10NS FROM THE WATER. THE RESULTING WETCH MYDRIXIDE SC WOULD THEN PASS ON TO THE DECASSING AND CHARMFYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFURAT CONTINUARLY MET ALL POTH STANDARDS  With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. AreAvere 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/COMPENT  ANNUAL CSHA MUNITURING	X			DAILY EFFLUENT CHECKS AS WELLY, MONTHLY, AND ANNUAL
THE ELECTROCHEMICAL CELLS WIFEED IN SERIES. AS THE WASTE WATER PASSED THROUGH THEM, DIRECT CLIEBED AND APPLIED, PRODUCINE OH AND HZ ION'S FROM THE WATER. THE RESULTING WETCH MYDRIXIDE SC WOULD THEN PASS ON TO THE DEERSSING AND CLARIFYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLUENT CONTINUARLY MET ALL POTH STANDARDS  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 HA Honitoring Device/Procedure Description/COMPENT  ANNUAL CSHA MUNITURING	•			MONITORINE WAS PERFORMED
THE ELECTROCHEMICAL CELLS WIFEED IN SERIES. AS THE WASTE WATER PASSED THROUGH THEM, DIRECT CLIEBED AND APPLIED, PRODUCING OH AND HZ ION'S FROM THE WATER. THE RESUltank WETCH MYDRIXIDE SC WOULD THEN PASS ON TO THE DEEASSING AND CLARIFYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLUENT CONTINUARLY MET ALL POTM STANDARDS  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 HONITORING Device/Procedure Description/COMPENT  ANNUAL CSHA MUNITURING		•	.:	
THE ELECTROCHEMICAL CELLS WIFEED IN SERIES. AS THE WASTE WATER PASSED THROUGH THEM, DIRECT CLIEBED AND APPLIED, PRODUCING OH AND HZ TON'S FROM THE WATER. THE RESUltank WETCH MYDRIXIDE SC WOULD THEN PASS ON TO THE DEEASSING AND CLARIFYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLUENT CONTINUARLY MET ALL POTM STANDARDS  With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are Arere 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/COMPENT  ANNUAL CSHA MANTULING				
THE ELECTROCHEMICAL CELLS WERED IN SERIES. AS THE WASTE WATER PASSED THROUGH THEM, DIRECT CURRENCED APPLIED, PRODUCING OH AND H2 ION'S FROM THE WATER. THE RESUltance METAL MYDROXIDE SC WOULD THEN PASS ON TO THE DEERSSING AND CLARACYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFURENT CONTINUALLY MET ALL POTM STANDARDS  With certain wastewater treatment processes (e.g., aeration), toxic organic wastes may be volatilized. Are Are there devices/procedures in place for monitoring releases to the atmosphere? Please describe the monitoring devices/procedures.  Yes NO NK NA MONITORING  ANNUAL OSHA MONITORING		•.		
THE ELECTROCHEMICAL CELLS WERKED IN SERIES. AS THE WASTE WATER PASSED THROUGH THOM, DIRECT CURRENT AND APPLIED, PRODUCINE OH AND HZ ION'S FROM THE WATER. THE RESULTING WETCH MYDROXIDE SC WOLLD THEN PASS ON TO THE DEEASSING AND CLARACYING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLUENT CONTINUARLY MET ALL POTH STANDANDS  Hith 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 MA Monitoring Device/Procedure Description/COMMENT  ANNUAL CSHA MONITORING	. Brief	fly describe treatment	/recycling pro	cesses. If unknown, indicate.
WAY APPLIED PRODUCINE OH AND H2 IDN'S FROM THE WATER. THE RESULTING WETH MYDRIXIDE SC WOULD THEN PASS ON TO THE DEEMSSING AND CHARLEVING STAGES.  Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLIEM CONTINUARLY MET ALL POTH STANDARDS  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  ANNUAL CSHA MONITORING	NK.	Description/COMMENT		
Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFLUENT CONTINUALLY LIET ALL POTH STANDANDS  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 HA MONITORING  ANNUAL OSHA MONITORING	·	THE ELECTROCHEMI	ICAL CELLS W	CIEKED IN SERIES. AS THE WASTE WATER PASSED THROUGH THAM, DIRECT CURRENT
Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFULEM CENTINAMILY LUT ALL POTH SANDARDS  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  Advisor CSHA Maintribation		WAS APPLIED ,	PRODUCINE 1	OH AND HZ. ION'S FROM THE WATER. THE RESULTING METAL MYDRIXIDE SCLUTI
Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal.  If unknown, indicate.  NK Effectiveness  EFFULENT CONTINUALLY LUTT ALL POTH STANDARDS  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/CONTENT  ANNUAL CSHA MANUALING		WOULD THEN P	ASS ON TO T	THE DEEMSING AND CHRIFTING STAGES.
If unknown, indicate.  NK Effectiveness  EFFWIFM CONTINUALLY MET ALL POTW STANDARDS  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  ANNUAL CSHA MENTUZING			<u> </u>	
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  Annuar Osha Marituring		•		
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  ANNUAL CSHA MONITORING			ness of remova.	l prior to sludge treatment and disposal or prior to effluent disposal.
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  ANNUAL OSHA MUNITURING	1£ ur	nknown, indicate.	eness of remova	nd prior to sludge treatment and disposal or prior to effluent disposal.
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  ANNUAL CSHA MONITORING	1£ ur	Effectiveness		
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  ANNUAL CSHA MONITORING	1£ ur	Effectiveness		
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  ANNUAL OSHA MUNITURING	1£ ur	Effectiveness		
ANNUAL OSHA MUNITUZING	1f ur	Effectiveness  EFFUENT COM	inamly ME	T ALL POTW STANDARZOS
ANNUAL OSHA MONITUZING	1f ur	Effectiveness  EFFUENT CONT	inumuy ME	TAU POTW STANDARDS
	NK NK	Effectiveness  EFFECT CONT  certain wastewater trees/procedures in place	reatment processes for monitoria	TAU POTW STANDARDS  uses (e.g., aeration), toxic organic wastes may be volatilized. Are/were there and releases to the atmosphere? Please describe the monitoring devices/procedures.
	NK NK	Effectiveness  EFFECT CONT  certain wastewater trees/procedures in place	reatment processes for monitoria	TAU POTW STANDANDS  uses (e.g., aeration), toxic organic wastes may be volatilized. Are/were there and releases to the atmosphere? Please describe the monitoring devices/procedures.  Monitoring Device/Procedure Description/COMMENT
	NK NK	Effectiveness  EFFECT CONT  certain wastewater trees/procedures in place	reatment processes for monitoria	TAU POTW STANDANDS  uses (e.g., aeration), toxic organic wastes may be volatilized. Are/were there and releases to the atmosphere? Please describe the monitoring devices/procedures.  Monitoring Device/Procedure Description/COMMENT

<sup>1</sup> UNIT ID as coded on your facility site map.

## 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similary, 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	AM	Control Device	/Procedure Des	cription/COMMENT	٠.		
	<u>×</u>						:		
			:			·. ·			
								,	

<sup>.1&#</sup>x27; UNIT ID as coded on your facility map.

