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## ENGINEERING INVESTIGATIONS AT INACTIVE HAZARDOUS WASTE SITES

#### PRELIMINARY SITE ASSESSMENT

Michael Wolfer

Site No. 905020

Village of Delevan

**Cattaraugus County** 



Prepared for:

# New York State Department of Environmental Conservation

50 Wolf Road, Albany, New York 12233 Thomas C. Jorling, Commissioner

Division of Hazardous Waste Remediation Michael J. O'Toole, Jr., *Director* 

By:

Rust Environment & Infrastructure of New York, Inc. in association with TAMS Consultants, Inc.

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March 1993

#### TABLE OF CONTENTS

| Char | oter        |                                                    |                                           | Page |  |  |
|------|-------------|----------------------------------------------------|-------------------------------------------|------|--|--|
| EXE  | CUTIV       | E SUMN                                             | MARY                                      | ii   |  |  |
| 1.0  | INT         | RODUCT                                             | TION                                      | 1    |  |  |
| 2.0  | SITE        | ASSES                                              | SMENT                                     | 3    |  |  |
|      | 2.1         |                                                    | HISTORY                                   |      |  |  |
|      | 2.2         | SITE                                               | TOPOGRAPHY                                | 3    |  |  |
|      | 2.3         |                                                    | LOGY                                      |      |  |  |
|      |             | 2.3.1                                              | Physiography                              |      |  |  |
|      |             | 2.3.2                                              | Surficial Deposits                        | 6    |  |  |
|      |             | 2.3.3                                              | Bedrock                                   | 6    |  |  |
|      | 2.4         | HYDI                                               | ROGEOLOGY                                 | 7    |  |  |
|      |             | 2.4.1                                              | Groundwater                               |      |  |  |
|      | 2.5         | PROX                                               | KIMITY TO POTENTIAL RECEPTORS             | 7    |  |  |
|      |             | 2.5.1                                              | Surface Water                             |      |  |  |
|      |             | 2.5.2                                              | Population                                |      |  |  |
|      |             | 2.5.3                                              | Agricultural Land                         |      |  |  |
|      |             | 2.5.4                                              | Commercial Land                           |      |  |  |
| 3.0  | TAS         | K DISCU                                            | USSION                                    | Q    |  |  |
|      | 3.1         | TASK                                               | (1 - DATA AND RECORDS SEARCH              | Q    |  |  |
|      |             | 3.1.1                                              | Previous Investigations                   | 9    |  |  |
|      | 3.2         | TASKS A AND 2 - GLOBAL WORK PLAN AND SITE-SPECIFIC |                                           |      |  |  |
|      |             |                                                    | UMENTS                                    | 9    |  |  |
|      |             | 3.2.1                                              | Global Work Plan                          |      |  |  |
|      |             | 3.2.2                                              | Site-Specific Documents                   |      |  |  |
|      | 3.3         | TASK                                               | X 3 - NON-INTRUSIVE INVESTIGATIONS        | 10   |  |  |
|      |             | 3.3.1                                              | Soil Gas Survey                           | 10   |  |  |
|      |             |                                                    | 3.3.1.1 Sample Collection                 | 10   |  |  |
|      |             |                                                    | 3.3.1.2 Sample Analysis                   | 12   |  |  |
|      |             |                                                    | 3.3.1.3 Quality Assurance/Quality Control | 14   |  |  |
|      |             | 3.3.2                                              | Initial Environmental Sampling            | 15   |  |  |
|      |             |                                                    | 3.3.2.1 Surficial Soil Sampling           | 15   |  |  |
|      |             |                                                    | 3.3.2.2 Drum Sampling                     | 17   |  |  |
| 4.0  | RES         | ULTS O                                             | F INVESTIGATION                           | 18   |  |  |
|      | <b>4</b> .1 |                                                    | GAS SURVEY                                |      |  |  |
|      | 4.2         |                                                    | TCIAL SOIL SAMPLING                       |      |  |  |
|      | 4.3         |                                                    | M SAMPLING                                |      |  |  |

## TABLE OF CONTENTS (CONTINUED)

| Chapte                                                   | ter                                                                             | Page |
|----------------------------------------------------------|---------------------------------------------------------------------------------|------|
| 5.0⊶                                                     | CONCLUSIONS                                                                     |      |
| 6.0                                                      | RECOMMENDATION                                                                  |      |
|                                                          | LIST OF FIGURES                                                                 |      |
| Figure<br>Figure<br>Figure<br>Figure<br>Figure<br>Figure | ES-2 Site Features Map Location Map Site Features Map Soil Gas Sample Locations |      |
|                                                          | LIST OF TABLES                                                                  |      |
| Table 1<br>Table 2<br>Table 3<br>Table 4                 | 2 Analytical Results - Organics                                                 |      |
|                                                          | APPENDICES                                                                      |      |
| Append<br>Append<br>Append<br>Append                     | adix B List of Cited Documents adix C Site Photographs                          |      |
|                                                          |                                                                                 |      |

#### **EXECUTIVE SUMMARY**

#### Site Description

The Michael Wolfer site comprises approximately 14 acres of land located on the west side of Grove Street Extension in the Village of Delevan, Cattaraugus County, New York (Figure ES-1). The property is a mobile home park and residence of site owner Michael Wolfer. In 1977 and 1978, a private waste hauler contracted with Motorola, Inc. to remove drums of waste generated at their Arcade, New York facility. Twenty of these drums which may have contained fluxes, epoxies, varnishes, acids, solvents and oils were stored on the Michael Wolfer site.

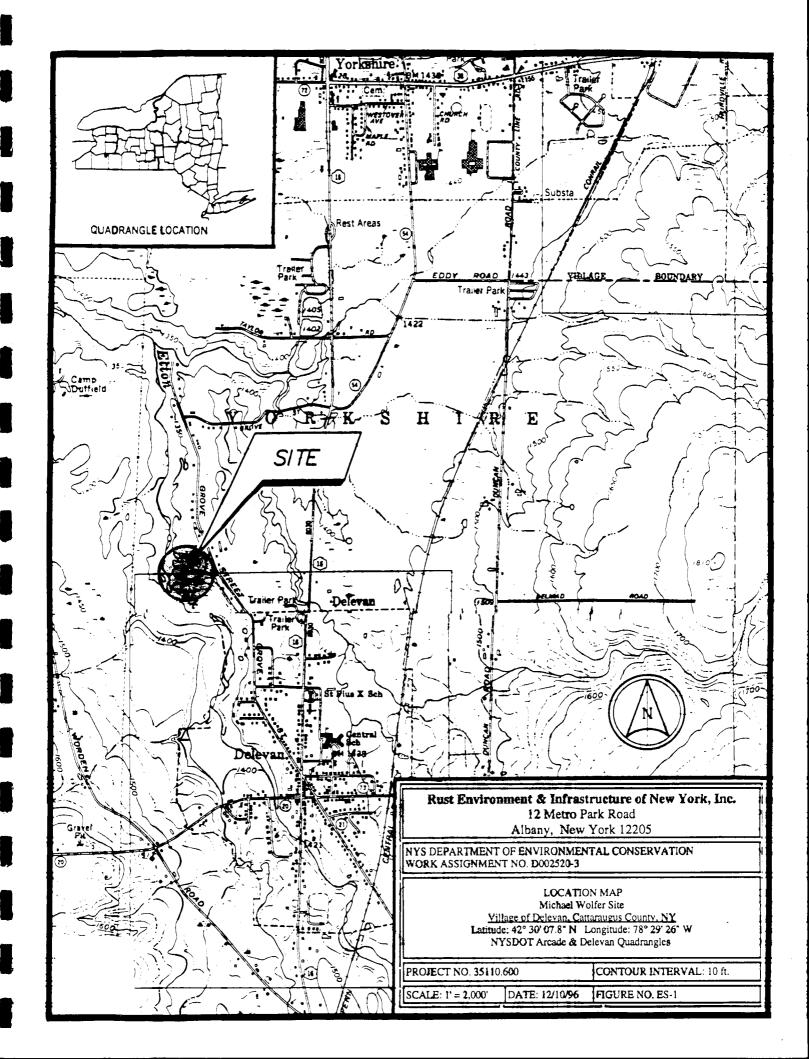
In 1978, the Cattaraugus County Department of Health (CCDOH) conducted an investigation which confirmed that twenty 55-gallon drums were delivered to Mr. Wolfer, who subsequently applied the contents of some of the drums to the mobile home park roadway (Figure ES-2) as a dust suppressant. As a result of the investigation, the Michael Wolfer site was placed on the Registry of Inactive Hazardous Waste Disposal Sites in New York State. The site is being investigated under the New York State Superfund Program.

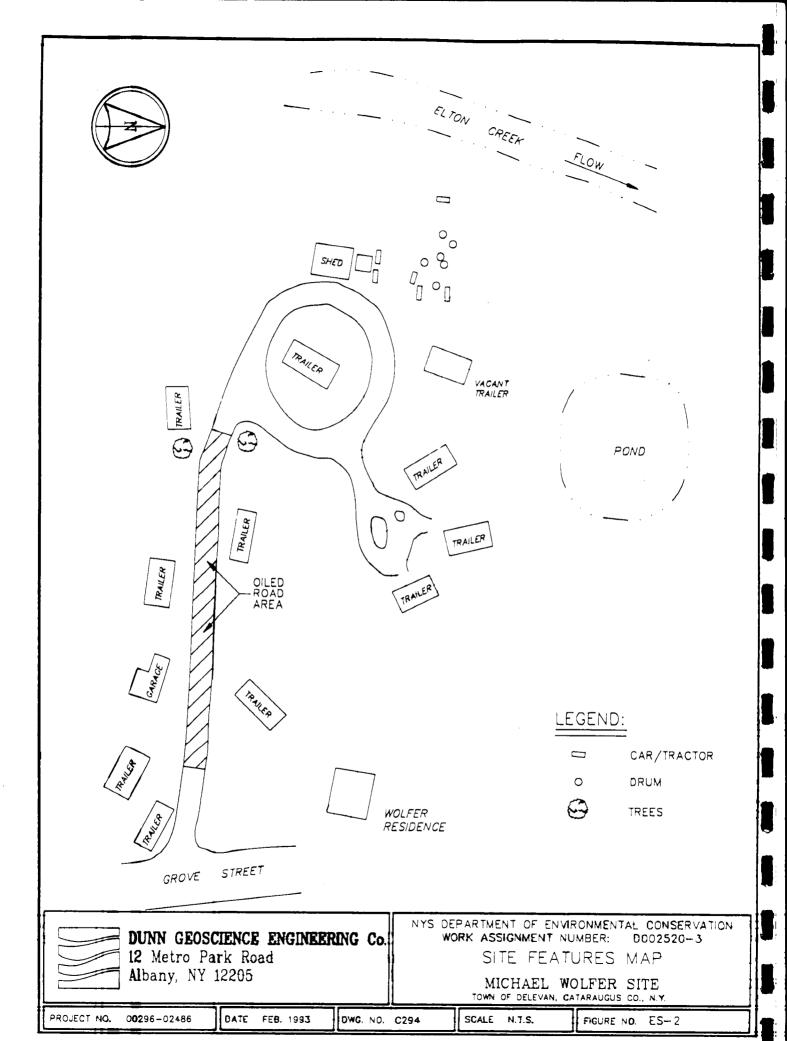
#### Summary of Preliminary Site Assessment

A preliminary site characterization performed in 1987 by Recra Environmental Inc. (RECRA) included the collection of three (3) soil samples. Each sample was first screened with an HNu photoionization detector and subsequently scanned in a laboratory for halogenated volatile organic compounds, volatile organic compounds (VOCs) and halogenated organic compounds; and analyzed for total recoverable phenolics and extraction procedure toxicity (EP-TOX) metals. Volatile halogenated organic compounds were detected at 53 micrograms per kilogram (ug/kg) in sample MW-3 and halogenated organic compounds were detected in all three samples at concentrations ranging from 13  $\mu$ g/kg to 29  $\mu$ g/kg. VOCs were likewise detected in the three samples at concentrations between 65  $\mu$ g/kg and 1000  $\mu$ g/kg. Total recoverable phenolics were detected in one sample (MW-1) at 57  $\mu$ g/kg. EP-TOX analysis revealed barium in all three samples and lead in two, all at levels well below the EPA maximum allowable concentrations.

DUNN/TAMS site reconnaissance in July 1990 revealed no evidence of drum disposal, stained soil or stressed vegetation. Nine 55-gallon unlabeled steel drums, two of which were full and intact, were noted in the flood plain area adjacent to Elton Creek. Three additional full/partially filled drums were later identified in a site reconnaissance performed in May 1992.

In 1992, DUNN conducted a soil gas survey using a portable gas chromatograph (GC) and collected four soil samples for laboratory analyses. At all twenty-six soil gas locations, soil gas results for volatile organics were below the Practical Quantitation Limits (PQL) for all 15 compounds for which the samples were analyzed. All four soil sample results for volatile organic compounds, semi-volatiles and pesticides/PCBs were below the New York State Department of Environmental Conservation (NYSDEC) Recommended Soil Cleanup Objective (RSCO) concentrations. However, inorganic analysis revealed that arsenic, aluminum, copper and zinc exceeded background concentrations at selected locations.





In October 1993, NYSDEC personnel collected one drum sample from the site that was subsequently analyzed for Target Compound List (TCL) VOCs and selected heavy metals (arsenic, barium, cadmium, chromium, lead, mercury, selenium and silver) from the Target Analyte List (TAL). This sample was described as "hardened resin" and did not contain concentrations of TCL/TAL compounds or constituents which would exceed the regulatory limits established for the Toxicity Characteristic Leaching Procedure (TCLP). Therefore, this material is not considered hazardous waste.

#### Conclusion

Based on the information gathered from the data and records search, previous investigations by RECRA (1987) and Ecology and Environment Engineering, P.C. (1990) and this PSA, Rust E&I concludes that exceedances of recommended soil cleanup objectives, established by NYSDEC, have been documented with respect to certain inorganic constituents. However, the disposal of hazardous waste as defined by 6 NYCRR Part 371 has not been documented at this site.

#### Recommendation

Based on the findings presented in this document, Rust E&I recommends that the Michael Wolfer site (NYS Site No. 905020) be delisted from the Registry of Inactive Hazardous Waste Disposal Sites in New York State. This recommendation may be subject to modification in the future if new information becomes available.

#### 1.0 INTRODUCTION

This report, prepared for the New York State Department of Environmental Conservation (NYSDEC), presents the results of a Preliminary Site Assessment (State Superfund Standby Contract Work Assignment No. D002520-3) of the Michael Wolfer property (hereafter called the site), NYS Site Number 905020, located in the Village of Delevan, Cattaraugus County, New York. The tax map description for the site is Section 4.4, Block 5, Lot 13.

Dunn Engineering Company (now Rust Environment & Infrastructure of New York, Inc.), in association with TAMS Consultants, performed this investigation in order to determine whether on-site disposal of hazardous waste as defined by 6 NYCRR Part 371 is documented, and if so, to determine if the site thereby poses a significant threat to public health and/or the environment. This information is needed to either classify or delist the site as defined by Article 27, Title 13 of the Environmental Conservation Law (ECL).

In order to achieve the goals of the Preliminary Site Assessment (PSA), a data and records search was performed. This included a review of the following site specific information:

- History of use;
- **Top**ography;
- Geology/Hydrology;
- Demographics of surrounding area;
- Proximity to possible receptors; and
- Previously noted contamination or regulatory actions.

