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Municipal Brownfields - B

Superfund - HW

Spills - SP

ERP - E

VCP - V

BCP - C

PHASE I REPORT
ENGINEERING INVESTIGATIONS
AND EVALUATIONS AT INACTIVE
HAZARDOUS WASTE DISPOSAL SITES

Diversified Manufacturing, Inc.
Niagara County, NY



Prepared for:
New York State
Department of
Environmental Conservation
50 Wolf Road, Albany, New York 12233
Henry G. Williams, Commissioner

Division of Solid and Hazardous Waste
Norman H. Nosenchuck, P.E., Director

ENGINEERING-SCIENCE
in association with
DAMES & MOORE

SEPTEMBER 1984

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SECTION I
EXECUTIVE SUMMARY

SECTION I

EXECUTIVE SUMMARY

Diversified Manufacturing, Inc.

OBJECTIVE

The purpose of this two phase program is to conduct engineering investigations and evaluations at inactive hazardous waste disposal sites in New York State in order to calculate a Hazard Ranking System (HRS) score for each site and estimate the cost of any recommended remedial action. During the initial portion of this investigation (Phase I) all available data and records combined with information collected from a site inspection were reviewed and evaluated to determine the adequacy of existing information for calculating an HRS score. On the basis of this evaluation, a Phase II Work Plan was prepared for collecting additional HRS data (if necessary), evaluating remedial alternatives and preparing a cost estimate for recommended remedial action. The results of the Phase I study for this site are summarized below and detailed in the body of the report.

SITE BACKGROUND

The Diversified Manufacturing site is located in Lockport, Niagara County, New York. The NYS site code is 932011. The site is owned by Diversified Manufacturing. The site is located in an industrial-residential area with private homes directly across from the site. Concern centers over the past practice of spreading waste solvents and oils on the parking lot for dust control. The practice was discontinued in 1977 after a NYSDEC inspection. To date there have been no samples taken at the site. At the present time there are no known health or environmental hazards.

ASSESSMENT

Insufficient information was available to complete a final HRS scoring. The preliminary HRS scoring was:

| | | | |
|----------|--------|----------|---------|
| S_M | = 0.95 | S_A | = 0.00 |
| S_{GW} | = 0.00 | S_{FE} | = 0.00 |
| S_{SW} | = 1.64 | S_{DC} | = 50.00 |

The final site score will most likely increase since insufficient data was available to complete the groundwater route. However, the score increase would not be significant due to the low target factors.

RECOMMENDATIONS

The following recommendations are made for the completion of Phase II:

- o groundwater monitoring system consisting of one up-gradient and two down-gradient wells
- o surface water monitoring system consisting of three stations
- o air monitoring survey using an OVA meter

The estimated manhour requirements needed to complete Phase II are 312, while the estimated cost is \$22,828.58.

SECTION II
SITE DESCRIPTION

SECTION II

SITE DESCRIPTION

Diversified Manufacturing, Inc.

The Manufacturing site is located at 410 Ohio Street in Lockport, New York. The site is in an industrial-urban area. An industrial park lies south of the site, while residential areas are to the west. A number of private residences are located near the site. The area of concern is the company's proximity to the manufacturing plant. Waste oils and solvents are stored on the lot for dust control. The practice has since been discontinued. Concern centers on the possible contamination of the ground water.

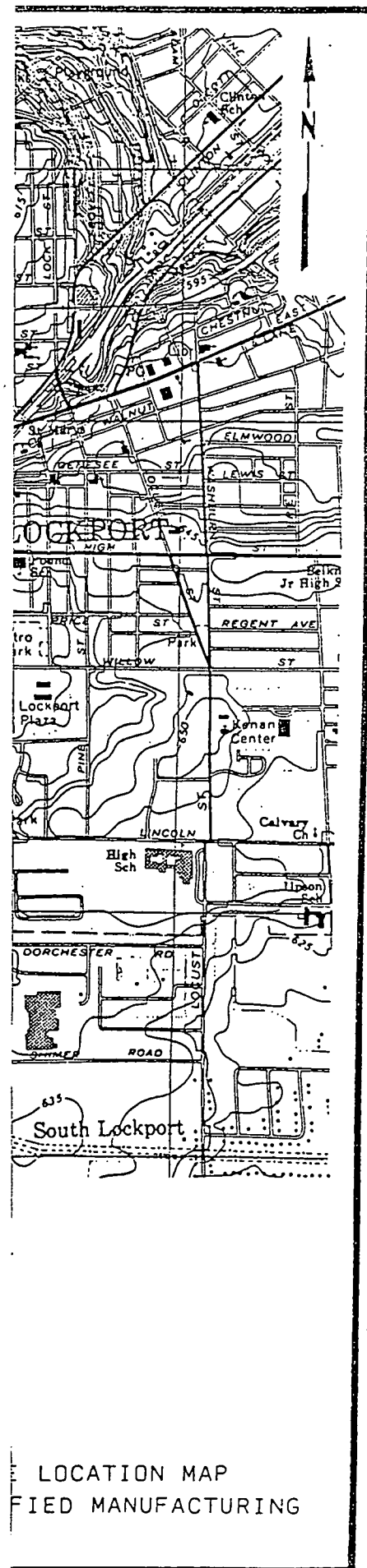


FIGURE 1

SECTION III
HRS SCORING

Name of Current Owner of Site: Diversified ManufacturingAddress of Current Owner of Site: Same