UNLT	ID:		* 11	1
Page	4	of	5	

3-3.3	EVIDENCE	OP	RELEASE/Id	<u>emediation</u>

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

Evidence	οf	Release
*** * ******		****

Evidence	of Release	• . •	,				•
None	<u>Indirect</u> *	Positive Pr			Proof from ry Analyses		COMMENT
<u>,</u>			·				
		Ż					•
				٠.	!*		
y . j.		·				•.	*e.g., discoloration of surrounding soil, dead vegetation
	ristics of Re	lease					
EPA Haza or Waste	rdous Waste   Description		ated Quantity o	or Its)	Date(s) of Release	.·	Nature of Release
		•	·	·	•		
						•	
					<u>.</u>		
		· <u>·</u>		<u> </u>			
		. <u> </u>	<u> </u>	<u>.                                    </u>		<u>:</u>	
,	· · · · · · · · · · · · · · · · · · ·		·			<u>.</u>	· · · · · · · · · · · · · · · · · · ·
•		. •					* <u></u>

UNIT ID as coded on your facility site map.

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.

3-3.3 (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:

Air Monitoring

Soil Analytical

OW Monitoring Data Attached	SW Analytical <u>Data Attached</u>	Soil Analytical Data Attached	Air Honitoring  Data Attached
Previously Implemented	rent release documented about the line of	Description/COMMENT	nnt remediation implemented or planned.
Ourrently Implemented Yes No	NK Start Date	Description/COMMENT	
,			
Planned to Implementation Yes No	NK Start Date	Description/COMMENT	

SW Analytical

UNIT ID as coded on your facility site map.

UNIT	ID:	当12	1
Page	1	of 5	

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

#### 3-3.1 WASTE CHARACTERISTICS

in part 1 DEPINITIONS of this questionnaire.

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. 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. 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 RCMA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SHIU TYPE/ UNIT IDENTIPIER SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
# 12 800 GALLENS	YEAR START: 1924	502	Foot	550,000 GALLONS	
	INACTIVE				•
	INCLUSIVE YEARS:	• • • • • • • • • • • • • • • • • • • •	<del></del>		
		·			
	•				
		· · · · · · · · · · · · · · · · · · ·			
		· · · .			
			·		
		And And	, <del></del>		,
<ul> <li>UNIT ID as coded on your facility</li> <li>EPA Process Codes, EPA Hazardous W from Subparts C and D and criteria</li> </ul>	laste Codes		·	•	* 4

UNIT	1 D:		土12	1
Page	2	of	5	

#### 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.

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 DAILY, WEEKLY, MONTHLY, AND ANNUAL CHECKS WERE PERFORMED ON A REGULAR BASIS Briefly describe treatment/recycling processes. If unknown, indicate. Description/COMMENT' WASTEWATER FROM THE ELECTROCHEMICAL CEUS WOULD ENTER THE DEBASSING CHAMBER FOR THE REMOVAL OF HYDROGEN GAS BEFORE PASSING ON TO THE CLARIFIER. 3. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate. Effect iveness MEETS POTW STANDARDS EFFLLUENT CONTINUALLY

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.

Monitoring Device/Procedure Description/COMMENT Yes ANNUAL OSHA MUNITURING

UNIT ID as coded on your facility site map.

UNIT ID: #12 1
Page 3 of 5

## 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similary, 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 Desc	cription/COMMENT	• .		
٠.	X			• •			:		
			`:						
.,	,	,			•	,		:	

<sup>.1&#</sup>x27; UNIT ID as coded on your facility map.

UNIT	ID:	12_	_1
Page	4	of 5	

# 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 SWHU described in the preceding pages.

		_	•	
EVI	idence	ot	Release	į

None Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
•			
•	7		
			*e.g., discoloration of surrounding soil, dead vegetation

Character	istics	of R	elease

Cimitacter rottes of the					
er Maste Description 2	Estimated Quantity or Volume Released (Units)	Date(s) of Release	Nature of Release		
	• •	•			
· ·					
		<u> </u>			
		· ·			
		<del></del>			
1,			e de la companya del companya de la companya del companya de la co		
		· <del></del>			
•		·	•		

<sup>1</sup> UNIT ID as coded on your facility site map.

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

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:

CM Monitoring Data Attached		SW Analytical Data Attached		Soil Analytical Air Monitoring Data Attached Data Attached
		<u>:</u>		
		•		
For the prior/cu	rrent r	elease, documented	l <b>a</b> bov	r please describe relevant remediation implemented or planned.
Previously Implemented Yes No	NK	Inclusive Dates	:	Description/COMMENT
<del>_</del> . <del>_</del> .	<del></del>	<del></del>		
		•		
			٠.	
Ourrently Implemented Yes No	NK.	Start Date	·.	Description/COMMENT
1*			•	
• •				
Planned to Implementation Yes No	NK .	Start Date		Description/COMMENT
<del></del> ' ·	<del></del>		,	
* .				

UNIT ID as coded on your facility site map.

UNIT	1D:_	<u>*13</u>	1
Page	1	of 5	

NOTE: COMPLETE 3-3.1 THROUGH 3-3.3 FOR EACH INDIVIDUAL WASTEWATER TREATMENT OR WASTE RECYCLING SMMU 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. 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. 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 RCWA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SHOU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATEI RELEASE?
<sup>±</sup> 13	800 GALENS	YEAR START: 1984	502.	Fock	550,000 GALLONS	
	. •	INACTIVE	•			
		·	\(\frac{1}{2}\)			
e version de la company			1 .			
				· · · · · · · · · · · · · · · · · · ·		· ·
	ion your facility		25.3			

UNIT	ID;	_	#	13	1
Page	2	of	5		

#### 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.

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

Prior Exceedances? NK NPDES No. COMMENT Yes DAILY, WEEKLY, MONTHLY, AND ANNUAL EFFLENT MONITORING TAKES. PLACE 2. Briefly describe treatment/recycling processes. If unknown, indicate. Description/COMMENT WASTEWATER FROM THE DEGASSING CHAMBER PASSES ON TO THE CLARIFIER WHERE ANIGNIC POWMER IS ADDED TO ASSIST IN THE SETTLING OF METAL HYDROXIDES. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate. **Effectiveness** CONTINUALLY MEFTS POTW STANDARDS EFFLUENT 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. Monitoring Device/Procedure Description/COMMENT ANNUAL OSHA MONITORING

UNIT ID as coded on your facility site map.

UNIT 1D: # 13 1

Page 3 of 5

## 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont !d)

Similary, 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	AM_	Control Device	Control Device/Procedure Description/COMMENT					
<u>:</u> .				•					· ·	
			•			4.1				
٠,				<del></del>	•			.:		

<sup>1</sup> UNIT ID as coded on your facility map.

UNIT	ID:		#13	_1
Page	4	of	5	

# 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 SWHU described in the preceding pages.

vidence of Release	•••	•		•
one <u>Indirect</u> *	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	:··	COMMENT
<u> </u>	,		• •	
•.		•	•	
•	/	•		
	•			
		**		*e.g., discoloration of surrounding soil, dead vegetation
haracteristics of F	le]ease	N.		
PA Hazardous Waste or Waste Description	# Estimated Quan	tity or Date(s) of d (Units) Release		Nature of Release
· ·		•.	٠.	
	<del>-</del> <del></del>		<b>-</b>	
	·		_ ,	
			_ ,	·
		<u> </u>	<b>-</b> ; :	
·	<u> </u>		_ :	
• 1	•			en e

<sup>1</sup> UNIT ID as coded on your facility site map.