Sources for the information included the following:

- NYSDEC Central Office and Region 9 files;
- New York State Department of Health (NYSDOH) and Cattaraugus County Department of Health (CCDOH) records;
- Aerial photographs;
- Local historical society files;
- Town records;
- Topographic maps;
- A 1987 Preliminary Site Characterization Report by RECRA Environmental Inc.; and
- A 1990 Phase I Report prepared by Ecology and Environment Engineering, P.C.

In addition, the following individuals and agencies were contacted:

- Mr. Mark Mateunas, NYSDEC, Bureau of Hazardous Site Control;
- NYSDEC Region 9, Division of Hazardous Waste Remediation;
- Mr. Michael Rivara, NYSDOH, Bureau of Environmental Exposure Investigation; and
- CCDOH.

Literature sources used to complete this report are listed in Appendix A. Specific documentation used in the support of the text are listed in Appendix B of this document.

On July 25, 1990 a site reconnaissance was performed by Mr. Thomas Danahy (DUNN), Mr. David Rollins (DUNN) and Ms. Laurie Gneiding (TAMS). Site photographs are presented in Appendix C and USEPA Form 2070-13 is presented in Appendix D.

#### 2.0 SITE ASSESSMENT

#### 2.1 SITE HISTORY

The site consists of an approximately 14-acre parcel located on the west side of Grove Street Extension in the Village of Delevan, Cattaraugus County, New York (Figure 1). As shown in Figure 2, the site includes a mobile home park and the residence of site owner Michael Wolfer (Reference A-1).

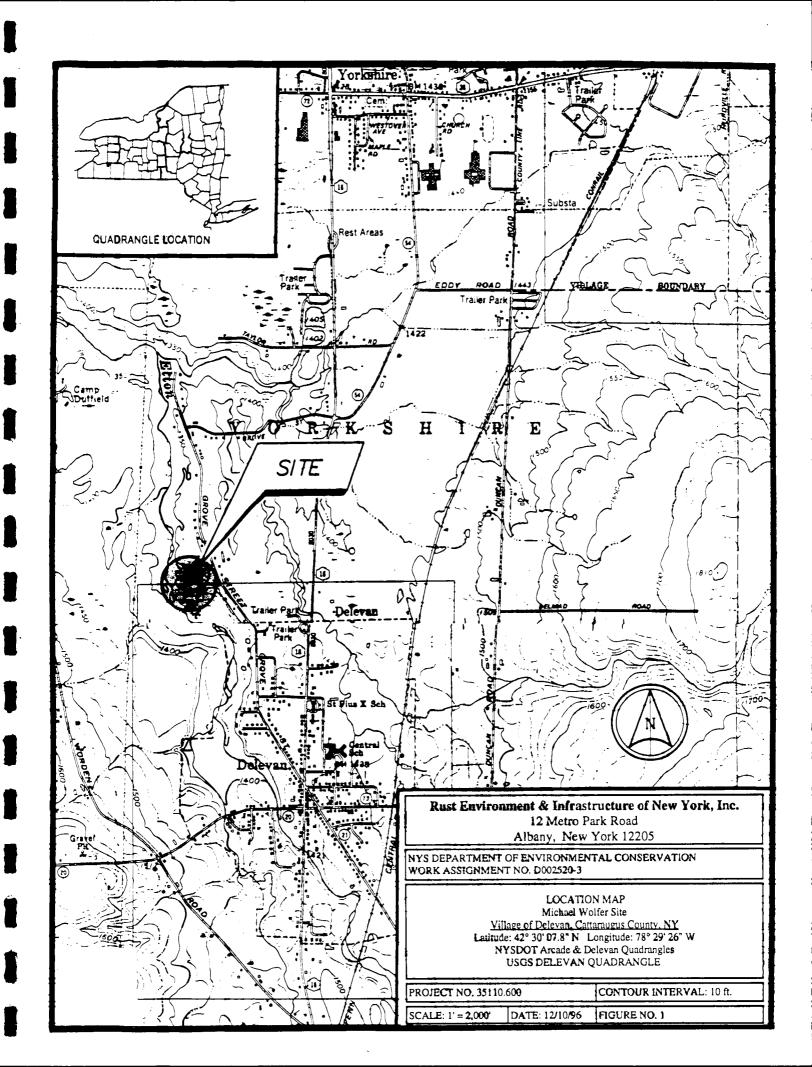
In 1977 and 1978, Donald Tillinghast, a private hauler contracted with Motorola Inc., removed drums of industrial waste generated at Motorola's Arcade, New York facility. A 1978 CCDOH investigation determined that twenty 55-gallon drums were given to Mr. Wolfer who subsequently used the contents of some of the drums as a dirt road dust suppressant (Document B-1). According to Motorola, these drums may have contained compounds such as varnishes, fluxes, flux thinners, isopropanol, hydrochloric acid, phosphoric acid, toluene, xylenes, trichloroethene, freon, epoxies, and cutting oils (Document B-1). In 1989, three drums were overpacked and removed from the site. No other information concerning the drum removal was available (Document B-2).

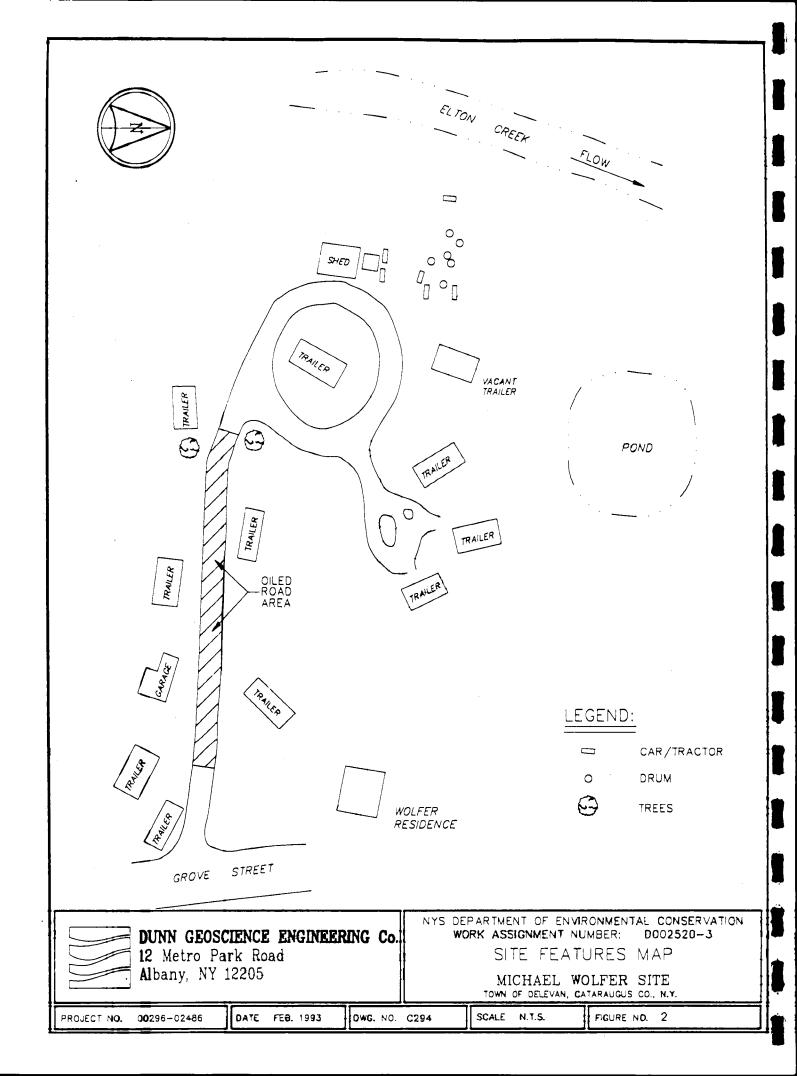
During the DUNN/TAMS site reconnaissance in July 1990, no evidence of drum disposal, stained soil or stressed vegetation was observed. Nine unlabeled 55-gallon drums were noted in an area in the western portion of the site where old automobiles and tractors were stored. Two of the nine drums were observed to be intact and full. Samples of the drum contents were not collected as part of this PSA. Three additional full or nearly full drums were later located during a site reconnaissance by DUNN in May 1992.

#### 2.2 SITE TOPOGRAPHY

The site is located in a generally level area at an elevation of approximately 1370 feet above mean sea level (MSL). Elevations range from 1350 feet to over 1600 feet above MSL within one-half mile of the site. Site topography adjacent to Elton Creek is generally level with slopes of less than 3% to the west. The oiled road area exhibits a moderate slope toward Elton Creek. Runoff drains toward Elton Creek along the site's western boundary. Elton Creek is a tributary of Cattaraugus Creek, located approximately two miles north of the site.

The site is located in Zone C as designated by the Federal Emergency Management Agency (FEMA) flood insurance rate map (Reference A-2). Zone C includes areas outside the 500 year floodplain.





#### 2.3 GEOLOGY

#### 2.3.1 Physiography

New York State can be divided into nine physiographic provinces based on topographic relief and geologic features. The site is located within the Appalachian Uplands physiographic province, which has an average elevation of 2,000 feet (Reference A-3). This province features high to moderate relief and thin glacial cover. Drainage within the Appalachian Uplands is generally to the southwest. The regional topography is characterized by rounded, rolling and heavily scoured uplands with broad north-south oriented flat-bottomed valleys.

#### 2.3.2 Surficial Deposits

Unconsolidated moraine and outwash deposited during the Wisconsin glacial period are typical surficial deposits in Cattaraugus County. Although the thickness and composition of glacial deposits varies throughout the county, thin deposits of unsorted till are common on the heavily scoured uplands while thick glacial deposits of highly permeable sand and gravel are found in the valleys. Relatively thick, saturated deposits of sand and gravel outwash, with a permeability greater than 1 x 10<sup>-3</sup> cm/sec, are present in the larger valleys. These are considered the most productive aquifers in the county (References A-4 and A-5).

The soils of nearby lowlands are characteristic of deposits laid down by water as stream terraces, glacial outwash plains and deltas. The Otisville gravelly loam, the soil present on the site, is described as an eight-inch-deep surficial layer of brown to grayish-brown gravelly loam with a firm subsurface layer of brownish-yellow to grayish-yellow silt loam which extends to a depth of 20 inches. Beneath this soil unit is a slightly compact layer of mixed sand and gravel. The other soil type present at the site is an eight-inch-deep dark gray or black silty clay loam surface soil; the upper portion of the subsoil to a depth of 18 inches is a plastic clay loam mottled gray, yellow and brown. The lower subsoil is typically a dense blue clay that extends to a depth of 30 inches (Reference A-6).

#### 2.3.3 Bedrock

The bedrock in Cattaraugus County consists of approximately 2,120 feet of upper Devonian shales and siltstones, lower Mississippian conglomerates or sandstones and lower Pennsylvanian conglomerates and shales. Layers of shale, siltstone and sandstone dip gently (less than 40 feet per mile). The bedrock underlying the site is mapped as the Upper Devonian Gowanda Shale member of the Canadaway Group (Reference A-7). The Gowanda Shale is approximately 270 to 280 feet thick and is characterized by interbedded medium light gray to grayish black shales, silty shales and thin to thick-bedded, ripple-marked light gray siltstones. The depth to bedrock at the site has not been determined; however, a well approximately 500 yards to the east of the site penetrated 244 feet of glacial deposits without encountering bedrock. Another well, approximately 1.5 miles southwest of the Village of Yorkshire, reportedly penetrated 454 feet of sand and gravel before bedrock was encountered (Reference A-4).

#### 2.4 HYDROGEOLOGY

#### 2.4.1 Groundwater

Thick, saturated deposits of very permeable sand and gravel outwash may yield 500-600 gallons of water per minute (gpm) or more in most valleys in Cattaraugus County. The greatest yield potential for these sand and gravel deposits is where they are confined by low permeability glaciolacustrine silts and clays. These outwash deposits are generally considered the most productive aquifers in the county (Reference A-4).

The direction of groundwater flow beneath the site is unknown. The presumed flow direction based on surface topography is to the west toward Elton Creek.

The nearest well is a private well located approximately 0.2 miles south of the site. The water level in this well has reportedly been 30 feet below the ground surface. The nearest municipal well is located approximately 1.3 miles southeast of the site. This well is completed within glacial outwash deposits at a depth of 112 feet. Bedrock was not encountered in this well. Groundwater flow direction within the bedrock is unknown.

#### 2.5 PROXIMITY TO POTENTIAL RECEPTORS

#### 2.5.1 Surface Water

Elton Creek, designated as a New York State Class C water body, is located approximately 2,100 feet west of the site. Class C water bodies are suitable for fishing, fish propagation, and primary and secondary recreational contact (Reference A-8).

Cattaraugus Creek, located approximately two miles north of the site, is designated as a New York State Class D water body (Reference A-8). Class D water bodies are suitable for fishing and primary and secondary contact recreation, although other factors may limit their use for these purposes.

#### 2.5.2 Population

The site is located in a rural/agricultural area approximately one mile northwest of the Village of Delevan. The total population within three miles of the site is approximately 3,400 persons. A summer camp, Camp Duffield, is located less than one mile northwest of the site (Figure 1).

A municipal water supply well, located approximately 1.3 miles southeast of the site, and a developed spring supply water to an approximate population of 1,050 in the Village of Delevan.

#### 2.5.3 Agricultural Land

The site is located in a rural/agricultural area. The nearest agricultural land is approximately 300 feet southwest of the site. Orchards are located within two miles of the site (Reference A-9).

#### 2.5.4 Commercial Land

The nearest commercial property is located in Delevan less than one mile from the site.

#### 3.0 TASK DISCUSSION

The information presented herein has been developed upon consideration of the results of data and records searches of state and local agency files. Evaluation of this information led to the development of a site-specific work plan/health and safety plan and implementation of non-intrusive investigations.

#### 3.1 TASK 1 - DATA AND RECORDS SEARCH

An investigation conducted by CCDOH in 1978 confirmed that twenty-six 55-gallon drums were delivered to Michael Wolfer who subsequently applied the contents of some of the drums to a dirt road at his mobile home park as a dust suppressant. This resulted in the site being placed on the Registry of Inactive Hazardous Waste Sites in New York State and subsequent investigation under the New York State Superfund Program.

#### 3.1.1 Previous Investigations

In 1987, Recra Environmental, Inc. (RECRA) conducted a preliminary site characterization under contract to Motorola, Inc. During this investigation, composite soil samples were collected from the drum storage area (MW-1) and from the dirt road segment where the drums' contents were reportedly applied (MW-2, MW-3). Soil samples were screened for the presence of volatile organic compounds (VOCs) with an HNU photoionization detector. Readings from background to eight parts per million (ppm) were reported. The composites were laboratory-screened (scanned) by RECRA for volatile halogenated organic compounds, volatile organic compounds and halogenated organic compounds; and analyzed for total recoverable phenolics and EP toxicity tests for extractable metals. (RECRA states that although each of the three scans is based on carbon or chlorine content and on the response factor of specific compounds, the results are for screening purposes only and not for the qualification or quantification of specific organic compounds.) Volatile halogenated organic compounds were detected at 53  $\mu$ g/kg in sample MW-3 and halogenated organic compounds were detected in all three samples at concentrations ranging from 13  $\mu$ g/kg to 29  $\mu$ g/kg. VOCs were likewise detected in the three samples at concentrations between 65  $\mu$ g/kg and 1000  $\mu$ g/kg. Total recoverable phenolics were detected in one sample (MW-1) at 57  $\mu$ g/kg. EP-TOX analysis revealed barium in all three samples and lead in two, all at levels well below the EPA maximum allowable concentrations (Reference A-1).