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

3-3.3 (Cont'd)

For the SMMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists/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:

Old Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring Data Attached	
For the prior/	current r	elease documented abx	ove please describe relev	want remediation implemented or planned.	· .
Previously Implemented Yes No	NK	Inclusive Dates	Description/COMMENT		
	<del></del> .	•		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,
Ourrently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT		
,					
Planned to Implementation Yes No	NK.	Start Date	Description/COMMENT		

Unit ID as coded on your facility site map.

NN 1.	ID;		14	_1
Page	j	of	5	

#### 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) SHOW MITCH 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. 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. 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 RCNA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SMMU TYPE/ UNIT IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STAT	<u>us</u> .	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
* 14		YEAR START: 198	<u><del>I</del></u>	503	F006	45 TONS	
		, :					
	VOLUME DRUMS	INACTIVE	_ 				
	<del></del>						
	NUMBER	• • •					
	<u>DRUMS</u> '	' '\-					
	in the second	• ,					
							. •
•			•				
			· '.		· <u>· · · · · · · · · · · · · · · · · · </u>		
1 UNIT ID as cod	led on your facilit	ty site map.	,		<u> </u>		
from Subparts tuting wastes	odes, EPA Hazardous C and D and crites regulated under R INITIONS of this o	ria consti- CRA are defined			·	<u> </u>	

### 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 it known.

Fxcellent Good Pair 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

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 treatement? Comment

1 UNIT ID as coded on your facility site map.

UNIT ID: #14 1
Page 3 ot 5

# 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAB)

3-1.2 (Cont'd) %

4.	Was/is the unit	: surrounded by a	containment system?	What was/is the capaci	ty of	the containment	system?
----	-----------------	-------------------	---------------------	------------------------	-------	-----------------	---------

Yes	No	NK	Capaci	ty(units	)/COMMEN	<u>T</u>	•	. ` .					
<u>· X ·                                   </u>			BASE	MENT	FLOOR	UMTAINS	DRAINS	, ALL DI	= WHICH	LEAD T	D MAIN	SU.M.P	
				•	.*							•	
Indicate whether from the weather	the unit (e.g., ra	is/was locain, snow).	cated in	doors or	outdoor	s. If locat	ed outdoor	s, indica	te if the	area is/wa	s protected		
INDOORS OUTDOO	)RS	<u>NK</u>	·	COHENT	٠.	· : ·		•				•	
PROTECTED UNIF	OTECTED	. NK		COHHENT				,					
· · ·	;	• .	•			<del>-</del>			•	-			
·. · .		• .											
Please described	any prec	autionary ,	neasures	that ar	e/were t	aken [e.g.,	roofed are	a, tarp g	raded].				
PRECAUTIONARY MED ROCFED ARE			,					·. :	- ,	-			

<sup>1</sup> UNIT ID as coded on your facility site map.

## 3-1.3 EVIDENCE OF RELFASE/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.

Ev i	dence	ωf	Dal	CAGE
EV	uence	OΙ	Ke.	<b>Case</b>

None Indirect*	Positive Proof Direct Observa		e Proof from ory Analyses	Description/Comment
	:		,	*e.g., discoloration of surrounding soil, dead vegetation
Characteristics of R EPA Hazardous Waste or Waste Description	Estimated	Quantity or leased (Units)	Date(s) of Release	Nature of Release
ot muste pesetspeson	70312110 310			
		<u> </u>	·	
		<del></del>		. ,

l UNIT ID as coded on your facility site map.

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

UNIT I	D: _	#	14	1
Page	5	of	5	

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:

CM Monitoring Data Attached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring  Data Attached
·	<del></del> ·	-	
For the prior/current	release documented abo	ve please describe relevan	t remediation implemented or planned.
Previously Implemented			
Yes No NK	Inclusive Dates	Description/COMMENT	
		,	
Currently			
<u>Implemented</u> <u>Yea' No NK</u>	Starting Dates	Description/COMMENT	
<del></del>			
Planned to	, nicki		
be Implemented Yes No NK	Starting Date	Description/COMMENT	

UNIT ID as coded on your facility site map.

UHLT	ID:	<b>*</b>	15	_1
Page	ŧ	of	5	

EXITE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SWHU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN CPERATED 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. 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. 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 RCNA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT IDENTIFIER	DIMPISTORS STORAGE AREA	CPERATIONAL STATUS ACTIVE X YEAR START: 1984	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE  NO. OR WASTE DESCRIPTION <sup>2</sup> FOOK	ESTIMATED AROUAL, QUANTITY (SPECIFY UNITS) 45 TONS	ASSOCIATED RELEASE?
		TEAR START: 1 10-4				
	VOLUME DRUMS	INACTIVE	_			
	NUMBER					
	DRUMS					
		· ·				
					<del></del>	
					<del></del>	
1 UNIT ID as co	oded on your fac	ility site map.				
from Subparts tuting waste:	s C and D and cr regulated unde	dous Waste Codes iteria consti- er IKCHA are defined a questionnaire.				

#### 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.

Fxcellent Cox Pair NK Comment

X STEEL

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

X Chemical Nesidence Time (units)/COHMENT

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

Yes No NK Description/COMMENT

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 treatement? Comment

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT	10:		<b>*</b> 15	1
Page	3	ot	5	

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 NK	Capacity(units)/CONHENT	
<b>★</b> .	BASEMENT LONTAINS DRAINS, ALL OF WHICH LEAD TO MAIN SUMP	
<del></del> <del></del> <del></del>	•	·
Indicate whether the unit is/was loc from the weather [e.g., rain, snow].	ated indoors or outdoors. If located outdoors, indicate if the area is/was protected	P
INDOORS OUTLOORS NK	COHERT	
INOTECTED UNINOTECTED NK	<u>COH#Œ37T</u>	
Please described any precautionary #	neasures that are/were taken [e.g., roofed area, tarp graded].	
PRECAUTIONARY HEASURES	1	
ROCFED AREA		
		<del></del>

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: _	#15	1
Page 4	ot 5	

# 3-1.3 EVIDENCE OF RELFASE/REHEDIATION

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

tone X	Indirect*	Positive Proof from Direct Observation		e Proof from ory Analyses	Description/Oximent	
					*e.g., discoloration of surrounding soil, dead vegetation	
EPA Haz	eristics of Rel ardous Waste   e Description	Estimated Quantity		Date(s) of Release	÷ • • • • • • • • • • • • • • • • • • •	
		·	<u> </u>			
					- · · · · · · · · · · · · · · · · · · ·	

<sup>1</sup> UNIT ID as coded on your facility site map.

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

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 constituents in contaminated soil, groundwater (CM), 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:

CM Monitoring SW Analytical Soil Analytical Air Honitoring Data Attached Data Attached Data Attached Data Attached For the prior/current release documented above please describe relevant remediation implemented or planned. Previously implemented Inclusive Dates Description/COMMENT Yes ИK Currently Implemented Starting Dates Description/COMMENT HO. Planned to be implemented

Description/COMMENT

Starting Date

Yes

<sup>1</sup> UNIT ID as coded on your facility site map.

HIT:	ID;	*	16	_1
Hage	1	οf	5	

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

#### 3-1.1 WASTE CHANGETERISTICS

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. 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. 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 FPA hazardous waste number, please determine, as best you can, it the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SMU TYPE/ UNIT IDENTIFIER  # 16	DIMPSIOS STORGE MEX	OPERATIONAL STATUS  ACTIVE X	EPA PROCESS 2	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ARRUAL  QUARTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	100 GALGINS	YEAR START: 1984	<u> 504</u>		550,000 GALLONS	
	VOLUME DRUMS	INACTIVE	_			
	NUMBER			•		
	DRUMS					
•						
			•			
1 UNIT ID as cod	ed on your facility	site map.				
from Subparts tuting wastes	des, EPA Hazardous C and D and criteri regulated under RCR	a consti- A are defined			•	

UNIT 1D: \_\_\_\_\_\_1 Page \_\_\_\_\_2 ot \_\_\_\_\_5

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

# 3-1.2 WASTE HANAGEMENT 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.

	Fxcellent_	Cood Pair	HK	<u>Comment</u> .
	<u> </u>			PolyPREPYLENE LINED
2.	What was/is the	average residenc	e time of chemica	als in the transfer station/CSA?
	<u>IIK</u>	<u> Chemical</u>	Hesidence Time	(units)/comen
	<u> </u>	<del></del> ,		······································
			1	
3.	Were/are reactiv	ve, ignitable, or	incompatible was	stes placed in the unit?
	Yes No	_ NK_	•	Description/COMMENT
	<b>*</b>			
				· · · ·
	• • • • • • • • • • • • • • • • • • • •		.d two.tod	
	It so, are/were			ered or mixed so that it no longer poses/posed a hazard?
	Yea No	<u>NK</u>	If yes, mitigati	ve treatement? Comment
				·

<sup>1</sup> 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 surro	unded by a	containment system? What was/is the capacity of the containment system?	
_	Yes No	NK	Capacity(units)/COMMENT	
_	<u> </u>			
			·	
Indicate from the	whether the unit weather [e.g., ra	is/was loc in, snow].	ated indoors or outdoors. If located outdoors, indicate if the area is/was protected	P
INDOORS	CUTIVOORS	<u> 14K                                   </u>	COHPENT	
- X I-KOLECIA	ED UNIPROTECTED	NK_	COMMENT	
			<del></del>	

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

PRECAUTIONARY MEASURES

ROOFED AREA

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID:	# 16		
Page 4	ot S		

# 3-1.3 EMIDENCE 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 Relea	136
-------------------	-----

<u>tione</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof Laboratory Anal		eription/Comment	
<u>'X</u>						\$70.
				*e.	g., discoloration of surrounding soil, dead	regetation
Charact	eristics of Re	<u>lease</u>			;. <b>•</b>	
EPA Has or Wast	zardous Waste   te Description	2 <u>Volume Released (1</u>			ture of Release	
					<u> </u>	
			— ı .——	<u> </u>		
		-				

<sup>1</sup> UNIT ID as coded on your facility site map.

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

UNIT 1D: \_\_\_\_\_\_\_1 | \_\_\_\_\_\_1
Page \_5 \_ of \_5

## 3-1 TRANSPER STATIONS & CONTAINER STORAGE AREAS (CSAs)

3-1.3 (Cont'd)

CM Monitoring

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 (GM), 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:

Soil Analytical

Air Honitoring

Data Attached Data Attached Data Attached Data Attached For the prior/current release documented above please describe relevant remediation implemented or planned. Previously Implemented Description/COMMENT Inclusive Dates Ho Yes Our rently Implemented Starting Dates Description/COMMENT HO. Yes

Planned to

be implemented

Yes No NX Starting Date Description/COMMENT

SW Analytical

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	1 D:_		* 17	. 1
Page	1	of	5	

#### 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

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

#### 3-3.1 WASTE CHARACTERISTICS

in part 1 DEPINITIONS of this questionnaire.

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. 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. 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 RCFA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SMMU TYPE/ UNIT IDENTIFIER	SIZE	OPERATIONAL STATUS	EPA PROCESS	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATES RELEASE?
#17	1000 GALLONS	ACTIVE X YEAR START: 1994	502	Doc2	NK	
	. *	INACTIVE	•		·	
		INCLUSIVE YEARS:	- <u>,</u> .	<u> </u>		
				· <u>·····</u>	· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·			
·				· <u>····</u>		
· · · · · · · · · · · · · · · · · · ·						•
· . ·			· · · · · · · · · · · · · · · · · · ·			
,		· · · · · · · · · · · · · · · · · · ·				
1 UNIT ID as code	d on your facility	site map.	ية.			,
2 EPA Process Cod	es, EPA Hazardous t and D and criteri	Waste Codes a consti-		·		•

UNIT	1 D:	_	#	17	1
Page	2	of	5		

## 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.

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

Prior Exceedances? Yes NPDES NO. COMMENT Yes DAILY, WEEKLY, MONTHLY, AND ANNIMAL MONTORING IS PERFORMED 2. Briefly describe treatment/recycling processes. If unknown, indicate. Description/COMMENT NK SPENT ELECTROPLATING SCLUTIONS ARE DISCHARGED TO THIS UNIT FOR 2H ADJUSTMENT TO ENTERINE THE TREATMENT SYSTEM. Briefly describe effectiveness of removal prior to sludge treatment and disposal or prior to effluent disposal. If unknown, indicate. Effect iveness MEETING POTH EFFLUENT STANDARDS CONTINUALLY 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. Monitoring Device/Procedure Description/COMMENT Yes ANNUM USHA MONITURING

UNIT ID as coded on your facility site map.

UNIT	10:	#17	_1
Page	3 of	5	

## 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.2 (Cont'd)

Similary, 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 Desc	cription/COMMENT	٠.			
,	X			, .		•	:			
			`:		, ,				·	
٠, ,					•	, ,		:		

<sup>1&#</sup>x27; UNIT ID as coded on your facility map.

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Page	4	of	5	_

# 3-3" WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3	EVIDENCE	OF	RELEASE	/KEMEDI <u>ation</u>

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.

vidence of Release	•	•		
lone Indirect⁴	Positive Pro Direct Obser		tive Proof from ratory Analyses	COMMENT
<u>.</u>				
	/			
· · ·				
Characteristics of Re	elcase_			*e.g., discoloration of surrounding soil, dead vegetation
EPA Hazardous Waste ( or Waste Description	Estimat	ed Quantity or Released (Units)	Date(s) of Release	Nature of Release
· ·	•		٠.	
	·			
	<del></del>			
• •	_·			
	_ '	<u> </u>	_·	

<sup>1</sup> UNIT ID as coded on your facility site map.

PA 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.