#### 3.2 TASKS A AND 2 - GLOBAL WORK PLAN AND SITE-SPECIFIC DOCUMENTS

#### 3.2.1 Global Work Plan

Task A consisted of preparation of a global work plan, quality assurance project plan (QAPP) and master health and safety plan (MHASP). The project documents presented information relevant to work planned at all 19 sites in the Work Assignment. The global work plan included:

- a description of the major tasks to be performed;
- a detailed work assignment project schedule with milestones and deliverables;

- a staffing plan; and
- a detailed work assignment budget.

The global QAPP provided descriptions, methodologies and quality assurance/quality control (QA/QC) procedures for the field activities proposed at each of the sites. General sampling and analytical protocol were also discussed.

An MHASP was prepared to provide the general health and safety procedures to be followed by all Dunn employees and subcontractors while performing site investigation activities. Activity-specific health and safety procedures were also included in the MHASP.

#### 3.2.2 Site-Specific Documents

A work plan, QAPP and health and safety plan (HASP) were developed in Task 2 specifically for use at the Wolfer site. The work plan described the proposed site-specific activities, objectives, methodology and schedule of implementation for Task 3. The QAPP described the analytical program for the site, and provided other site-specific information. The HASP detailed site-specific information, including known or suspected contaminants, health and safety levels of protection required, special monitoring equipment, emergency information and procedures and a route-to-hospital map. The site-specific work plan, QAPP and HASP were prepared as one document and submitted to NYSDEC for review and approval.

#### 3.3 TASK 3 - NON-INTRUSIVE INVESTIGATIONS

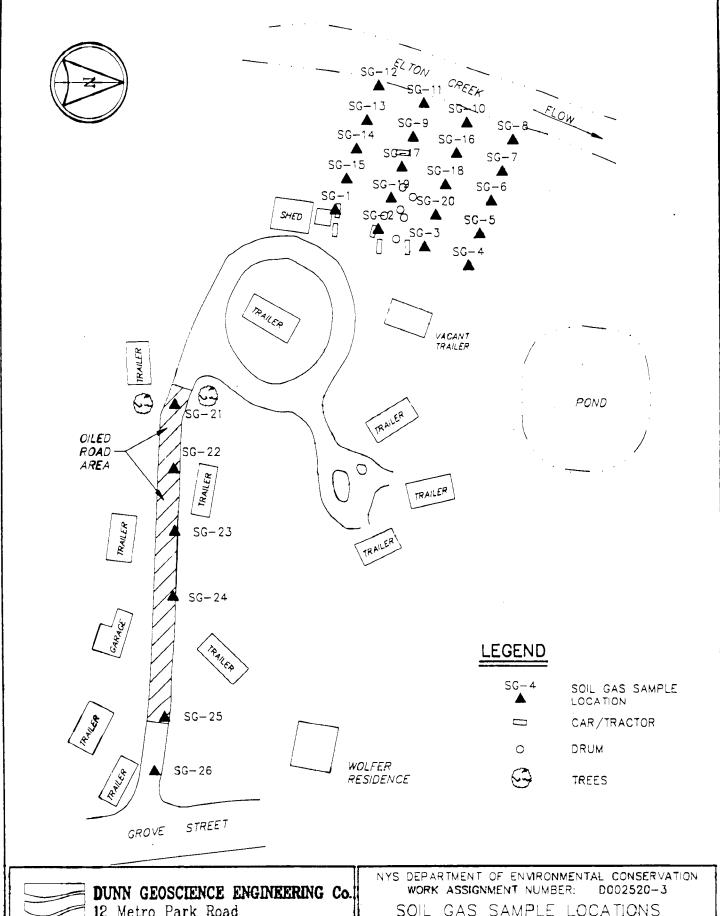
A soil gas survey (SGS) was performed to delineate specific areas, if any, in which soil sampling and/or additional investigation may have been warranted. Upon completion of the SGS, initial environmental sampling of surficial soils was performed.

#### 3.3.1 Soil Gas Survey

The soil gas survey was conducted from October 19 through 23, 1992. Twenty-six soil gas samples were collected at the locations shown in Figure 3. Twenty samples were collected in the floodplain area adjacent to Elton Creek where the drums were stored, whereas six samples were collected in the "oiled road area" where the drum contents were applied.

#### 3.3.1.1 Sample Collection

Soil gas samples were collected by first advancing a small diameter borehole to a maximum depth of four feet using a "slam bar" and 5/8-inch diameter solid steel rod. After driving the steel rod to its maximum depth, it was removed and a dedicated 1/2-inch diameter aluminum tube was inserted to maintain an open hole. Care was taken to ensure that the tube was not plugged or inserted into shallow groundwater. Surface soil was packed into the annular space around the top of the tube to eliminate infiltration of surface air during sampling, thereby preventing sample dilution.





12 Metro Park Road Albany, NY 12205

SOIL GAS SAMPLE LOCATIONS

MICHAEL WOLFER SITE TOWN OF DELEVAN, CATARAUGUS CO., N.Y.

PROJECT NO. 00296-02486 DATE FEB. 1993

DWG. NO. C294\_1

SCALE N.T.S. FIGURE NO. 3

Soil gas samples were collected using 125 milliliter (ml) glass sampling bulbs with Teflon valves at either end, and a septa in the center of the bulb to allow sample withdrawal. The top of the aluminum tube was connected with dedicated 1/2-inch polyethylene tubing to one of the valves on the sampling bulb. The other valve was connected with tubing to a laboratory bench style vacuum pump which was used to withdraw the sample from the subsurface probe. The pump was operated until approximately 2 liters (6 volumes) of soil gas had been purged. After purging, the soil gas in the glass bulb was contained by closing the valve nearest the pump before the pump stopped. Then, the other valve (nearest the aluminum tube) was closed. The pump was shut off and the 125 ml glass bulb was removed for analysis of its contents. The dedicated polyethylene tubing was discarded and replaced for each new sampling location. The samples were labeled corresponding to the sample location and stored in a cool, dark place until the time of analysis. Analyses were performed within two hours of sample collection. A 500 microliter (ul) syringe was inserted through the septa of the sampling bulb, a sample was withdrawn and injected into the gas chromatograph.

#### 3.3.1.2 Sample Analysis

A Photo Vac Model 10S70 portable gas chromatograph (GC) was used to analyze the soil gas samples. The GC was equipped with a photoionization detector (PID) and an on-board computer programmed to analyze samples for the VOCs listed on Table 1. The GC generates quantitative data specific to each compound. After injection into the instrument, the sample flows through a chromatographic column prior to the PID. The various VOCs pass through this column at different rates and thus reach the detector at different times after the injection. A strip-chart record of detector response versus time is obtained during each analysis and the presence of VOCs in the sample is manifested by peaks on this strip-chart record.

The GC measures two parameters for each peak observed during an analysis. First, the length of time (known as the retention time) is measured between the initial injection of the sample and the detection of the peak; each VOC has a characteristic retention time by which it is tentatively identified. Secondly, the GC integrates the detector response to measure the area under the peak. This area, measured in millivolt seconds (mv-s), is proportional to the concentration of the compound in the sample.

Prior to the start of field activities, the instrument was calibrated to recognize retention times and convert peak areas into concentrations for target VOCs. Gas calibration standards were prepared in accordance with USEPA Areal/RTP-SOP-MRDD-086, Revision 2, March 1990, Standard Operating Procedure for the Preparation and Use of Standard Organic Mixtures in a Static Dilution Bottle. This method utilizes liquid densities at room temperature to prepare standards in milligrams per cubic meter (mg/m³). Conversion of mg/m³ to parts per million (ppm) was achieved by use of the following equation:

ppm = 24.45 (L/mole) x Density (mg/ul) x ul added x 1000 µg/mg

MW (g/mole) 0.125 liter Bulb Volume

#### Table 1

#### Volatile Organic Compounds Analyzed in the Soil Gas Survey

Michael Wolfer Site Delevan, New York

#### Compound

Vinyl Chloride Acetone Trans-1,2-DCE MEK Cis-1,2-DCE

1,1,1-TCA Benzene TCE MiBK Toluene

PCE Chlorobenzene Ethylbenzene M-Xylene O-Xylene A stock calibration standard was prepared by syringing pure organic compound into a 125 ml glass bulb that had been thoroughly flushed with organic free (ultra zero grade) air. The 125 ml glass bulb with standards was then heated to 60 degrees centigrade.

A working calibration standard was prepared by syringing 500 ul (via gas-tight syringe) of the stock calibration standard and delivering the aliquot to a one-liter glass bulb achieving a 1-to-200 dilution. Since field conditions can vary dramatically from initial calibration conditions, influencing both compound retention times and response factors in the library, continuing calibrations were routinely performed.

The continuing calibration was performed by injecting a standard, typically toluene, into the GC. Using a keyboard command, the instrument recalibrates the programmed library, updating retention times and response factors for all the target VOCs by linear adjustment relative to the continuing calibration standard.

Soil gas analyses were conducted by injecting a 250 ul aliquot of the sample vapor into the GC which compared the sample instrument response to that of the calibration standard stored in the GC memory. Documenting the analysis, the GC prepared a strip-chart report detailing the concentration of the recognized compounds and the raw instrument response of "unknown" compounds detected in the sample. In the event that the sample results were above the linear range of the instrument calibration, a smaller aliquot was injected and the sample results were corrected for the "dilution factor."

#### 3.3.1.3 Quality Assurance/Quality Control

Field notebooks were used to record all pertinent information such as odors, visual observations, weather conditions, field measurements and any irregularities or departures from the prescribed sampling procedure. All entries were initialed by the analyst.

The 5/8-inch steel rod was cleaned following the preparation of each sampling location. The rod was rinsed with distilled water, washed with a detergent and again rinsed with distilled water. Each aluminum tube was cleaned prior to mobilization to the site and was dedicated to a single sample location; therefore, field cleaning was not required. The polyethylene tubing used to connect the aluminum tube to the glass sampling bulb was dedicated and discarded following collection of each sample.

In general, samples were analyzed within one-half hour of collection. Any subsequent analyses (i.e., dilution of off-scale peaks) were completed within two hours of collection. Duplicate samples were collected at a frequency of 5%.

Initial calibrations were performed routinely to update relative response factors which may vary due to column detector aging and environmental conditions. Continuing calibrations were performed generally after every five samples, updating analyte retention times and response factors.

Background ambient air blanks were collected and analyzed daily prior to sample collection. These blanks were collected approximately four feet above the ground in the vicinity of daily sampling activities in order to establish background ambient air levels.

Bulb blanks and sample bulb blanks, consisting of ultra zero grade air, were routinely injected throughout the analyses to evaluate contamination. Bulb blanks from sampling bulbs which were not used for sample collection were injected to evaluate the instrument baseline prior to standard and sample analyses. Similar blanks were also analyzed immediately following samples that contained high concentrations of target compounds in order to detect possible instrument and syringe carry-over. Sample bulbs used in sampling and decontaminated by flushing with ultra zero grade air were analyzed throughout the day and prior to running recalibration standards in order to evaluate the decontamination procedures and the possibility of sampling bulb carry-over.

#### 3.3.2 Initial Environmental Sampling

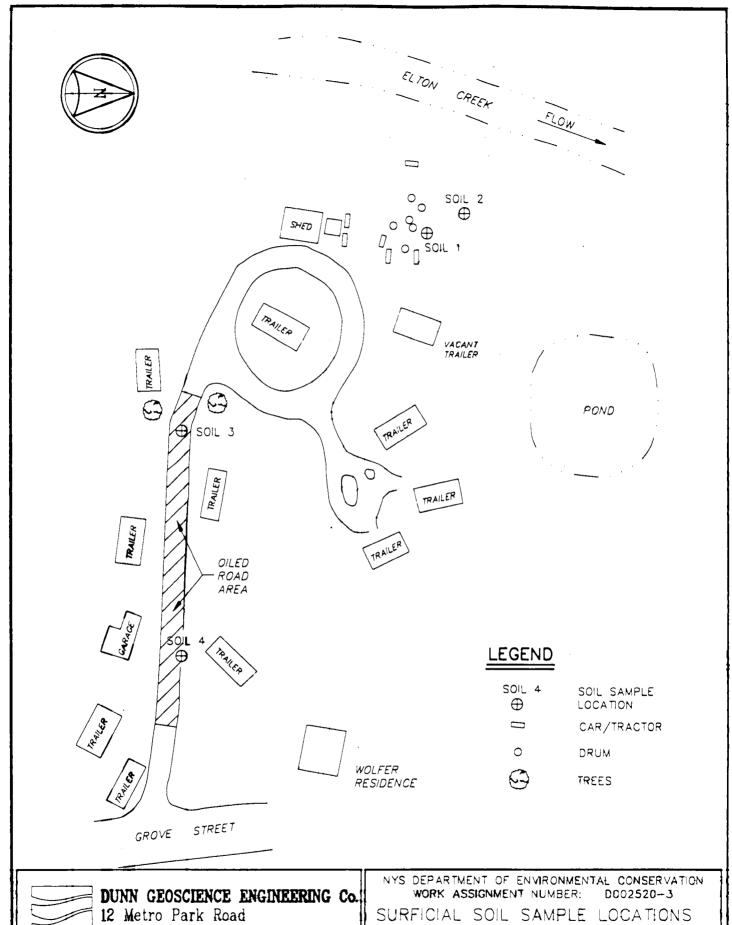
The results of the soil gas survey, visual inspection of the site and information contained in existing reports were used to select appropriate locations for surficial soil sampling. One solid sample was also collected from a drum located on the site.

#### 3.3.2.1 Surficial Soil Sampling

Four surficial soil samples (Soil-1, Soil-2, Soil-3, Soil-4) were collected at locations shown on Figure 4. Soil-1 was collected at the base of a slope near an abandoned automobile and 55-gallon drums. Soil-2 was collected on the flood plain of Elton Creek as a background sample. Soil-3 and Soil-4 were distributed to collect representative samples from the oiled road area where drum contents had been applied.

Surficial soil samples were collected using a stainless steel bucket auger that retrieved a soil core from the ground surface down to an approximate depth of one foot. The bucket auger was cleaned with a distilled water/liquinox solution followed by rinses with distilled water and methanol. The bucket auger was given a final triple rinse with distilled water to ensure that all the previously applied methanol was removed. This cleaning process was implemented before sampling and after each sample was collected to prevent carryover between sampling locations. Samples scheduled for VOC analysis were transferred directly from the bucket auger to the appropriate sample container using a dedicated sampling spatula. Samples collected for other analyses were transferred to a dedicated mixing pan using the sample-dedicated spatula, composited and transferred to the appropriate sample jars.

After collection, each sample was placed in an insulated cooler, chilled with wet ice to maintain a temperature of four (4) degrees centigrade and shipped by overnight courier to the analytical laboratory under chain-of-custody protocols. Samples were analyzed by Galson Laboratories of East Syracuse, New York for the full suite of Target Compound List/Target Analyte List (TCL/TAL) of parameters according to NYSDEC Analytical Services Protocol - Contract Laboratory Program (CLP) of December 1991 (NYSDEC-ASP-CLP, 12/91). Analytical results from these soil samples are presented in Section 4.2.