UNIT ID: #17 1
Page 5 of 5

## 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

3-3.3 (Cont'd)

For the SMMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of environmental contamination that exists/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:

CM Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring  Data Attached
For the prior/o	urrent re	elease documented abo	ve please describe releva	nt remediation implemented or planned.
Previously Implemented Yes No	<u>NK</u>	Inclusive Dates	Description/COMMENT	
	<del></del> :	•		
Ourrently Implemented Yes No	<u>NK</u>	Start Date	Description/COMMENT	
Planned to Implementation Yes No	NK	Start Date	Description/COMMENT	
<del></del>				

UNIT ID as coded on your facility site map.

жт	ID;	# 18		1	
Page	ì	υť	5		

HATE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SHIPU 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. 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. 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 RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT IDENTIFIER	DI MERSTONS STONAGE AREA	OPERATIONAL STATUS ACTIVE X YEAR START: 1990	EPA PROCESS <sup>2</sup> CODE  So3	EPA HAZARIXOUS WASTE HO. OR WASTE DESCRIPTION <sup>2</sup> FUEL	estimated armai. Quantity(specify units) 45 Ton's	ASSOCIATED RELEASE?
	VOLUME DRUMS	INCLUSIVE YEARS:				
	Number Drums					
		•				
				· · · · · · · · · · · · · · · · · · ·		
) UNIT ID as coo	ded on your facil	ity site map.				
from Subparts Luting wastes	odes, EPA Hazardo C and D and crit regulated under	eria consti- RCPA are defined			·	

## J-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>Fxcellent</u>	Cood	<u> Pair</u>	NK	<u>Comment</u> .
	<u> </u>				STEEL
2.	Muat was/is the	e average r	esidence	e time of chemic	cals in the transfer station/CSA?
	<u>tak</u>	Chemi	cal	Healdence Time	(units)/COPPERT
	×				
					•
3.	Were/are react	ive, ignita	able, or	incompatible w	vastes placed in the unit?
	Yes N	lo_	NK	•	Description/COMMENT
	_ ;	×		•	
					· · · · · · · · · · · · · · · · · · ·
	If so, are∕wer	e the waste	es store	d, treated, ren	dered or mixed so that it no longer poses/posed a hazard?
	Yes N	<u> 10                                   </u>	<u>K</u> .	If yes, mitigat	ive treatement? Comment

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT ID: \_\_\_\_\_\_1 Page <u>3</u> of <u>5</u>\_\_\_\_\_

# J-1 TRANSFER STATIONS & CONTAINER STURAGE 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	<u>.</u> .	<u>180</u>	NK	BASEMENT CONTAINS DRAINS, ALL OF WHICH	LEAD TO MAIN SUMP	
<del></del>	_			•		·
Indicate wi from the we				ted indoors or outdoors. If located outdoors, ind	icate if the area is/was protected	n
THDOORS	<u>connoc</u>	rs	<u> 14K</u>	COMMENT		
HKOTECTED X	<u>HHU</u>	OTECTED	_HK	COMMENT	:	
			_			
			autionary	asures that are/were taken [e.g., roofed area, tar	rp graded).	
RECAUTION				· 		

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: <u>\*18 1</u>
Page 4 ot 5

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

# 3-1.3 EVIDENCE OF RELFASE/REHEDIATION

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.

D.	dence	ωſ	Dasi	11290
LV	oence	υı	RU	Case

Hone	Indirect*	Positive Proof from Direct Observation	Positive Pr Laboratory		Description/Oximent	
X						
					*e.g., discoloration of surrounding soil, dead vegetation	
Charact	eristics of Re	lease			<b>:</b> •	
EPA Has	zardous Waste   le Description	2 <u>Volume Released (</u>	y or D Unita) R	ate(s) of elease	Nuture of Release	
	<u> </u>	<u>·</u>				
			'			
			<del></del>		•	
					•	
		·				

<sup>1</sup> UNIT ID as coded on your facility site map.

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

•

## 3-1 TRANSPER 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:

CM Honitoring SW Analytical Soil Analytical Air Honitoring Data Attached Data Attached Data Attached

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

Previousl	y
impleme <u>nt</u>	<u>.ed</u>

				·
Yes	<u>No</u>	<u> NK</u>	Inclusive Dates	Description/COMMENT
_	_	<del></del>		· · · · · · · · · · · · · · · · · · ·
				<del></del>
			•	
Oirre	ntly			
	mented			
Yes	<u>Ho</u> .	NK	Starting Dates	Description/COPPENT
	<u></u>			· · ·
—			•	<del></del>
				<del></del>
				· · · · · · · · · · · · · · · · · · ·
				·
Plann	ed to			
be In	plemented	1		
Yes	No	NK	Starting Date	Description/COMMENT .
	_			<del></del>
	_		•	

<sup>1</sup> UNIT ID as coded on your facility site map.

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Nage	)	ut 5	

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

#### 3-1.1 WASTE CHANGETERISTICS

in tark I DEFINITIONS of this questionnaire.

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. 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. 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, it the particular waste would be considered a hazardous waste or to contain hazardous waste constituents) under RCMA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNAMAL 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.

SWHU TYPE/ UNIT IDENTIFIED	DIMERSIONS STONAGE AREA  (40 GALLONS	OPERATIONAL STATUS  ACTIVE X  YEAR STANT: 1995	EPA PROCESS <sup>2</sup> CODE So 2	EPA HAZARDOUS WASTE  110. OR WASTE DESCRIPTION <sup>2</sup> FOC 6	ESTIMATED ANNUAL QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
	VOLUME	INACTIVE				
	DRUMS	INCLUSIVE YEARS:	-			
·	Number Drums					
				· · · · · · · · · · · · · · · · · · ·		
1 UNIT ID as co	ded on your facility	site map.				
from Subparts	odes, EPA Hazardous C and D and criteri regulated under RCF	a consti-			<del></del>	

URIT 1D: \_\_\_\_\_\_1 Page \_\_\_\_\_2 ot \_\_\_\_\_\_1

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

#### 3-1.2 WASTE HANAGEMENT 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.

	Fxcellent	Good Pair	ыĸ	Comment	
	×			POLY PRIPYLENE	
			<del></del>		
			_	<del></del>	
2.	What was/is th	e average residen	ce time of chem	nicals in the transfer station/CSA?	
	t1K	Chemical	Nesidence Tim	ne (units)/COMMENT	
	<u> </u>	<u></u>		· · · · · · · · · · · · · · · · · · ·	
		•			
			<u></u>		
				1	_
3.	Were/are react	tive, ignitable, o	r incompatible	wastes placed in the unit?	
	Yes !	<u>11K</u>	·	Description/COHMENT	
		X	•		
		•		·	
	If so, are∕wei	re the wastes stor	ed, treated, re	endered or mixed so that it no longer poses/posed a hazard?	
	Yes 1	<u>NK</u>	If yes, mitiga	ative treatement? Comment	
		_			

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT 10: \_\_\_\_\_\_19\_\_1 Page 3\_ ot 5\_\_\_\_

# 3-1 TRANSFER STATIONS & CONTAINER STURAGE AREAS (CSAs)

J-1.2 (Cont'd)

4.	Was/is the unit	surrounded by a	containment syst	.em? Wha	t was/is the	capacity	of the	containment	system?
----	-----------------	-----------------	------------------	----------	--------------	----------	--------	-------------	---------

<u>Yes</u>	<u>No</u>	<u> NK</u>	Capacity(units)/COMMENT	
<del>X</del>			BASEMENT DRAINS ALL LEAD TO MAIN SUMP	
•			•	·
dicate whether om the weather	r the unit r [e.g., ra	is/was lo in, snow	ocated indoors or outdoors. If located outdoors, indicate if the area is/was protected	29
DOORS OUTD	<u>cons</u>	14K	COHPENT	
OLECLED ON	PROTECTED	<u>HK</u>	COMMENT	
		autionary	measures that are/were taken [e.g., roofed area, tarp graded].	
RECAUTIONARY P	<b>EASURES</b>		1	
ROCFED AR	EA			
	_			:
			<del></del>	

<sup>1</sup>  $\,$  UNIT ID as coded on your facility site map.

UNIT ID: #19 1
Page 4 of 5

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

# 3-1.3 EVIDENCE OF RELFASE/REHEDIATION

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.

FV:	dence	of	Releas	e

tione	Indirect*	Positive Proof from Direct Observation		Proof from y Analyses	<del></del>	
<u> </u>						
					*e.g., discoloration of surrounding soil, dead vegetation	ա
Charact	eristics of Re	lease			€	
EPA Haz or Wast	ardous Waste   te Description	Estimated Quantit Volume Released (	y or <u>Unita)</u>	Date(s) of Release	Nature of Release	
			<del></del>		·	
		· <u>·                                    </u>				
			<del></del> ' .			
		<u> </u>			•	•
		- <u> </u>			-	
		<u> </u>				

<sup>1</sup> UNIT ID as coded on your facility site map.

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

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:

	itoring ttached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring Data Attached	
			-			
For th	e prior/o	urrent	release documented ab	ove please describe rele	evant remediation implemented or planned.	
Previo					; ;	
Yes	<u>Ho</u>	NK_	Inclusive Dates	Description/COMMENT		
	_	<del></del>				
			•			
Oirrei	ntly			٠.		
Imple	mented					
Yes	No.	<u> NK</u>	Starting Dates	Description/COMMENT		
_			-		<u> </u>	
				•		
Plann						•
be im	<u>No</u>	NK_	Starting Date	Description/COMMENT		

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	10;	#	20	_1
Page	_1	υf	5	

EXTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SWHO 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. 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. 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 RCMA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SWAU TYPE/ UNIT IDENTIFIER	DIMENSIONS STONAGE AREA	CPERATIONAL STATUS ACTIVE X	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE HO, OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUARTITY (SPECIFY UNITS)	ASSOCIATED RELFASE?
<u></u> # 20	700 GALLINS	YEAR START: 1991	<u>S02</u>	F006	NK	
	VOLUME DRUMS	Inactive	_			
	Number Likums					
l UNIT ID as cod	ed on your facility	site map.				
from Subparts tuting wastes	des, EPA Hazardous C and D and criteri regulated under RCR DUTHICHS of this que	a consti- A are defined			<u>.</u>	

UNIT 10: #20 1
Page 2 ot 5

# J-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.

	Fxcellent	<u>Cood</u>	Palr	HK	Comment
	×				STEEL
2.	What was/is th	e average re	esidence	time of chem	nicals in the transfer station/CSA?
	_ t1K	Chemic	:a l	Nesidence Tim	ne (units)/COMMENT
	<u> ×</u>				<del></del>
	<del></del>		<u> </u>		<del></del>
		<u> </u>		•	
					<del>-</del>
					<u> </u>
3.	Wore/are react	ive. ionital	ole, or	incompatible	wastes placed in the unit?
٠.					·
	Yes 1	<u>lo</u>	<u>HK</u>		Description/COMMENT
		<u> </u>		•	
	If so, are∕wer	e the wastes	s stored	, treated, re	endered or mixed so that it no longer poses/posed a hazard?
	Yes 1	<u> </u>		r yes, mrciga	ative treatement? Comment
					<u> </u>

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT 10: #20 1 Page 3 ot 5

# J-1 TRANSFER STATIONS & CONTAINER STURAGE 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?
----	-----------------	-----------------	---------------------	-----------------	-------------	-----------------	---------

X BASEMENT DRAINS ALL LEAD TO MAIN SUMP	
•	·
cate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was police weather [e.g., rain, snow].	rotected
ORS OUTDOORS RK COMMENT	
ECTED UNIPROTECTED NK COMMENT	
use described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].	
CAUTIONARY MEASURES	
cofed area	

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: #20 1
Page 4 ot 5

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

## 3-1.3 EVIDENCE OF RELFASE/REHEDIATION

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

i v4	i dence	οf	Res	ease
C.V	OCILCE	O.	nc.	Case

tone	Indirect*	Positive Proof from Direct Observation		e Proof from ory Analyses	Description/Comment
_X_					
					*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of Re	lease			<b>:</b> - ▶
EPA Haz or Wast	ardous Waste   e Description	2 Estimated Quantity Volume Released (		Date(s) of Release	Nature of Release
	<u>.</u>	<u>·                                      </u>			
			<u> </u>		
					·
		<u> </u>			•——

<sup>1</sup> UNIT ID as coded on your facility site map.

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

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:

OH Honitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring  Data Attached	<b>9</b>
	'current	release documented a	bove please describe rele	vant remediation implemented or planned.	
Previously Implemented	,				
Yes Ho	<u>NK</u>	Inclusive Dates	Description/COMMENT		
	<del></del>				
		•			
Currently			<b>,</b>		
Implemented Yes No	NK	Starting Dates	Description/COMMENT		
				<u> </u>	, <u> </u>
				<del></del>	
			•	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Planned to					
be Implemente	_	_			
Yes <u>No</u>	<u> </u>	<u>Starting</u> Date	Description/COMMENT	·	
					,

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	D:	± 21		
Page	ŧ	υf	5	

#### 3-1.1 WASTE CHANGETERISTICS

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. 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. 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 RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT IDENTIFIER <sup>1</sup>	DIMERSIONS STONAGE AREA  GOO GALLONS	CPERATIONAL STATUS ACTIVE X YEAR START: 1990	EPA PROCESS <sup>2</sup> CODE  \$ 0 2.	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup> DOCZ	ESTIMATED ANNUAL OUNTES)  NK	ASSOCIATED RELEASE?
	VOLUME DRUMS	INACTIVE	_			
	NUMBER DRUMS					
		•				
			·			
					· · · · · · · · · · · · · · · · · · ·	
<sup>2</sup> EPA Process O: from Subparts tuting wasten	ded on your facility  des, EPA Hazardous  C and D and criteri  regulated under RCI  DITIONS of this out	Waste Codes is consti- WA are defined			·	

# 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 it known.

	Excellent	Cood	<u>Pal r</u>	HK	<u>Comment</u> .
	<u>×</u>				STEEL
2.	What was/is th	e average red	idence	time of chem	icals in the transfer station/CSA?
	1K	Chemica	1	Hesidence Tim	e (units)/COPPEN
				ONLY ACT	ts to tolding tank for ethicuf Solutions Prior to
				•	REATED
		<u> </u>		•	
			_	•	
		-	_		1
			_		<del></del>
3.	Were/are react			incompatible	wastes placed in the unit?
	Yes 1	<u>b</u> -	ИK		Description/COMMENT
		<u>X</u> _		•	
					<u>·                                      </u>
	If so, are Aves	e the wastes	store	d, treated, re	endered or mixed so that it no longer poses/posed a hazard?
					tive treatement? Comment
	<u>Yes</u> )	<u>ы нк</u>	-	it year miciga	CONNECTE CONNECTE
				<u> </u>	
					·

<sup>1</sup> UNIT ID as coded on your facility site map.