Albany, NY 12205

MICHAEL WOLFER SITE TOWN OF DELEVAN, CATARAUGUS CO., N.Y.

PROJECT NO. 00296-02486 DATE FEB. 1993

DWG. NO. C294\_2

SCALE N.T.S.

FIGURE NO. 4

#### 3.3.2.2 Drum Sampling

One solid sample was collected in October 1993 from an onsite drum. The sample was collected by NYSDEC Region 9 personnel who described it as a "hardened resin". The sample was shipped under chain-of-custody protocols by overnight courier to NYTEST Environmental Inc. (NYTEST) of Port Washington New York and analyzed for TCL volatiles and TAL heavy metals (arsenic, barium, cadmium, lead, mercury, selenium and silver). Analytical results are presented in Section 4.3.

#### 4.0 RESULTS OF INVESTIGATION

#### 4.1 SOIL GAS SURVEY

The analyses of 26 soil gas samples detected levels of organics that were below the Practical Quantitation Limits (PQL) at all locations tested.

#### 4.2 SURFICIAL SOIL SAMPLING

Surficial soil samples were collected at the four locations shown in Figure 4 and the data are summarized in Tables 2 and 3. Each sample was analyzed for the full suite of TCL/TAL parameters in accordance with NYSDEC-ASP-CLP (12/91). The data were validated by Chemworld Environmental, Inc. of Bethesda, Maryland in accordance with the data validation program established by DUNN under the Superfund Standby Program. The sample designated as Soil-2 was collected as the background sample.

The volatile analysis (Table 2) revealed that each of the four soil samples contained methylene chloride at low concentrations ranging from 9 micrograms per kilogram (ug/kg) to 14  $\mu$ g/kg (estimated). Additionally, Soil-4 contained 12  $\mu$ g/kg (estimated) of acetone. Although the data validation review did not identify these common laboratory artifacts in associated blanks, the reported concentrations are consistent with concentrations attributed to laboratory contamination. DUNN believes that these two compounds are potentially associated with laboratory contamination rather than disposal activities at the site. Benzene and toluene, each at an estimated concentration of 2  $\mu$ g/kg, were detected in the background sample (Soil-2). Since this area adjacent to Elton Creek is topographically the lowest point on the site, and also an area where old automobiles and farm machinery are stored, the source of these two compounds is most likely gasoline. Furthermore, each of these concentrations is well below the NYSDEC recommended soil cleanup objectives (RSCO) of 60  $\mu$ g/kg (benzene) and 1500  $\mu$ g/kg (toluene) presented in the Technical Administrative and Guidance Memorandum (TAGM #4046, November 1992).

The semi-volatile analysis of the background sample revealed estimated concentrations of three polynuclear aromatic hydrocarbon (PAH) compounds: phenanthrene (38  $\mu$ g/kg), fluoranthene (73  $\mu$ g/kg,) and pyrene (44  $\mu$ g/kg). Similar concentrations of these petroleum-related compounds, in addition to Bis(2-Ethylhexyl)phthalate (90  $\mu$ g/kg, estimated), were also identified in Soil-1. Dinbutylphthalate was identified in Soil-3 at an estimated concentration of 32  $\mu$ g/kg. Each of these semi-volatile compounds was detected at concentrations below the NYSDEC RSCOs included in Table 2.

Pesticide analysis did not identify any pesticides in the soil samples. PCB analysis identified arochlor-1248 in Soil-1 at a concentration of 67  $\mu$ g/kg. However, this compound was also present at a similar concentration (42  $\mu$ g/kg, estimated) in an associated laboratory blank. Therefore, the presence of arochlor-1248 in Soil-1 is considered laboratory contamination and not site-related.

#### Table 2

### Analytical Results - Organics Initial Environmental Sampling

#### Michael Wolfer Site Delevan, New York

| Volatiles          | RSCO*<br>(ug/kg) | Soil - 1 | <b>Soil - 2</b> (Background) | Soil - 3 | Soil - 4 |
|--------------------|------------------|----------|------------------------------|----------|----------|
| Methylene Chloride | 100              | 10       | 14                           | 9        | 9        |
| Acetone            | 200              | -        | •                            | -        | 12       |
| Benzene            | 60               | -        | 2 J                          | -        | -        |
| Toluene            | 1500             | -        | 2 J                          | •        |          |

| Semi-Volatiles               | RSCO*<br>(ug/kg) | Soil - 1 | <b>Soil - 2</b> (Background) | Soil - 3 | Soil - 4 |
|------------------------------|------------------|----------|------------------------------|----------|----------|
| Phenanth <b>rene</b>         | 50000            | 37 J     | 38 J                         | •        | -        |
| Di-n-Butylphthalate          | 8100             | -        | •                            | 32 J     | -        |
| Fluoranthene                 | 50000            | 75 J     | 73 J                         | -        | -        |
| Pyrene                       | 50000            | 53 J     | 44 J                         | -        | _        |
| Bis (2-Ethylhexyl) Phthalate | 50000            | 90 J     | •                            | -        | -        |

| Pesticides/PCB's | RSCO*<br>(ug/kg) | Soil - 1 | <b>Soil - 2</b> (Background) | Soil - 3 | Soil - 4 |
|------------------|------------------|----------|------------------------------|----------|----------|
| Arochlor - 1248  | 1000             | 67 B     | -                            | -        | <u>.</u> |

Samples analyzed by Galson Laboratories

RSCO: Recommended Soil Cleanup Objective

Concentrations given in ug/kg

\* Total VOA Cleanup level < 10,000 ug/kg

Total Semi-VOA cleanup level < 500,000 ug/kg with each individual compound < 50,000 ug/kg

Total PCB concentration at surface not to exceed 1,000 ug/kg

Total PCB concentration in the sub-surface not to exceed 10,000 ug/kg

- indicates none detected
- B indicates that this compound was detected in a laboratory blank associated with this sample at a similar concentration
- J indicates estimated concentration

Table 3
Analytical Results - Inorganics
Initial Environmental Sampling

Michael Wolfer Site Delevan, New York

| Constituent | RSCO<br>(mg/kg) | Soil - 1 | <b>Soil - 2</b><br>(Background) | Soil - 3     | Soil - 4    |
|-------------|-----------------|----------|---------------------------------|--------------|-------------|
| Aluminum    | 30/SB           | 8320     | 8190                            | 10600        | 7770        |
| Antimony    | <b>30/</b> SB   | -        | •                               | -            | -           |
| Arsenic     | 7.5/SB          | 13.5     | 9.1                             | 7            | 4.4         |
| Barium      | 300/SB          | 93       | 55.3                            | 51.1         | 59.3        |
| Beryllium   | 1.4/SB          | <u> </u> | 0.24 B                          | 0.38 B       | 0.39 B      |
| Cadmium     | 1/SB            | 0.89 B   | 0.71 B                          | _            | 0.58 B      |
| Calcium     | SB              | 5690     | 6590                            | 1620         | 1810        |
| Chromium    | 10/SB           | 12.2     | 12.7                            | 14.6         | 10.5        |
| Cobalt      | 30/SB           | 9.2 B    | 8.9 B                           | 8.4 B        | 6.4 B       |
| Copper      | 25/SB           | 27.7     | 23.1                            | 17.4         | 24.2        |
| Iron        | 2000/SB         | 23000    | 306 <b>00</b>                   | 19700        | 19100       |
| Lead        | 30/SB           | 27.7     | 18.2                            | 13.5         | 11.7        |
| Magnesium   | SB              | 3550     | 4120                            | <b>32</b> 60 | 2420        |
| Manganese   | SB              | 1030     | 652                             | 431          | <b>6</b> 67 |
| Mercury     | 0.1             |          | •                               | •            | •           |
| Nickel      | 13/SB           | 21.8     | 22.6                            | 22           | 19          |
| Potassium   | 4000/SB         | 611 B    | 888 B                           | 898 B        | 648 B       |
| Selenium    | 2/SB            | -        | •                               |              | -           |
| Silver      | 200/SB          | -        | •                               | -            | -           |
| Sodium      | 3000/SB         | 55.4 B   | 59.8 B                          | 69.3 B       | 51 B        |
| Thallium    | 20/SB           | 0.31 B   | 0.26 B                          | 0.21 B       |             |
| Vanadium    | 150/SB          | 10.7 B   | 11.8                            | 14.4         | 10.3        |
| Zinc        | 20/SB           | 133      | 82.9                            | 80.3         | 83          |
| Cyanide     | NCO             | -        | -                               | -            | -           |

Samples analyzed by Galson Laboratories

RSCO: Recommended Soil Cleanup Objective

Concentrations given in mg/kg

B indicates that this constituent was detected below the Contract Required Detection Limit but above the Instrument Detection Limit

SB indicates site background

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Inorganic analyses (Table 3) indicated that each of the three soil samples was within the background range for most soil elemental concentrations (Reference A-10). Background concentrations for silver and thallium were not available. Additionally, only one value (8.8 mg/kg) was cited for antimony. Each of the soil samples was also compared to the RSCOs for inorganic constituents. The inorganic RSCOs are based on a numerical criteria which defaults to a site background concentration. Since the site background is determined from a single sample rather than several background samples distributed across the site, any concentration within 10% of the concentration in Soil-2 was considered a background concentration.

The analytical results indicate that Soil-1 exceeded the background concentrations for arsenic, copper and zinc. Likewise, the background soil concentration for aluminum was exceeded in Soil-3.

#### 4.3 DRUM SAMPLING

The drum sampling results presented in Table 4 indicate that six VOCs were identified in the sample collected by NYSDEC personnel. 4-methyl-2-pentonone, at a concentration of 29 mg/kg, was the predominant VOC identified in the drum sample. Methylene chloride was also identified at a concentration of 17 mg/kg. However, this common laboratory artifact was also detected in an associated laboratory blank at a similar concentration (16 mg/kg) and is not considered site-related. Total xylene and toluene were quantified at concentrations of 5.2 mg/kg and 3.6 mg/kg, respectively. Estimated concentrations of 2-butanone (3.6 mg/kg) and ethylbenzene (1.9 mg/kg) were also identified. Inorganic results indicate that lead, at an estimated concentration of 1.9 mg/kg, was the only metal detected in the sample.

2-butanone (3.6 mg/kg) and lead (1.9 mg/kg) were the only detected analytes which have established regulatory limits under the Toxicity Characteristic Leaching Procedure (TCLP). These limits are 200 mg/l and 5.0 mg/l, respectively. As such, the "hardened resin" drum sample would not exceed TCLP regulatory limits and would not be considered hazardous waste.

Table 4

## Analytical Results - Drum Sample Initial Environmental Sampling

Michael Wolfer Site Delevan, New York

| Compound/Constituent | Sample I.D.<br>A50701 |  |  |
|----------------------|-----------------------|--|--|
| Methylene Chloride   | 17 B                  |  |  |
| 2-butanone           | 3.6 J                 |  |  |
| 4-methyl-2-pentanone | 29                    |  |  |
| Toluene              | 3.6 J                 |  |  |
| Ethylbenzene         | 1.9 J                 |  |  |
| Xylene (Total)       | 5.2                   |  |  |
| Lead                 | 1.9 J                 |  |  |

Concentrations given in mg/kg

- B indicates that this compound was detected in an associated laboratory blank at a similar concentration
- J indicates estimated concentration, reported result is below the Contract Required Detection Limit, but above the Instrument Detection Limit

Sample analyzed by NYTEST Environmental, Inc.

Sample collected by NYSDEC Region 9 personnel (10/6/93)

wolf\_T-6.xls 3/23/94

#### 5.0 CONCLUSIONS

DUNN/TAMS site reconnaissance in July 1990 revealed no evidence of drum disposal, stained soils or stressed vegetation. Nine 55-gallon unlabeled steel drums were noted, two of which were full and intact. Three additional full or partially filled drums were later identified during a site reconnaissance performed by DUNN in May 1992.

The soil gas survey performed in October 1992 did not identify any target VOCs at concentrations above the practical quantitation limit for the instrument. Analyses of four soil samples for VOCs, semi-volatiles and pesticide/PCBs did not identify any compounds above the NYSDEC Recommended Soil Clean-up Objectives. Analysis for inorganics identified arsenic, copper and zinc (Soil-1) and aluminum (Soil-3) in excess of site background concentrations for these constituents as determined by Soil-2. One drum sample, described by NYSDEC personnel as "hardened resin", did not contain concentrations of TCL/TAL compounds or constituents which would exceed TCLP regulatory limits. Therefore, this material is not considered hazardous waste.

Based on the information gathered from the data and records search, previous investigations by RECRA (1987) and E&E (1990) and this PSA, Rust concludes that exceedances of Recommended Soil Cleanup Objectives established by NYSDEC have been documented with respect to selected inorganic constituents. However, the disposal of hazardous waste as defined by 6 NYCRR Part 371 has not been documented at this site.

#### 6.0 **RECOMMENDATION**

Based on the findings presented in this document, Rust E&I recommends that the Michael Wolfer site (NYS Site No. 905020) be removed from the Registry of Inactive Hazardous Waste Disposal Sites in New York State. This recommendation may be subject to modification in the future if new information becomes available.

APPENDIX A

List of References

#### List of References

- A-1 Recra Environmental, Inc., Preliminary Site Characterization, Michael Wolfer, NYSDEC No. 905020, November 1987.
- A-2 Federal Emergency Management Agency (FEMA), Flood Insurance Rate Map, Town of Machias, New York, Cattaraugus County, Community Panel Number 360084-0010B, August 20, 1982.
- A-3 Broughton, J.G., Fisher, D.W., Isachsen, Y.W. Rickard, L.V., Geology of New York State A Short Account, Educational Leaflet 20. The University of the State of New York/The State Education Department, NYS Museum and Science Service, Albany, New York, 1976.
- A-4 Frimpter, M.H., Groundwater Resources, Allegheny River Basin and Part of the Lake Erie Basin, New York, New York State Department of Environmental Conservation, Albany, New York, 1974.
- A-5 Cadwell, D.H., Surficial Geologic Map of New York Niagara Sheet, 1988.
- A-6 Pearson, C.S., J.C. Bryant, and W. Secor, Soil Survey Cattaraugus County, New York, USDA Bureau of Plant Industry, Cornell University Agricultural Experiment Station, Ithaca, New York, 1940.
- A-7 Rickard and Fisher, Geologic Map of New York Niagara Sheet, 1970.
- A-8 Lenz and Riecker, State of New York Official Compilation of Codes, Rules and Regulations, Title 6 NYCRR Conservation, published for the Department of State, 1967.
- A-9 Ecology and Environment Engineering, P.C., Phase I Investigation, Michael Wolfer, Site Number 905020, Village of Delevan, Cattaraugus County, February 1990.
- A-10 Background Soil Elemental Concentrations (a compilation from cited literature).

#### APPENDIX B

**List of Cited Documents** 

## **List of Cited Documents**

- B-1 Cattaraugus County Department of Health Correspondence
- B-2 New York State Department of Environmental Conservation Correspondence

APPENDIX C

Site Photographs



VIEW WEST: STORAGE AREA WITH DRUMS IN BACKGROUND



VIEW WEST: STORAGE AREA WITH DRUMS IN BACKGROUND



VIEW NORTH: STORAGE AREA WITH DRUMS BEHIND RED TRUCK



VIEW SOUTH: BANK OF ELTON CREEK

## APPENDIX D

**USEPA Form 2070-13** 

|                                              |                                       |                    |                                                   | I. IDENTIFICA | TION                                             |               |
|----------------------------------------------|---------------------------------------|--------------------|---------------------------------------------------|---------------|--------------------------------------------------|---------------|
| EPA                                          | POTENTIAL                             | HAZARDOUS WAS      | TE SITE                                           | 01 STATE      | 02 SITE NUMB                                     | FR            |
|                                              |                                       | TION REPORT        |                                                   | NY            | 905020(DEC)                                      |               |
|                                              |                                       |                    | NSPECTION INFORM                                  | 1             | 303020(DEC)                                      |               |
| H. SITE NAME AND LOCATION                    |                                       |                    |                                                   |               |                                                  | <del></del>   |
| 01SITE NAME (Legal,common,or desc            | criptive name of site)                | 02 STREET, ROUT    | E NO. OR SPECIFIC                                 | LOCATION IDEN | TIFIER                                           |               |
| Michael Wolfer site                          |                                       | 11639 Grove St.    |                                                   |               |                                                  |               |
| 03 CITY                                      | · · · · · · · · · · · · · · · · · · · | 04 STATE           | 05 ZIP CODE                                       | 08 COUNTY     | 07 COUNTY                                        | 08 CONG       |
| Delavan                                      |                                       | NY                 | 14042                                             | 0             |                                                  |               |
| 09 COORDINATES                               | <del></del>                           |                    | ERSHIP (Check one)                                | Cattaraugus   | CODE: 009                                        | DIST: 31      |
| LATITUDE                                     | LONGITUDE                             | X_ A. PRIVATE      | _B. FEDERAL                                       | CSTATE        | D COUNTY                                         | _ E. MUNICIPA |
| 42 30'07.8* N                                | 78 29'26"W                            | _ F. OTHER         |                                                   | _0.018.2      |                                                  |               |
| III. INSPECTION INFORMATION                  | 1,0202011                             |                    |                                                   |               | g. unknow                                        | <u>N</u>      |
| 01 DATE OF INSPECTION                        |                                       | 02 SITE STATUS     | 03 YEARS OF OPE                                   | RATION        |                                                  |               |
| 7/24/90                                      |                                       | _ACTIVE            | 1977                                              | 197R          |                                                  | UNKNOWN       |
| MONTH DAY YEAR                               |                                       | _ACTIVE X_INACTIVE | BEGINNING YEAR                                    | ENDING YEAR   | <u> </u>                                         |               |
| 94 AGENCY PERFORMING INSPECT                 |                                       |                    |                                                   |               |                                                  |               |
| A. E <b>PA</b>                               | B.EPA CO                              |                    | _C. MUNICIPAL                                     |               | al contractor                                    | •             |
|                                              | (Name of firm                         | )                  | <del> </del>                                      |               |                                                  |               |
| E. ST <b>AT</b> E                            | X_ F. STATE                           | CONTRACTOR         |                                                   | _G. OTHER_    |                                                  |               |
|                                              | (Name of firm                         | )_Dunn Geoscience  | /TAMS                                             | (Specify)     |                                                  |               |
| 05 CHIEF INSPECTOR                           | OS TITLE                              |                    | 07 ORGANIZATION                                   |               | 08 TELEPHONE                                     | NO.           |
| Laurie Gneiding                              | Toxicologist                          |                    | TAMS Consultants                                  | Inc.          | 201-338-6680                                     |               |
| 09 OTHER INSPECTORS                          | 10 TITLE                              |                    | 11 ORGANIZATION                                   | l             | 12 TELEPHONE                                     | NO.           |
| Thomas Danahy                                | Hydrogeologi                          | st                 | Dunn Geoscience C                                 | Corp.         | 518-458-1313                                     |               |
|                                              |                                       |                    |                                                   |               | 10.00                                            | <del></del>   |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    | <del>                                      </del> |               | <del>                                     </del> |               |
|                                              | ĺ                                     |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    |                                                   |               | <del>                                     </del> |               |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    | <del> </del>                                      | •             | <u> </u>                                         | <u>.</u>      |
|                                              |                                       |                    |                                                   |               | 1 ( )                                            |               |
| 13 SITE REPRESENTATIVES INTERV               | TEWED                                 | 14 TITLE           | 15 ADDRESS                                        |               | 18 TELEPHONE                                     | NO.           |
|                                              | _                                     |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    |                                                   |               | <del>† ` · · · ′</del>                           |               |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    |                                                   |               | † · · · · · · · · · · · · · · · · · · ·          |               |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    | 1                                                 |               | <del> </del>                                     |               |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    | <u> </u>                                          |               |                                                  |               |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    | ···•                                              | <del></del> - | · · · · · · · · · · · · · · · · · · ·            |               |
|                                              |                                       |                    |                                                   |               | ( )                                              |               |
|                                              |                                       |                    | †                                                 | ·             | <del>                                     </del> |               |
|                                              |                                       |                    |                                                   |               | 1()                                              |               |
| 17 ACCESS GAINED BY                          | 18 TIME OF INS                        | PECTION            | 19 WEATHER CON                                    | DITIONS       | <u> </u>                                         |               |
| (Check one)                                  | 1630                                  |                    | Clear, sunny, 85 F.                               |               |                                                  |               |
| X_PERMISSION                                 |                                       |                    |                                                   |               |                                                  |               |
| _ WARRANT                                    | <u> </u>                              |                    |                                                   |               |                                                  |               |
| IV. INFORMATION AVAILABLE FROM<br>01 CONTACT | <u> </u>                              |                    |                                                   |               |                                                  |               |
|                                              |                                       |                    | 02 OF (Agency/Orga                                | nization)     | 03 TELEPHONE                                     | NO.           |
| Mark Mateunas                                |                                       |                    | NYSDEC                                            |               | 518-457-0639                                     |               |
| 04 PERSON RESPONSIBLE FOR SITE               | HISPECTION FOR                        | 05 AGENCY          | 08 ORGANIZATION                                   | 07 TELEPHONE  | NO.                                              | OS DATE       |
|                                              | į                                     |                    |                                                   |               |                                                  | 09/12/90      |
| Laurie Gneiding                              |                                       |                    | TAMS Consultants                                  | 201-338-6680  |                                                  | MO. DAY YR.   |
| EPA FORM 2070-13 (7-81)                      |                                       |                    |                                                   |               |                                                  |               |

## EPA

POTENTIAL HAZARDOUS WASTE SITE

SITE INSPECTION REPORT
PART 2 - WASTE INFORMATION

I.IDENTIFICATION

01 STATE

NY

02 SITE NUMBER 905020(DEC)

| II. WASTE STATE, QUAN      | TITIES, AND CHARACTERISTICS                      |                               |                                |                         |                              |
|----------------------------|--------------------------------------------------|-------------------------------|--------------------------------|-------------------------|------------------------------|
| 01 PHYSICAL STATE <b>S</b> | _                                                | 02 WASTE QUANTITY AT SITE     | 03 WASTE CHARACTERISTICS(Check | k all that apply)       |                              |
| (Check all that apply)     |                                                  | (Measures of waste quantities |                                |                         |                              |
|                            |                                                  | must be independent)          | X_ A. TOXIC                    | X_ H. IGNITABLE         |                              |
| _ A. SOLID                 | E. SLURRY                                        |                               | _ B. CORROSIVE                 | X_I. HIGHLY VOLATILE    | <u> </u>                     |
| _ B. POWDER, FINES         | X_F. LIQUID                                      | TON9                          | _ C. RADIOACTIVE               | J. EXPLOSIVE            | ŀ                            |
| C. SLUDGE                  | G. GAS                                           |                               | X_D. PERSISTENT                | X_K, REACTIVE           |                              |
|                            |                                                  | CUBIC YARDS                   | X_ E. SOLUBLE                  | _ L. INCOMPATIBLE       |                              |
| _ D. OTHER                 |                                                  |                               | _ F. INFECTIOUS                | _ M. NOT APPLICABLE     | •                            |
| (Specify)                  |                                                  | NO DE DELINE M                |                                | _ M. NOT AFFERRAL       | <b>:</b>                     |
| III. WASTE TYPE            |                                                  | NO. OF DRUMS20                | X_ G. FLAMMABLE                |                         |                              |
| CATEGORY                   | SUBSTANCE NAME                                   | 01 GROSS AMOUNT               | 02 UNIT OF MEASURE             | 03 COMMENTS             | <u> </u>                     |
| SLU                        | SLUDGE                                           |                               |                                |                         |                              |
| orm                        | OILY WASTE                                       | 20                            | 55-gailon drums                | Chemicals mixed with of | il. Ses below.               |
| SOL                        | <b>SO</b> LVENTS                                 |                               |                                |                         | ed for dust control measures |
| PSD                        | PESTICIDES                                       |                               |                                | in 1978.                | 4 101 444 4511               |
| occ                        | OTHER ORGANIC CHEMICALS                          |                               |                                | 1070.                   |                              |
| 100                        | INORGANIC CHEMICALS                              |                               |                                |                         |                              |
| ACD                        | ACIDS                                            |                               | <del></del>                    |                         | <del></del>                  |
|                            | BASES                                            |                               |                                | -                       |                              |
| BAS                        | <del> -</del>                                    |                               |                                | -                       |                              |
| MES  IV. HAZARDOUS SUBSTA  | HEAVY METALS UNCES (See Appendix for most freque | notive cland CAS Numbers)     |                                | <u> </u>                | <del> </del>                 |
| 01 CATEGORY                | 02 SUBSTANCE NAME                                | 03 CAS NUMBER                 | 04 STORAGE/DISPOSAL METHOD     | 05 CONCENTRATION        | C6 MEASURE OF CONC.          |
|                            | <del></del>                                      | US CAS RUMBER                 |                                |                         |                              |
| or.m                       | Varnishes                                        |                               | 56-gallon drums                | Unknown                 | Unknown                      |
|                            | Fluxes                                           | <del> </del>                  | 55-gallon drums                | Unknown                 | Unknown                      |
|                            | Flux thinners                                    |                               | 55-gallon drums                | Unknown                 | Unknown                      |
|                            | Isopropanol                                      | <b>67-63-</b> 0               | 55-gallon drums                | Unknown                 | t Unknown                    |
|                            | Hydrochloric acid                                | 7647-01-0                     | 55-galion drums                | Unknown                 | Unknown                      |
|                            | Phosphoric acid                                  | 7 <del>884-3</del> 8-2        | 55-gallon drums                | Unknown                 | Unknown                      |
|                            | Taluene                                          | 108-88-3                      | 55-gallon drume                | Unknown                 | Unknown                      |
|                            | Xylenes                                          |                               | 55-gallon drume                | Unknown                 | Unknown                      |
|                            | Trichioroethene                                  | 79-01-6                       | 55-gallon drums                | Unknown                 | Unknown                      |
|                            | Trichloroethane                                  | 71-55-8                       | 55-gallon drums                | Unknown                 | Unknown                      |
| ***                        | Freon                                            |                               | 55-gallon drume                | Unknown                 | Unknown                      |
|                            | Epoxies                                          |                               | 55-gallon drums                | Unknown                 | Unknown                      |
|                            | Cutting oils                                     |                               | 55-gallon druma                | Unknown                 | Unknown                      |
| V. FEEDSTOCKS (See A)      | ppendix for CAS Numbers)                         |                               |                                |                         |                              |
| CATEGORY                   | 01 FEEDSTOCK NAME                                | 02 CAS NUMBER                 | CATEGORY                       | 01 FEEDSTOCK NAME       | 02 CAS NUMBER                |
| FDS                        | Not applicable                                   |                               | FDS                            |                         |                              |
| !                          |                                                  |                               | FDS                            |                         |                              |