3-1.2 (cont'd)

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

This is the second of the seco

<sup>1</sup> UNIT ID as coded on your facility site map.

URIT ID: \_\_\_\_\_<sup>#</sup>21\_\_\_1 Page\_\_4\_\_or\_5

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

# 3-1.3 EVIDENCE OF RELEASE/REHEDIATION

Please provide the following information on any prior or current release of hazardous waste constituents associated with the transfer station/CSA'described in the preceding pages.

Evidence of Release

<u>tione</u>	Indirect*	Positive Proof from Direct Observation		Proof from ry Analyses	Description/Comment	
X						rje
					·	
					*e.g., discoloration of surrounding soil, dead vegeta	Lion
Charact	eristics of Re	lease			:	
EPA Haz or Wast	ardous Waste   e Description	2 <u>Volume Released (1</u>		Date(s) of Release	Nature of Release	
	<u> </u>	·	<del></del>			
			'			
	· · · · · · · · · · · · · · · · · · ·					
		· · · · · · · · · · · · · · · · · · ·				

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> EPA Process Codes, EPA Hazardous Waste Codes from Subjects C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEPINITIONS of this questionnaire.

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:

For the prior/current release documented above please describe relevant remediation implemented or planned.
$\cdot$
Previously Implemented
Yes NK Inclusive Dates Description/COMMENT
<del></del>
· · · · · · · · · · · · · · · · · · ·
Currently
Implemented Yes No NK Starting Dates Description/COMMENT
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·
Planned to
<u>be implemented</u> Yes No NK Starting Date Description/COMMENT .
<del> </del>

UNIT ID as coded on your facility site map.

UNIT	10;	#	1	
Nage	)	υ <b>f</b>	5	

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

### J-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. 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. 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 NCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNAMAL 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 bazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT IDENTIFIER	DIHERSTORS STORAGE AREA	OPERATIONAL STATUS ACTIVE X	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE HO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ARAUAL, QUARTITY (SPECIFY UNITS)	ASSOCIATED RELFASE?
*22	700 GALLONS	YEAR STAIRT: 1991	_Sc2_	D00.5	NK	
	VOLUME DRUMS	INACTIVE	_			
	NUMBER DRUMS					
		•				
l UNIT ID as cod	ed on your facility	y site map.				
from Subparts tuting wastes	odes, EPA Hazardous C and D and criter regulated under RC DUTIONS of this on	ia consti- KA are defined			·	

UNIT 10: # 22 1
Page 2 ot 5

## 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.

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

	Coxod Pal	<u>r HK</u>	<u>Comment</u> STEEL
hat was/is t	he average revide	ence time of chem	nicals in the transfer station/CSA7
<u> tak</u>	Chemical	Hesidence Tim	ne (units)/COMMENT
*			S HOLDING TANK FOR ACIDS PRIOR TO PH ADJUSTMENT AND
		<u>waste t</u>	REATMENT
			1
11		as Incorporations	tractice placed to the unit?
			wastes placed in the unit?
	ctive, ignitable,		wastes placed in the unit?  Description/COMMENT
			···
	No NK		···
	No NK		···
Yes _	Ho NK	-	Description/COMMENT
Yes _	Ho NK	- ored, treated, re	Description/COMMENT  endered or mixed so that it no longer poses/posed a hazard?
Yes	Ho NK	- ored, treated, re	Description/COMMENT
Yes	Ho NK	- ored, treated, re	Description/COMMENT  endered or mixed so that it no longer poses/posed a hazard?

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: #27 1
Page 3 of 5

# 3-1 TRANSFER STATIONS & CONTAINER STURAGE 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 NK Capacity(units)/COMMENT	
X BAREMENT DRAINS 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].	<i>1</i> 9
INDOORS OUTDOORS IN COMMENT	
INOTECTED UNINKOTECTED NK COMMENT	
Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].	
PRECAUTIONARY MEASURES	
Rocfed Area	
	:

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: <u>\*22</u>1 Page <u>4</u> of <u>5</u>

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

# 3-1.3 EMIDENCE OF RELFASE/REHEDIATION

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.

EV	i dence	10	Rel	lease

tone Indirect*	Positive Proof from Direct Observation	Positive Proc Laboratory Ar		Description/Comment	
			<del></del>		
				*e.g., discoloration of surrounding soil, dead vegetation	
Characteristics of Rel	ease			<b>↓</b>	
EPA Hazardous Waste   or Waste Description	Estimated Quantity Volume Released (U		e(a) of	Nature of Release	
	·				
		— · . —		<del></del>	
					—
		<del></del>			
			<del></del> ·		_
	· ·				—
					—
					_

<sup>1</sup> Unit ID as coded on your facility site map.

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

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 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:

OH Monitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring <u>Data Attached</u>	9
			<del></del>		
For the prior/	current	release documented a	bove please describe rele	vant remediation implemented or planned.	
Previously Implemented				,:	
Yes <u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>	Description/COMMENT		
	<del></del>	<del></del>			
		•			
Currently		•	٠.		•
Yes to	<u> </u>	Starting Dates	Description/COMMENT	·_	
		•		<del>.</del>	
					<del></del>
Planned to					
<u>be implemented</u> Yes <u>No</u>	<u> </u>	Starting Date	Description/COMMENT		
		<del>.</del>			

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT	10:	*	23	_1
Page	ì	υť	5	

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

### 3-1.1 WASTE CHARACTERISTICS

in tark I DEPOSITIONS of this questionnaire.

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. 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. 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 RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT IDENTIFIER	DIMENSIONS STONAGE AREA	CPERATIONAL STATUS	EPA PROCESS <sup>2</sup>	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL OUARTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
*23	900 Gollens	ACTIVE X YEAR START: 1991	_ 502_	D002	NK	
	VOLUME DRUMS	INACTIVE				
	NUMBER DRUMS			· · · · · · · · · · · · · · · · · · ·		
l UNIT ID as cod	ed on your facility	/ site map.				
from Subparts	odes, EPA Hazardous C and D and criter regulated under RCI	ia consti-			•	

# 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 it known.

	Fxcellent	Good	<u>Pair</u>	NK	Comment	
	<u> </u>				STEEL	<del></del>
2.	What was/is th	e average r	esidenc	e time of che	emicals in the transfer station/CSA7	
	<u> 11K</u>	Chemi	cal	Hesidence_Ti	ime (units)/COMMENT	
			<u> </u>	<u>Itulds</u>	ACIDS CNLY TEMPORARILY UNTIL THEY ARES USED FOR PH ADJ	NSFMENT
					· · · · · · · · · · · · · · · · · · ·	·
3.	Were/are reac	tive, ignita	able, or	incompatible	le wastes placed in the unit?	
	Yes	Ho_	ЫK		Description/COMMENT	
		X				
	If so, are/we	re the wast	e <b>s s</b> tore	d, treated,	rendered or mixed so that it no longer poses/posed a hazard?	
	Yes_	<u>н</u>	<u>K</u> _	If yes, miti	igative treatement? Comment	
					<u> </u>	

<sup>1</sup> UNIT 1D as coded on your facility site map.