|                                                                                                                                                                                                             | POTENTIAL HAZARDOUS WASTE SITE                                                |                                  | I. IDENTIFICATION |                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|-------------------|-------------------------------|--|
| EPA                                                                                                                                                                                                         | SITE INSPECTION REPORT  PART 3 - DESCRIPTION OF HAZARDOUS C INCIDENTS         | <b>dna eno</b> itidho:           | 01 STATE          | 02 SITE NUMBER<br>805020(DEC) |  |
| tt. HAZARDOUS CONDITIONS AND INCIDENTS 01 X_ A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _3380_ Waste-contaminated cutting oils were applied to road of contaminants into groundwater. | 02 OBSERVED (DATE:) 04 NARRATIVE DESCRIPTION                                  | X_POTENTIAL                      | ALLEGE            | Þ                             |  |
| 01 X_B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED:3380 The potential exists as surface runoff may have flower                                                                          | 04 NARRATIVE DESCRIPTION                                                      | X_POTENTIAL                      | ALLEGE            | D                             |  |
| 01 X_ C. CONTAMINATI <b>ON</b> OF AIR 03 POPULATION POTENTIALLY AFFECTED:3380 No known contamination; however, the potential exist may have been dispersed.                                                 | 04 NARRATIVE DESCRIPTION                                                      | X_ POTENTIAL control. Particulat | <del></del>       |                               |  |
| 01 D. FIRE/EXPLOSI <b>VE CONDITIONS</b> 03 POPULATION POTE <b>NT</b> IALLY AFFECTED: No known fire or explosi <b>on</b> co <b>ndi</b> tion exists.                                                          | •                                                                             | POTENTIAL                        | ALLEGE            | D                             |  |
| 01 X_E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED:645 No potential exists as waste oils were used for dust or Surface soils beneath the vegetative layer, as well as                                | 04 NARRATIVE DESCRIPTION noted.                                               | X_POTENTIAL                      | ALLEGE            | D                             |  |
| 01 X_F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: 20 ft x 20 ft The potential exists as oil was used for dust control or samples by RECRA Environmental Inc. on 8/17/87. Se                       | 04 NARRATIVE DESCRIPTION<br>a roads in the trailer park, Contamination ecreen |                                  | •                 |                               |  |
| 01 X_ G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED:3386 The potential exists as there is an onsite well.                                                                              | •                                                                             | X_POTENTIAL                      | ALLEGE            | D                             |  |
| 01 H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: There are no workers on the site.                                                                                                             |                                                                               | _ POTENTIAL                      | ALLEGE            | D                             |  |
| 01 X_I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED:338( There are no known exposures/injuries; however, then                                                                             |                                                                               | X_POTENTIAL                      | ALLEGE!           | 0                             |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POTENTIAL HAZARDOUS WASTE SITE                 | I. IDENTIFICATION |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|----------------|--|
| <b>EPA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SITE INSPECTION REPORT                         | 01 STATE          | 02 SITE NUMBER |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS   |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AND INCIDENTS                                  | INT               | 905020 (DEC)   |  |
| II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                   |                |  |
| 01 X_ J. DAMAGE TO FLORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 02 OBSERVED (DATE:) X_POTENTIAL                | ALLEGE            | D              |  |
| 04 NARRATIVE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                   |                |  |
| The potential exists if soils are contaminated; however, stressed vegetatio observed during the July 24, 1990 reconnaissance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n was not                                      |                   |                |  |
| and the same and t |                                                |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| 01 X_ K. DAMAGE <b>TO FAU</b> NA 04 NARRATIVE DESCRI <b>PT</b> ION (Include name(s) of species)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 02 _ OBSERVED (DATE:) X_POTENTIAL              | ALLEGE            | D <b>、</b>     |  |
| No damage was observed; however, the potential exists for ingestion of co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | notaminated coils avenues food and/or water    |                   |                |  |
| The damage has essential flowers, the potential exists to highester of ec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ontammated sons, grasses, testa, and or water. |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| 01 X L. CONTAMINATI <b>ON</b> OF FOOD CHAIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AA ORGERVER (DATE: V BATELITIA)                | ****              |                |  |
| 04 NARRATIVE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 02 _ OBSERVED (DATE: X_ POTENTIAL              | _ ALLEGE          | U              |  |
| The potential exists if surface runoff enters Elton Creek or contaminated s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oils, grasses.                                 |                   |                |  |
| feed, or water are ingested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>3.</b>                                      |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   | ,              |  |
| A LINGTARI E CONTAINIMENT OF WARTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 02 _ OBSERVED (DATE: POTENTIAL                 | * LECE            | 7              |  |
| 101 M. UNSTABLE CONTAINMENT OF WASTES (Spills/Runoff/Standing liquids, Leaking drums)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 02 OBSERVED (DATE:                             | _ ALLEGE          | U              |  |
| 03 POPULATION POTENTIALLY AFFECTED: 646                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 04 NARRATIVE DESCRIPTION                       |                   |                |  |
| Unstable containment of wastes was not observed during the July 24, 199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                   |                |  |
| , , , , , , , , , , , , , , , , , , , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | • • • • • • • • • • • • • • • • • • • •        |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| 101 X_N. DAMAGE TO OFFSITE PROPERTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 02 _ OBSERVED (DATE:) X_POTENTIAL              | ALLEGE            | D              |  |
| 04 NARRATIVE DESCRIPTION  The potential exists if airborne particulates have been dispersed or surface.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o runoff has entered Filton Creek              |                   |                |  |
| The potential exists a dissert of particulation taxes soon all particulations are defined                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o fator ties directed enter stock.             |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| TALL O CONTANTIMATION OF CONTERS STORM BEAMS OF WANTE.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OR ORDERVER (DATE: ) DOTENTIAL                 | #11 FOE           | iD.            |  |
| 101 O. CONTAMINATION OF SEWERS, STORM DRAINS, OR WWTPs<br>104 NARRATIVE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 02 _ OBSERVED (DATE:)POTENTIAL                 | ALLEGE            | U              |  |
| No potential exists as there are no sewers, storm drains, or WWTPs near t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the site.                                      |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| 101 X_ P. ILLEGAL/UNAUTHORIZED DUMPING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 02 X_ OBSERVED (DATE: _1977)POTENTIAL          | _ ALLEGE          | ח              |  |
| 04 NARRATIVE DESCRIPTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                   |                |  |
| Drums containing oil contaminated with various solvents, were dispersed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | along the trailer park roadway for             |                   |                |  |
| road dust control.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| 05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                |                   |                |  |
| HAZARDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                   |                |  |
| None known.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | •                                              |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| III. TOTAL POPULATION POTENTIALLY AFFECTED: 3380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                   | <del></del>    |  |
| IV. COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                   |                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                   |                |  |
| V. SOURCES OF INFORMATION (Cite specific references, e.g., state file:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e pomple enclusie reporte)                     |                   |                |  |
| RECRA Environmental, Inc. field notes, dated 8/17/87.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s, saurupe arialysis, ropusts)                 |                   |                |  |
| Site reconnaissance conducted on 7/24/90 by Dunn Geoscience Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ring Co. and TAMS Consultants, inc.            |                   |                |  |
| EPA FORM 2070-13(7-81)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                |                   |                |  |

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|                                                                         | POTENTIAL HAZARD              | OUS WASTE SITE                     | I. IDENTIFICATION                                                                |                             |
|-------------------------------------------------------------------------|-------------------------------|------------------------------------|----------------------------------------------------------------------------------|-----------------------------|
| EPA                                                                     | SITE INSPECTION               |                                    | 01 STATE                                                                         | 02 SITE NUMBER              |
|                                                                         | PART 4-PERMIT AND DESCRIPTIVE |                                    | NY                                                                               | 905020 (DEC)                |
| II. PERMIT INFORMATION                                                  | INFORMATION                   |                                    |                                                                                  |                             |
| 01 TYPE OF PERMIT ISSUED (Check all that apply)                         | 02 PERMIT NUMBER              | 03 DATE ISSUED                     | 04 EXPIRATION DATE                                                               | 05 COMMENTS                 |
| _A. NPDES                                                               |                               |                                    |                                                                                  |                             |
| _B. UIC                                                                 |                               |                                    |                                                                                  |                             |
| _C. AIR                                                                 |                               |                                    |                                                                                  |                             |
| _D. RCRA                                                                |                               |                                    |                                                                                  |                             |
| _E. RCRA INTERIM STATUS                                                 |                               |                                    |                                                                                  |                             |
| _F. SPCC PLAN                                                           |                               |                                    |                                                                                  |                             |
| _G. STATE(Specify)                                                      |                               |                                    |                                                                                  |                             |
| _H. LOCAL(Specify)                                                      |                               |                                    |                                                                                  |                             |
| _I. OTHER(Specify)                                                      |                               |                                    |                                                                                  |                             |
| X_J. NONE                                                               |                               |                                    |                                                                                  |                             |
| III. SITE DESCRIPTION                                                   |                               | L                                  |                                                                                  |                             |
| 01 STORAGE/DISPOSAL<br>(Check all that apply)                           | 02 AMOUNT                     | 03 UNIT OF MEASURE                 | 04 TREATMENT<br>(Check all that apply)                                           | 05 OTHER                    |
| , , , ,                                                                 |                               |                                    | A. INCINERATION                                                                  | V. A. SHIIL BINGS ON SITE   |
| I_ A. SURFACE IMPOUNDMENT                                               |                               |                                    | B. UNDERGROUND INJECTION                                                         | X_ A. BUILDINGS ON SITE     |
| B. PILES                                                                |                               | 66 notice down                     | _                                                                                | Hanat nomes                 |
| X_C. DRUMS,ABOVE GROUND                                                 | 8                             | 55-galton drums                    | C. CHEMICAL/PHYSICAL                                                             | 20 4054 05 0175             |
| D. TANK,ABOVE GROUND                                                    |                               | See 07 *comments*                  | D. BIOLOGICAL<br>E. WASTE OIL PROCESSING                                         | 08 AREA OF SITE             |
| _ E. TANK BELOW GROUND                                                  |                               |                                    | <del>-</del>                                                                     | 20 feet by 20 feet /Aarnal  |
| F. LANDFILL                                                             |                               |                                    | F. SOLVENT RECOVERY<br>G. OTHER RECYCLING/RECOVERY                               | _20 feet by 20 feet_(Acres) |
| G. LANDFARM                                                             |                               |                                    | H. OTHER                                                                         |                             |
| H. OPEN DUMP                                                            |                               |                                    |                                                                                  | †                           |
| OTHER(Specify)                                                          |                               |                                    | (Specify)                                                                        |                             |
| 07 COMMENTS                                                             |                               |                                    |                                                                                  |                             |
|                                                                         | ntrol measure. During t       | the DUNN/TAMS site reco            | olvents were stored in a sheep pen. These<br>nnaissance in July 1990, nine drums | ·                           |
| IV. CONTAINMENT                                                         | <del></del>                   |                                    |                                                                                  |                             |
| 01CONTAINMENT OF WASTES                                                 | Check one)                    |                                    |                                                                                  |                             |
| _A. ADEQUATE,SECURE                                                     | _B, MODERATE                  | X_C. INADEQUATE,POO                | RD. INSECURE, UNSOUND, DANGERO                                                   | )US                         |
| 02 DESCRIPTION OF DRUMS, D<br>The contents of the <b>drums w</b> ere u  |                               |                                    |                                                                                  |                             |
| V. ACCESSIBILITY                                                        |                               |                                    | NO                                                                               |                             |
| 01 WASTE EASILY ACCESSIBLE 02 COMMENTS The contents of the drums were u |                               | X_YES the trailer park for dust or | NO                                                                               |                             |
| VI. SOURCES OF INFORMATION<br>NYSDEC memo dated 10/3/78.                |                               |                                    |                                                                                  |                             |
| Site reconnaissance conducted b                                         | y Dunn Geoscience En          | gineering Co./TAMS Cons            | uttants, inc. on 7/24/90.                                                        |                             |

|                                                      | POTENTIAL HAZ                                        | ARDOUS WASTE SIT       | Ē                        | I. IDENTIFICATIO                       | ON .                           |
|------------------------------------------------------|------------------------------------------------------|------------------------|--------------------------|----------------------------------------|--------------------------------|
| EPA                                                  | STE MODEONO                                          |                        |                          |                                        |                                |
| , ,                                                  | SITE INSPECTION                                      |                        |                          | 01 STATE                               | 02 SITE NUMBER                 |
|                                                      | PART 5-WATER, DEMOGRAPHIC, AND ENVIRONMENTAL<br>DATA |                        | NY                       | 905020(DEC)                            |                                |
| II. DRINKING WATER SUPPLY                            |                                                      |                        |                          | <del></del>                            |                                |
| 01 TYPE OF DRINKING SUPPLY                           |                                                      | 02 STATUS              | <del></del>              | ************************************** | 03 DISTANCE TO SITE            |
| (Check as applicable)                                |                                                      |                        |                          |                                        | 302/0////02/10/0//2            |
| SURFACE COMMUNITY A X                                | WELL                                                 | ENDANGERED             | AFFECTED                 | MONITORED                              | <b>\</b>                       |
| COMMUNITY AX_ NON-COMMUNITY C                        | BX_                                                  | <u> </u>               | B                        | CX_                                    | A1.2,1.3_(mi)                  |
| III. GROUNDWATER                                     | DX                                                   | _D,                    |                          | F                                      | B0.2(mi)                       |
| 01 GROUNDWATER USE IN VICIN                          | IITY (Check one)                                     |                        |                          | <del>-</del>                           |                                |
|                                                      |                                                      |                        |                          |                                        |                                |
| _X_A. ONLY SOURCE F <b>OR</b> DRINK                  |                                                      |                        | C. COMMERCIA             | L, INDUSTRIAL,                         | D. NOT USED,                   |
|                                                      | (Other sources a                                     |                        | IRRIGATION               |                                        | UNUSEABLE                      |
|                                                      | COMMERCIAL                                           | , INDUSTRIAL,          | (Limited other so        | urces available)                       |                                |
|                                                      | IRRIGATION (No other water                           | sources available)     |                          |                                        |                                |
| 02 POPULATON SERVED BY GRO                           |                                                      |                        |                          |                                        | <del></del>                    |
| 04DEPTH TO GROUNDWATER                               | 05 DIRECTION OF                                      | GROUNDWATER            | NEAREST DRINKING         |                                        | 0.2(mi)                        |
|                                                      | FLOW                                                 | GHOUNDWATER            | 06 DEPTH TO              | 07 POTENTIAL                           | 08 SOLE SOURCE AQUIFE          |
|                                                      |                                                      |                        | OF CONCERN               | YIELD OF<br>AQUIFER                    | _YES X_NO                      |
| 30(ft)                                               | west or northwest                                    |                        | 30 (#)                   | 1.4 million (and)                      | _168 X_NO                      |
| 08 DESCRIPTION OF WELLS (Incl                        | uding useage, depth, and                             | location relative to p | opulation and building   | el .                                   | <u> </u>                       |
| Village of Delevan uses a 112-foot                   | deep well drilled into a sar                         | nd aquifer 1.3 miles ( | enuthment of the site on | id a sprina 1.2 mile                   | s southwest of the village     |
| Both serve approximately 1050 per                    | sons. A private welf le loca                         | ted 0.2 miles from th  | e site.                  |                                        | to the time time time to       |
| 10 RECHARGE AREA                                     | <del></del>                                          |                        |                          |                                        |                                |
| _                                                    |                                                      | 11 DISCHARGE A         | REA                      |                                        |                                |
| YES   COMMENTS                                       |                                                      | _X_ YES                | COMMENTS                 |                                        |                                |
| _X_ NO                                               |                                                      | NO                     | Several wetlands are     | ess are located nor                    | th and west of the site.       |
| IV. SURFACE WATER                                    |                                                      |                        | ooveral worldings an     | Das are located hor                    | ar and west of the ste.        |
| 01 SURFACE WATER USE (Check                          | one)                                                 | <del></del>            |                          |                                        |                                |
| V . ===================================              |                                                      |                        |                          |                                        |                                |
| _X_A. RESERVOIR, RECREATION<br>DRINKING WATER SOURCE |                                                      | ECONOMICALLY           | C. COMMERCIA             | L,INDUSTRIAL                           | D. NOT CURRENTLY               |
| DRINKING WATER SOURCE                                | IMPORTANT R                                          | ESOURCES               |                          |                                        | USED                           |
| 02 AFFECTED/POTENTIALLY AFF                          | FOTED BODIES OF WATE                                 | В                      | ·                        |                                        |                                |
| NAME:                                                | CO 120 BODIES OF WAI                                 | : <b>n</b>             | AFFECTED:                | DISTANCE TO OR                         |                                |
|                                                      |                                                      |                        | (Y/N)                    | DISTANCE TO SIT                        | E                              |
| Elton Creek (Class C/D)                              |                                                      |                        | (1/14)                   |                                        |                                |
| ,                                                    |                                                      |                        | potentially              | Adjacent (mi)                          |                                |
| Unnamed farm pond                                    |                                                      |                        | no                       | Adjacent (mi)                          |                                |
| Cattaraugus Creek (Class C/D)                        |                                                      |                        | no                       | 2.5 (mi)                               |                                |
| V. DEMOGRAPHIC AND PROPERT                           | Y INFORMATION                                        |                        | 110                      | 2.5 (mi)                               | ****                           |
| TOTAL POPULATION WITHIN                              |                                                      |                        | - ··········             |                                        | 02 DISTANCE TO NEAREST         |
| ONE (1) MILE OF OUT                                  | Marks 20 10 10 10 10 10 10 10 10 10 10 10 10 10      |                        |                          |                                        | POPULATION                     |
| ONE (1) MILE OF SI <b>TE</b><br>A645                 | TWO (2) MILES OF                                     |                        | THREE (3) MILES O        | FSITE                                  | <b>†</b>                       |
| NO. OF PERSONS                                       | B1350<br>NO. OF PERSONS                              | •                      | C3380_                   |                                        | 0.02(mi)                       |
|                                                      | NO. OF PERSONS                                       |                        | NO. OF PERSONS           |                                        |                                |
| 03 NUMBER OF BUILDING WITHIN                         | TWO(2)MILES OF SITE                                  | 04 DISTANCE TO         | VEAREST OFF-SITE         | ALIII DING                             | <u> </u>                       |
| <b>43</b> 5                                          | ,,                                                   |                        |                          | 33.00.114                              |                                |
| DE POPULATION WITHIN VICINITY                        | OF SITE (Provide nerration                           | to depositation of a   | 0.02(mi)                 | a salainite of city                    |                                |
| densely populated urban area)                        | - : - : - (i ionde nai/all                           | o assemption of natt   | ue or bobristion withit  | e vicinity of alte, e.g                | r., rurai, village,            |
| n 1978, the drum storage area was                    | located within a sheep per                           | 1. The immediate en    | rrounding area is a em   | all trailer nerk of a                  | Dorovimataly 10 homos          |
| Most of area surrounding the site is                 | farmland.                                            | *                      | candina area is a gill   | ruir tranion park Ol a                 | рргожинаюну то по <b>те</b> в. |
| -                                                    |                                                      | •                      |                          |                                        |                                |
|                                                      |                                                      |                        |                          |                                        |                                |
|                                                      |                                                      |                        |                          |                                        |                                |
| FPA FORM 2070-13/7-81                                |                                                      |                        |                          |                                        |                                |