UNIT 1D:				
Page	3	ot	5	

3 - 1	1.2	(Ount'd)
3-1		TODIL U

Yes No NK	Capacity(units)/COMPENT	
<u> X</u>	BASEMENT DRAINS ALL LEAD TO MAIN SUMP	
		<u> </u>
dicate whether the unit is/w om the weather [e.g., rain,	was located indoors or outdoors. If located outdoors, indicate if the area is snow].	s∕was protected
DOORS OUTDOORS IN	K COHENT	
<del>X.</del>	<del>-</del>	
OTECTED UNIFROTECTED 1	NIK COMMENT	
<u> </u>		
lease described any precautio	onary measures that are/were taken [e.g., roofed area, tarp graded].	
RECAUTIONARY MEASURES	1	
ROCFED AREA		

<sup>1</sup> UNIT ID as coded on your facility site map.

## 3-1.3 EVIDENCE OF RELFASE/REHEDIATION

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.

N.	dence	~6	1244	
ŁVΙ	oence	O1	RU	Case

<u>tkine</u>	Indirect*	Positive Proof from Direct Observation		Proof from	Description/Oximent	
					*e.g., discoloration of surrounding soil, dead vegetation	
<u>Characte</u>	ristics of Rel	ease			; •	
EPA Haza or Waste	rdous Waste     Description	Estimated Quantity Volume Released (L		Date(s) of Release	Nature of Release	
	<del>·</del> _	<u>·</u>	<u> </u>			
			<u> </u>	. ——	<del></del>	
					·	
		· · · · · · · · · · · · · · · · · · ·			<u> </u>	
		<del></del>				
			<del></del>			

<sup>1</sup> UNIT ID as coded on your facility site map.

<sup>2</sup> EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCNA are defined in Part 1 DEPINITIONS of this questionnaire.

]-],] (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:

OH Honitoring Data Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring <u>Data Attached</u>	ψ.
For the prior/cur	rent rel	ease documented abov	e please describe relevan	t remediation implemented or planned.	
Previously Implemented	•			<i>;</i>	
Yes No _	NK I	nclusive Dates	Description/COMMENT		
	<del></del> -				
Our rently Implemented		•	٠		
	NK _	Starting Dates	Description/COMMENT		
Planned to			•	·	<u> </u>
be Implemented	<u> MK </u>	Starting Date	Description/COPPENT	·	
		•			

UNIT 1D as coded on your facility site map.

UNIT	ID:	# 24	t_1
Nage	١	of 5	

EXTE: COMPLETE 3-1.1 THROUGH 3-1.3 FOR EACH INDIVIDUAL TRANSFER STATION & CONTAINER STORAGE AREA (CSA) SWHU WHICH EITHER IS CURRENILY 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. 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. 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 RCDA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or bazardous waste constituents was/is associated with the unit described.

SWHU TYPE/ UNIT TOENTIFIER	DIMERSIONS STONAGE AREA	CPERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ARAUAL QUARTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
* 24	1000 GALLING	active <u>X</u> year staint: 1997	<u> </u>	D002	NK	-
	VOLUME DRUMS	INACTIVE				
	NUMBER DRUPS					
		•				
			•			
					·	
l UNIT ID as cod	ed on your facility	site map.				
from Subparts tuting waste::	des, EPA Hazardous C and D and criteri regulated under RCF DITHINS of this oue	a consti- Ware defined			•	

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Page 2 ot 5

# 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.

	_			A A
xcellent	Cox	<u>Palr</u>	иĸ	Comment
X				PolyPrupylere
			44	
What Was/	is the ave	rage restoem	ce time of che	micals in the transfer station/CSA?
<u> 11K</u>		Chemical	<u> Nesidence Ti</u>	me (units)/COMMENT
X			USED TO	HOLD CHROME BEARING WASTES PRINT TO VALTE TREATMENT
				Hope Cultotes between 500 atos the Charle tremment.
				1
Were/are	reactive,	ignitable, o	r incompatible	e wastes placed in the unit?
Yes	No	ЫК	•	Description/COMMENT
	X			
		•		
If so, ar	e/were the	wastes stor	ed, treated, i	rendered or mixed so that it no longer poses/posed a hazard?
Yes	110_	NK	If you, militi	gative treatement? Comment
	140	1417	IL ACR! WILLI	active treatement? Comment
				<u> </u>
		_		<u> </u>

I UNIT ID as coded on your facility site map.

UNIT	UNIT 10:		*24		
Page	3	ot	5		

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 NK Capacity(units)/COMPENT	
<u> </u>	<u>.</u>
<u> </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].	ņ
INDOORS OUTDOORS NK COMMENT	
NK COHFENT	
Please described any precautionary measures that are/were taken [e.g., roofed area, tarp graded].	
PRECAUTIONARY MEASURES	
ROOFED AREA	
	:

<sup>1</sup> UNIT ID as coded on your facility site map.

UNIT ID: <u>\*24</u> 1
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## 3-1 TRANSFER STATIONS & CONTAINER STORAGE AREAS (CSAs)

# 3-1.3 EVIDENCE OF RELEASE/REHEDIATION

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.

ΕVi	dence	of	Rel	ease

<u>ұкые</u>	Indirect*	Positive Proof from Direct Observation		e Proof from ory Analyses	Description/Comment 6	
	eristics of Re			makuda) as	*e.g., discoloration of surrounding soil, dead vegetation	
or Wast	ardous Waste   e Description	2 Volume Released (		Date(s) of Release	Nature of Release	
		· · · · · · · · · · · · · · · · · · ·				
					·	
		· · · · · · · · · · · · · · · · · · ·	<del></del>			

<sup>1</sup> Unit ID as coded on your facility site map.

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

UNIT ID: <u>\*24</u> 1
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#### 3-1 TRANSPER 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 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:

OH Monitori Data Attach	ng <u>ed</u>	SW Analytical Data Attached	Soil Analytical Data Attached	Air Honitoring Data Attached	ę.
	_				·
For the pri	or/current	release documented al	ove please describe rele	evant remediation implemented or planned.	
Previously Implemented				<u>;</u>	
Yes No	NK	Inclusive Dates	Description/COMMENT		
	<del></del>				
		•		<u> </u>	
Ourrently			1 .		•
Implemented	<u>1</u>				
Yes No	. NK	Starting Dates	Description/COMMENT		
		<del></del>			·
				<del>-</del>	
Planned to				•	
be implemen	ited	•			
Yes No		Starting Date	Description/COMMENT		
		•			
					•

UNIT ID as coded on your facility site map.