|                                 | POTENTIAL HAZARDOUS WASTE SITE                                                     |                                                                | 1. IDENTIFICATION                        |                                         |  |
|---------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|-----------------------------------------|--|
| EPA                             | OTE INDERVIOUS SECOND                                                              |                                                                |                                          |                                         |  |
| <b></b> : /\                    | SITE INSPECTION REPORT                                                             |                                                                | 01 STATE                                 | 02 SITE NUMBER                          |  |
| M ENNOONMENTAL INFO             | PART 5-WATER, DEMOGRAPHIC, A                                                       | ND ENVIRONMENTAL DATA                                          | NY                                       | 905020(DEC)                             |  |
| VI. ENVIRONMENTAL INFO          | ATURATED ZONE (Check one)                                                          |                                                                |                                          |                                         |  |
| A. 10=6 to 10=8 cm/sec          | B. 10-4 to 10-6 cm/sec                                                             | C. 10-4 to 10-3 cm/sec                                         | _X_D. GREATER THAN 10                    | <b>3–3</b> cm/sec                       |  |
| 02 PERMEABILITY OF BED          | ROCK(Check one)                                                                    |                                                                |                                          |                                         |  |
| A. IMPERMEABLE                  | _X_B. RELATIVELY IMPERMEABLE                                                       | C. RELATIVELY PERMEABLE                                        | D. VERY PERMEABLE                        |                                         |  |
| (Less than 10-6 cm/sec)         | (10-4 to 10-8 cm/sec)                                                              | (10-2 to 10-4 cm/sec)                                          | (Greater than 10-2 cm/sec                |                                         |  |
| 03 DEPTH TO BEDROCK             | 04 DEPTH OF CONTAMINATED SOIL                                                      | LZONE                                                          | 05 SOIL pH                               |                                         |  |
| 244(ft)                         | Unknown(ft)                                                                        |                                                                | 5.1 to 7.8                               |                                         |  |
| 08 NET PRECIPITATION            | 07 ONE YEAR 24 HOUR RAINFALL                                                       | 08 SLOPE<br>SITE SLOPE                                         |                                          | PE TERRAIN AVERAGE SLOPE                |  |
| 13(in)                          | 2.5(in)                                                                            | 3-8%                                                           | southwest                                | 3-8 96                                  |  |
| 09 FLOOD POTENTIAL              |                                                                                    | 10                                                             | - ooduinest                              |                                         |  |
| SITE IS IN 500 YE               | AR FLOODPLAIN                                                                      | SITE IS ON BARRIER IS AND                                      | 0.0040741.000000000000000000000000000000 | ABOTA MILIMONAL TO THE TOTAL            |  |
| 11 DISTANCE TO WETLAND          |                                                                                    | 12 DISTANCE TO CRITICAL HABI                                   |                                          | AREA, RIVERINE FLOODWAY                 |  |
| ESTUARINE                       | OTHER                                                                              | TE BIOTANGE TO ONITIONE TINGS                                  | >3                                       |                                         |  |
| A>3(mi)                         | <b>B</b> 1.0(mi)                                                                   | ENDANGERED SPECIES:                                            | Not applicable                           | <del></del> , ,                         |  |
| 13 LAND USE IN VICINITY         |                                                                                    |                                                                |                                          |                                         |  |
| DISTANCE TO:                    |                                                                                    |                                                                |                                          |                                         |  |
| COMMERCIAL/INDUSTRIAL           | RESIDENTIAL AREAS; NATIONALIS                                                      | TATE DADKS                                                     | AGGICLIS TUBAL I ANDE                    |                                         |  |
|                                 | FOREST, OR WILDLIFE RESERVES                                                       | INIE PARRO,                                                    | AGRICULTURAL LANDS PRIME AG LAND         | AG LAND                                 |  |
|                                 |                                                                                    |                                                                | FRIME AG EARD                            | AG CAIND                                |  |
| A1(mi                           | ) <b>8</b> onsite(mi)                                                              |                                                                | 0.00                                     | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 |  |
| 14 DESCRIPTION OF SITE          | N RELATION TO SURROUNDING TOP                                                      | OGRAPHY                                                        | C0.02(r                                  | ni) D0.02(mi)                           |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
| The site is located in a gently | y sloping valley forming the basin of the                                          | Elton Creek.                                                   |                                          |                                         |  |
|                                 | ately 1200 feet from the site, the terrain                                         |                                                                |                                          |                                         |  |
| gently folling fills to the wes | t. The highest hill is approximately 2000                                          | feet. Two small ponds, approximatel                            | ly 50 feet in diameter are loc           | ated adjacent to the site.              |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
| *                               |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
|                                 |                                                                                    |                                                                |                                          |                                         |  |
| VII. SOURCES OF INFORM          | ATION (Cite specific references, e.g., sta                                         | te files, sample analysis, reports)                            |                                          |                                         |  |
| Incontrolled hazardana          | er Resources in the Allegheny River Bas                                            | in and Part of the Lake Erie Basin, N                          | lew York", USGS, 1974.                   |                                         |  |
| U.S. Department of the Interior | te site ranking system, A user's manual,<br>or, Geological Survey Topographic Map  | 49 UFR, Part 300, Appendix A, 1986                             | 3,                                       |                                         |  |
|                                 | or, Geological Survey Topographic Map<br>orevised 1979; "West Valley, NY", 1964    |                                                                | (# 1000 abate-oide-d 4000                |                                         |  |
| NYSCRR Title 6, section 838     | 66. January 1977.                                                                  | , Garonna, NT , 1897; "Arcade, NY                              | , твов, рпоюгеизец, 1979.                |                                         |  |
|                                 | ugus County Soil and Water Conservatio                                             | n District, dated 8/8/90.                                      |                                          |                                         |  |
| Site reconnaissance conduct     |                                                                                    |                                                                |                                          |                                         |  |
| le                              | ted on 7/24/90 by Dunn Geoscience Eng                                              | ineering Co. and TAMS Consultants.                             | , Inc.                                   |                                         |  |
| Flood Insurance Rate Map, \     | ted on 7/24/90 by Dunn Geoscience Eng<br>/illage of Deleven, Cattaraugus County, I | ineering Co. and TAMS Consultants,<br>NY Community No. 381368A | , Inc.                                   |                                         |  |
| Telephone memo from E&E t       | ted on 7/24/90 by Dunn Geoscience Eng                                              | ineering Co. and TAMS Consultants,<br>NY Community No. 381368A | , Inc.                                   |                                         |  |

|                          |                               | POTENTIAL HAZARDOUS WASTE SIT                | E I.IDENTIFICAT           | TON                                    |
|--------------------------|-------------------------------|----------------------------------------------|---------------------------|----------------------------------------|
| EPA                      |                               | SITE INSPECTION REPORT                       | 01 STATE                  | 02 SITE NUMBER                         |
|                          |                               | PART 6-SAMPLE AND FIELD                      | NY                        | 905020 (DEC)                           |
|                          |                               | INFORMATION                                  | _   ``                    | 555525 (525)                           |
| II. SAMPLES TAKEN        |                               |                                              |                           |                                        |
| SAMPLE TYPE              | 01 NUMBER OF<br>SAMPLES TAKEN | 02 SAMPLES SENT TO                           | 03 ESTIMATES<br>RESULTS A | · ·                                    |
| GROUNDWATER              | Not applicable                |                                              |                           |                                        |
| SURFACE WATER            | Not applicable                |                                              |                           |                                        |
| WASTE                    | Not applicable                |                                              |                           |                                        |
| AIR                      | Not applicable                |                                              |                           |                                        |
| RUNOFF                   | Not applicable                |                                              |                           |                                        |
| SPILL                    | Not applicable                |                                              |                           |                                        |
| SOIL                     | Not applicable                |                                              |                           |                                        |
| VEGETATION               | Not applicable                |                                              |                           | ······································ |
| OTHER                    | Not applicable                |                                              |                           |                                        |
| III. FIELD MEASUREME     | ENTS TAKEN                    |                                              |                           |                                        |
| 01 TYPE                  | 02 COMMENTS                   |                                              |                           |                                        |
| Air monitoring           | HNu PID: No readin            | ngs above background                         |                           |                                        |
| Radiation monitoring     | Monitor 4 mini-rad:           | No readings above background (19 cpm         | )                         |                                        |
| IV. PHOTOGRAPHS AN       | ID MAPS                       |                                              | <del></del>               |                                        |
| 01 TYPE _X_GROUND        | AERIAL                        | 02 IN CUSTODY OF                             |                           |                                        |
|                          |                               | Dunn Geoscience Engineering Co./TAN          |                           | <u>c.</u>                              |
| 03 MAPS                  |                               | (Name or organiza                            | tion or individual)       |                                        |
| X_YES                    | 04 LOCATION OF M              | IAPS                                         |                           |                                        |
| NO                       |                               | ngineering Co./TAMS Consultants, Inc.        |                           |                                        |
| V. OTHER FIELD DATA      |                               | ts Inc. field notebook 013R.                 |                           |                                        |
| rigio notes dated //24/8 | O IN TAIMS CONSULTAIN         | ns Inc. held hotebook 075m.                  |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              | ,                         |                                        |
| VI. SOURCES OF INFO      | RMATION (Cite spec            | ific references, e.g., state files, sample a | nalvsis, reports)         |                                        |
|                          |                               | Dunn Geoscience Corp. and TAMS Cor           |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |
|                          |                               |                                              |                           |                                        |

EPA FORM 2070-13(7-81)

|                                                                             |                              |                                            |                                                                   | I.IDENTIF       | ICATION       |
|-----------------------------------------------------------------------------|------------------------------|--------------------------------------------|-------------------------------------------------------------------|-----------------|---------------|
| EPA                                                                         | POTENTIA                     | AL HAZARDOUS W                             | ASTE SITE                                                         | 01 STATE        | 02 SITE NUMBE |
|                                                                             |                              | PECTION REPORT                             |                                                                   | NY              | 905020 (DEC)  |
|                                                                             |                              | WNER INFORMAT                              | TON                                                               |                 | TOUGOED (BEO) |
| II. CURRENT OWNER(S)                                                        |                              |                                            | PARENT COMPANY(If applicable)                                     | ,               |               |
| 01 NAME                                                                     |                              | 02 D+B NUMBER                              | 08 NAME                                                           |                 | 09 D+B NUMBER |
| Michael Wolfer                                                              | 73.4 \                       | 101 010 0005                               |                                                                   |                 |               |
| 03 STREET ADDRESS(P.O.Box,RF<br>11639 Grove St.                             | U#,81C.)                     | 04 SIC CODE                                | 10 STREET ADDRESS(P.O.Box, F                                      | RFD#,etc.)      | 11 SIC CODE   |
| 05 CITY                                                                     | LOG STATE                    | 6515<br>07 ZIP CODE                        | 12 CITY                                                           | 112 STATE       | 14 ZIP CODE   |
| Delavan                                                                     | NY                           | 0, 5, 0055                                 | ,                                                                 | INSTALE         | 14 ZIP CODE   |
| 01 NAME                                                                     | <del></del>                  | 02 D+B NUMBER                              | 08 NAME                                                           | <del></del>     | 09 D+B NUMBER |
|                                                                             |                              |                                            |                                                                   |                 |               |
| 03 STREET ADDRESS(P.O.Box,RF                                                | D#,etc.)                     | 04 SIC CODE                                | 10 STREET ADDRESS(P:O.Box, F                                      | RFD#,etc.)      | 11 SIC CODE   |
| 05 CITY                                                                     | 06 STATE                     | 07 ZIP CODE                                | 12 CITY                                                           | 13 STATE        | 14 ZIP CODE   |
| 01 NAME                                                                     | 1                            | 02 D+B NUMBER                              | 08 NAME                                                           | 1               | 09 D+B NUMBER |
| 03 STREET ADDRESS(P.O.Box,RF                                                | D#,etc.)                     | 04 SIC CODE                                | 10 STREET ADDRESS(P.O.Box, F                                      | RFD#,etc.)      | 11 SIC CODE   |
| 05 CITY                                                                     | 106 STATE                    | 07 ZIP CODE                                | 12 CITY                                                           | 113 STATE       | 14 ZIP CODE   |
| 01 NAME                                                                     |                              |                                            |                                                                   | NOOTATE         |               |
|                                                                             |                              | 02 D+B NUMBER                              | 08 NAME                                                           |                 | 09 D+B NUMBER |
| 03 STREET ADDRESS(P.O.Box,RF                                                | D#,etc.)                     | 04 SIC CODE                                | 10 STREET ADDRESS(P.O.Box, F                                      | FD#,etc.)       | 11 SIC CODE   |
| 05 CITY                                                                     | 06 STATE                     | 07 ZIP CODE                                | 12 CITY                                                           | 13 STATE        | 14 ZIP CODE   |
| III. PREVIOUS OWNER(S)(List mos                                             | recent first                 | )                                          | IV. REALTY OWNER(SXIf applicab                                    | le:list most re | ecent firest) |
| 01 NAME                                                                     |                              | 02 D+B NUMBER                              | 01 NAME                                                           |                 | 02 D+B NUMBER |
| 03 STREET ADDRESS(P.O.Box,RF                                                | D#,etc.)                     | 04 SIC CODE                                | 03 STREET ADDRESS(P.O.Box,RI                                      | FD#,etc.)       | 04 SIC CODE   |
| 05 CITY                                                                     | 06 STATE                     | 07 ZIP CODE                                | 05 CITY                                                           | 06 STATE        | 07 ZIP CODE   |
| 01 NAME                                                                     |                              | 02 D+B NUMBER                              | 01 NAME                                                           | <u> </u>        | 02 D+B NUMBER |
| 03 STREET ADDRESS(P.O. Box, RF                                              | D#,etc.)                     | 04 SIC CODE                                | 03 STREET ADDRESS(P.O.Box,RI                                      | D#,etc.)        | 04 SIC CODE   |
| 05 CITY                                                                     | 06 STATE                     | 07 ZIP CODE                                | 05 CITY                                                           | 06 STATE        | 07 ZIP CODE   |
| 01 NAME                                                                     |                              | 02 D+B NUMBER                              | 01 NAME                                                           |                 | 02 D+B NUMBER |
| 03 STREET ADDRESS(P.O. Box,RFI                                              | D#,etc.)                     | 04 SIC CODE                                |                                                                   |                 | 04 SIC CODE   |
| 05 CITY                                                                     | 06 STATE                     | 07 ZIP CODE                                | 05 CITY                                                           | 06 STATE        | 07 ZIP CODE   |
| , pouros os messas                                                          | <u> </u>                     |                                            |                                                                   |                 |               |
| V. SOURCES OF INFORMATION(C                                                 | te specific r                | eterences, e.g., sta                       | te files, sample analysis, reports)                               |                 |               |
| Site reconnaissance conducted on 7<br>Standard Industrial Classification Ma | 724/90 by Di<br>anual, Exect | unn Geoscience Co<br>utive Office of the P | rp. and TAMS Consultants, Inc. resident, Office of Management and | t Budget, 198   | 37.           |
|                                                                             |                              |                                            |                                                                   |                 |               |
| EPA FORM 2070-13(7-81)                                                      |                              |                                            |                                                                   |                 |               |

| -n.                                  |                                             |                    | I.IUEN HEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CATION        |                    |
|--------------------------------------|---------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------|
| EPA                                  | POTENTIAL HAZARDOUS WASTE SITE              |                    | ASTE SITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 01 STATE      | 02 SITE NUMBER     |
|                                      | SITE INSPECTION REPORT                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NY            |                    |
|                                      |                                             | PERATOR INFORM     | MATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IVI           | 905020 (DEC)       |
| H. CURRENT OPERATOR(Provide          | if different fr                             | om owner)          | OPERATOR'S PARENT COMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (If applicabl | e)                 |
| 01 NAME                              |                                             | 02 D+B NUMBER      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> — p</u>   | 09 D+B NUMBER      |
| Not applicable                       |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
| 03 STREET ADDRESS(P.O.Box,RI         | FD#,etc.)                                   | 04 SIC CODE        | 10 STREET ADDRESS(P.O.Box, RFD#,etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | 11 SIC CODE        |
| 05 CITY                              | 06 STATE                                    | 07 ZIP CODE        | 12 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13 STATE      | 14 ZIP CODE        |
| 08 YEARS OF OPERATION                | 09 NAME                                     | OF OWNER           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>      | <u> </u>           |
| III. PREVIOUS OPERATOR(S)(List       | most recent                                 | first:             | PREVIOUS OPERATORS' PARENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COMPANIE      | EQ (If applicable) |
| provide only if different from owner |                                             |                    | THE THE PART OF TH | COMPANIE      | =3 (n applicable)  |
| 01 NAME                              |                                             | 02 D+B NUMBER      | 08 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 09 D+B NUMBER      |
| 03 STREET ADDRESS(P.O.Box, AF        | D#,etc.)                                    | 04 SIC CODE        | 10 STREET ADDRESS(P.O.Box, RF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D#,etc.)      | 11 SIC CODE        |
| 05 CITY                              | 06 STATE                                    | 07 ZIP CODE        | 12 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13 STATE      | 14 ZIP CODE        |
| 08 YEARS OF OPERATION                | 09 NAME                                     | OF OWNER           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>   |                    |
| 01 NAME                              |                                             | 02 D+B NUMBER      | 08 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -             | 09 D+B NUMBER      |
| 03 STREET ADDRESS(P.O.Box, RF        | 03 STREET ADDRESS(P.O.Box,RFD#,etc.) 04 SIC |                    | 10 STREET ADDRESS(P.O.Box, RF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11 SIC CODE   |                    |
| 05 CITY                              | 06 STATE                                    | 07 ZIP CODE        | 12 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13 STATE      | 14 ZIP CODE        |
| 08 YEARS OF OPERATION                | 09 NAME                                     | OF OWNER           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
| 01 NAME                              |                                             | 02 D+B NUMBER      | 08 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               | 09 D+B NUMBER      |
| 03 STREET ADDRESS(P.O.Box,RF         | D#,etc.)                                    | 04 SIC CODE        | 10 STREET ADDRESS(P.O.Box, RF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D#,etc.)      | 11 SIC CODE        |
| 05 CITY                              | 06 STATE                                    | 07 ZIP CODE        | 12 CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 13 STATE      | 14 ZIP CODE        |
| 08 YEARS OF OPERATION                | 09 NAME                                     | OF OWNER           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
| V. SOURCES OF INFORMATION(C          | ite specific r                              | eferences e.g. sta | tational significant and the files                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                    |
| NYSDEC Region 9 files.               |                                             |                    | mos, outriple unallysis, reportsy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | <u>-</u> .         |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
|                                      |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
| EDA FORM COTO 10T CO                 |                                             | <del> </del>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |
| EPA FORM 2070-13(7-81)               |                                             |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                    |

|                                                  |              |                                                 |                                    | I.IDENTIFI | CATION                         |
|--------------------------------------------------|--------------|-------------------------------------------------|------------------------------------|------------|--------------------------------|
|                                                  | SITE INSP    | L HAZARDOUS W<br>ECTION REPORT<br>ENERATOR/TRAN | ASTE SITE SPORTER INFORMATION      | 01 STATE   | 02 SITE NUMBER<br>905020 (DEC) |
| II. ON-SITE GENERATOR                            |              |                                                 |                                    |            |                                |
| 01 NAME                                          | -            | 02 D+B NUMBER                                   |                                    |            |                                |
| 03 STREET ADDRESS(P.O.Box, AFD                   | #,etc.)      | 04 SIC CODE                                     |                                    |            |                                |
| 05 CITY                                          | 06 STATE     | 07 ZIP CODE                                     |                                    |            | •                              |
| III. OFF-SITE GENERATOR(S)                       |              |                                                 |                                    |            | <del></del>                    |
| 01 NAME                                          |              | 02 D+B NUMBER                                   | 08 NAME                            |            | 09 D+B NUMBER                  |
| Motorola                                         |              |                                                 |                                    |            |                                |
| 03 STREET ADDRESS(P.O.Box, AFD                   | #,etc.)      | 04 SIC CODE                                     | 10 STREET ADDRESS(P.O.Box, I       | RFD#,etc.) | 11 SIC CODE                    |
|                                                  | 06 STATE     | 07 ZIP CODE                                     | 12 CITY                            | 13 STATE   | 14 ZIP CODE                    |
| 01 NAME                                          | 44           | 02 D+B NUMBER                                   | OO NIANAE                          |            | OO D. D. AULINDED              |
| OI NAME                                          |              | UZ D+B NUMBER                                   | OB NAME                            | •          | 09 D+B NUMBER                  |
| 03 STREET ADDRESS(P.O. Box, AFD                  | #,etc.)      | 04 SIC CODE                                     | 10 STREET ADDRESS(P.O.Box, I       | RFD#,etc.) | 11 SIC CODE                    |
| 05 CITY                                          | 6 STATE      | 07 ZIP CODE                                     | 12 CITY                            | 13 STATE   | 14 ZIP CODE                    |
| IV. TRANSPORTER(S)                               |              |                                                 |                                    |            | <u> </u>                       |
| 01 NAME                                          |              | 02 D+B NUMBER                                   | 08 NAME                            |            | 09 D+B NUMBER                  |
| Donald Tillinghast                               |              |                                                 |                                    |            |                                |
| 03 STREET ADDRESS(P.O.Box, AFD 18 Yacht Club Dr. | #,etc.)      | 04 SIC CODE                                     | 10 STREET ADDRESS(P.O.Box, I       | RFD#,etc.) | 11 SIC CODE                    |
|                                                  | 06 STATE     | 07 ZIP CODE                                     | 12 CITY                            | 113 STATE  | 14 ZIP CODE                    |
| Machias                                          | NY           | 14104                                           |                                    |            |                                |
| 01 NAME                                          |              | 02 D+B NUMBER                                   | 01 NAME                            | •          | 02 D+B NUMBER                  |
| 03 STREET ADDRESS(P.O. Box, AFD                  | #,etc.)      | 04 SIC CODE                                     | 03 STREET ADDRESS(P.O.Box, P       | (FD#,etc.) | 04 SIC CODE                    |
| 05 CITY                                          | 06 STATE     | 07 ZIP CODE                                     | 05 CITY                            | 06 STATE   | 07 ZIP CODE                    |
|                                                  | e coccidio r | oferences a c. etc.                             | to titos sample analysis reports)  |            | <u> </u>                       |
| V. SOURCES OF INFORMATION(Cite                   | 3 Shacilic   | oronoricos, e.y., sie                           | ite mes, sample analysis, reports; |            | <del></del>                    |

EPA FORM 2070-13(7-81)

| ED.                                                        | POTENTIAL HAZARDOUS WASTE SITE        | I. IDENTIFICA | TION           |
|------------------------------------------------------------|---------------------------------------|---------------|----------------|
| EPA                                                        | SITE INSPECTION REPORT                | 01 STATE      | 02 SITE NUMBER |
| III DACY DECRAUSE LASIUSIES                                | PART 10 - PAST RESPONSE ACTIVITIES    | NY            | 905020 (DEC)   |
| III. PAST RESPONSE ACTIVITIES  01 _ A. WATER SUPPLY CLOSED | 00 0 175                              |               |                |
| 04 DESCRIPTION                                             | 02 DATE:                              | 03 AGENCY_    |                |
| No previous history.                                       |                                       |               |                |
|                                                            |                                       |               |                |
| 01 _ B. TEMPORARY WATER SUPPLY PROVIDED                    | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             |                                       |               |                |
| No previous history.                                       |                                       |               |                |
| 01 _ C. PERMANENT WATER SUPPLY PROVIDED                    | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             |                                       | TO AGENCY _   |                |
| No previous history.                                       |                                       |               |                |
| 01 _ D. SPILLED MATERIAL REMOVED                           |                                       |               |                |
| 04 DESCRIPTION                                             | 02 DATE:                              | 03 AGENCY_    | <del></del>    |
| No previous history.                                       | •                                     |               |                |
|                                                            |                                       |               |                |
| 01 _ E. CONTAMINATED SOIL REMOVED                          | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             |                                       |               |                |
| No previous history.                                       |                                       |               |                |
| 01 _ F. WASTE REPACKAGED                                   | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             |                                       | VO AGENOT     | <del></del>    |
| No previous history.                                       |                                       |               |                |
| 01 _ G. WASTE DISPOSED ELSEWHERE                           |                                       |               |                |
| 04 DESCRIPTION                                             | 02 DATE:                              | 03 AGENCY_    | <del></del>    |
| No previous history.                                       |                                       |               |                |
|                                                            |                                       |               |                |
| 01 _ H. ON SITE BURIAL                                     | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             |                                       |               |                |
| No previous history.                                       |                                       |               |                |
| 01 _ 1. IN SITU CHEMICAL TREATMENT                         | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             | <del></del>                           |               | <del></del>    |
| No previous history.                                       |                                       |               |                |
| 01 _ J. IN SITU BIOLOGICAL TREATMENT                       | 02 DATE:                              | 03 AGENCY_    | -              |
| 04 DESCRIPTION                                             | <u></u>                               | OO AGENO!     | · <del></del>  |
| No previous history.                                       |                                       |               |                |
| 01 _ K. IN SITU PHYSICAL TREATMENT                         |                                       |               |                |
| 04 DESCRIPTION                                             | 02 DATE:                              | 03 AGENCY_    | <del></del>    |
| No previous history.                                       |                                       |               |                |
|                                                            |                                       |               |                |
| 01 _ L. ENCAPSULATION                                      | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION No previous history.                        |                                       |               |                |
|                                                            |                                       |               |                |
| 01 _ M. EMERGENCY WASTE TREATMENT                          | 02 OATE:                              | 03 AGENCY     |                |
| 04 DESCRIPTION                                             |                                       |               |                |
| No previous history.                                       |                                       |               |                |
| 01 _ N. CUTOFF WALLS                                       | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION                                             |                                       |               |                |
| No previous history.                                       |                                       |               |                |
| 01 _ O. EMERGENCY DIKING/SURFACE WATER DIVERSION           | 02 DATE:                              | 03 AGENCY     |                |
| 04 DESCRIPTION                                             | 02 BATC                               | OS AGENC!     |                |
| No previous history.                                       |                                       |               |                |
| A P CUTOCE TRENOUS CONTROL                                 |                                       |               |                |
| 01 _ P. CUTOFF TREN <b>C</b> HES/SUMP                      | 02 DATE:                              | 03 AGENCY     |                |
| No previous history.                                       |                                       |               |                |
| · · · · · · · · · · · · · · · · · · ·                      |                                       |               |                |
| 01 _ Q. SUBSURFACE CUTOFF WALL                             | 02 DATE:                              | 03 AGENCY_    |                |
| 04 DESCRIPTION No previous history.                        | •                                     |               |                |
| provide matory.                                            |                                       |               |                |
| EPA FORM 2070-13(7-81)                                     | · · · · · · · · · · · · · · · · · · · |               |                |

| CDA                                                                                              | POTENTIAL HAZARDOUS WASTE SITE     | I. IDENTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EPA                                                                                              | SITE INSPECTION REPORT             | 01 STATE 02 SITE NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| III. PAST RESPONSE ACTIVITIES(Continued)                                                         | PART 10 - PAST RESPONSE ACTIVITIES | 905020 (DEC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 01 _ R. BARRIER WALLS CONSTRUCTED                                                                | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION                                                                                   |                                    | 40 HdE1401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01S. CAPPING/COVERING                                                                            | OO DATE:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 04 DESCRIPTION                                                                                   | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                  |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01 _ T. BULK TANKAGE REPAIRED<br>04 DESCRIPTION                                                  | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 01 _ U. GROUT CURTAIN CONSTRUCTED                                                                | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION No previous history.                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| To previous matery.                                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01 _ V. BOTTOM SEALED                                                                            | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION                                                                                   |                                    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01 W. GAS CONTROL                                                                                | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION                                                                                   |                                    | TO NO LITTLE OF THE PARTY OF TH |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01 _ X. FIRE CONTROL                                                                             | 02 DATE:                           | 00.105107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION                                                                                   | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - V.   540U-75 TDE   750U-75                                                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 01 _ Y. LEACHATE TREATMENT<br>04 DESCRIPTION                                                     | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| 01 _ Z. AREA EVACUATED<br>04 DESCRIPTION                                                         | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| No previous history.                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 01 _ 1. ACCESS TO SITE RESTRICTED                                                                | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION No previous history.                                                              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 01 2. POPULATION RELOCATED                                                                       | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION                                                                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 01 _ 3. OTHER REMEDIAL ACTIVITIES                                                                | 02 DATE:                           | 03 AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 04 DESCRIPTION                                                                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| III. SOURCES OF INFORMATION (Cite specific references, e.g., state file<br>NYSDEC Region 9 files | s e, sample analysis, reports)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Cattaraugus County Department of Health files.                                                   |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| POTENTIAL HAZARDOUS WASTE SITE                                        |                                                      | I. IDENTIFICATION |                |  |
|-----------------------------------------------------------------------|------------------------------------------------------|-------------------|----------------|--|
| EPA                                                                   | SITE INSPECTION REPORT                               | 01 STATE          | 02 SITE NUMBER |  |
|                                                                       | PART 11-ENFORCEMENT INFORMATION                      | NY                | 905020 (DEC)   |  |
| II. ENFORCEMENT INFORMATIO                                            |                                                      |                   |                |  |
| 01 PAST REGULATORY/ENFORCEMENT ACTION _X_YESNO                        |                                                      |                   |                |  |
| 02 DESCRIPTION OF FEDERAL, STATE, LOCAL REGULATORY/ENFORCEMENT ACTION |                                                      |                   |                |  |
| A \$2000 fine was proposed against the industrial waste hauters.      |                                                      |                   |                |  |
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| III. SOUBCES OF INFORMATION                                           | (Cite specific references, e.g., state files, sample | analysis rong     | rte)           |  |
| NYSDEC memo dated 10/5/78.                                            | (One openio recorded, e.g., state mos, excepte       | anayao, topo      |                |  |
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EPA FORM 2070-13(7-81)