Time Period Site Was Used for Hazardous Waste Disposal:

Unknown

, 19

To

, 19

Is site Active ☒ Inactive ☐

(Site is inactive if hazardous wastes were disposed of at this site and site was closed prior to August 25, 1979)

Types of Samples: Air ☐ Groundwater ☐ None ☒
Surface Water ☐ Soil ☐Remedial Action: Proposed ☐ Under Design ☐
In Progress ☐ Completed ☐

Nature of Action:

Status of Legal Action: None State ☐ Federal ☐Permits Issued: Federal ☐ Local Government ☐ SPDES ☐
Solid Waste ☐ Mined Land ☐ Wetlands ☐ Other ☐

Assessment of Environmental Problems:

Unknown.

Assessment of Health Problems:

No apparent health hazard

Persons Completing this Form:

John KubarewiczNew York State Department of Environmental
ConservationDate August 24, 1983

New York State Department of Health

HRS COVER SHEET

Facility name: Diversified Manufacturing, Inc.

Location: Lockport, NY

EPA Region: II

Person(s) in charge of the facility: Jim Calos

Plant Manager

Diversified Manufacturing

Name of Reviewer: John Kubarewicz/Eileen Gilligan

Date: August 27, 1983

General description of the facility:

(For example: landfill, surface impoundment, pile, container; types of hazardous substances; location of the facility; contamination route of major concern; types of information needed for rating; agency action, etc.)

Waste solvent (varsol) and oils were spread on the company parking lot for dust

control. Practice was discontinued in 1980. No known health or environmental problems

at this time.

Scores: $S_M = \dots (S_{GW} = 0.00 \ S_{JW} = 1.64 S_a = 0.00)$

$S_{FE} = 0.00$

$S_{OC} = 50.00$

GROUND WATER ROUTE WORK SHEET

Ground Water Route Work Sheet

| Rating Factor | Assigned Value (Circle One) | Multi-plier | Score | Max. Score | Ref. (Section) |
|---|----------------------------------|-------------|---------------------|------------|----------------|
| 1 Observed Release | 0 45 | 1 | 0 | 45 | 3.1 |
| If observed release is given a score of 45, proceed to line 4 . If observed release is given a score of 0, proceed to line 2 . | | | | | |
| 2 Route Characteristics | | | | | 3.2 |
| Depth to Aquifer of Concern | 0 1 2 3 | 2 | 0 | 6 | |
| Net Precipitation | 0 1 2 3 | 1 | 2 | 3 | |
| Permeability of the Unsaturated Zone | 0 1 2 3 | 1 | 0 | 3 | |
| Physical State | 0 1 2 3 | 1 | 3 | 3 | |
| Total Route Characteristics Score | | | 0 | 15 | |
| 3 Containment | 0 1 2 3 | 1 | 3 | 3 | 3.3 |
| 4 Waste Characteristics | | | | | 3.4 |
| Toxicity/Persistence | 0 3 6 9 12 15 18 | 1 | 12 | 18 | |
| Hazardous Waste Quantity | 0 1 2 3 4 5 6 7 8 | 1 | 1 | 8 | |
| Total Waste Characteristics Score | | | 13 | 26 | |
| 5 Targets | | | | | 3.5 |
| Ground Water Use | 0 1 2 3 | 3 | 3 | 9 | |
| Distance to Nearest Well/Population Served | 0 4 8 12 16 18 20 24 30 32 35 40 | 1 | 10 | 40 | |
| Total Targets Score | | | 13 | 49 | |
| 6 If line 1 is 45, multiply 1 x 4 x 5 If line 1 is 0, multiply 2 x 3 x 4 x 5 | | | 0 | 57,330 | |
| 7 Divide line 6 by 57,330 and multiply by 100 | | | S _{gw} = 0 | | |

SURFACE WATER ROUTE WORK SHEET

Surface Water Route Work Sheet

| Rating Factor | Assigned Value (Circle One) | Multi-plier | Score | Max. Score | Ref. (Section) |
|---------------|--------------------------------|-------------|-------|------------|----------------|
|---------------|--------------------------------|-------------|-------|------------|----------------|

| | | | | | |
|--------------------|------|---|---|----|-----|
| 1 Observed Release | 0 45 | 1 | 0 | 45 | 4.1 |
|--------------------|------|---|---|----|-----|

If observed release is given a value of 45, proceed to line 4.

If observed release is given a value of 0, proceed to line 2. ✓

| | | | | | |
|-------------------------|--|--|--|--|-----|
| 2 Route Characteristics | | | | | 4.2 |
|-------------------------|--|--|--|--|-----|

| | | | | | |
|--|---------|---|---|---|--|
| Facility Slope and Intervening Terrain | 0 1 2 3 | 1 | 0 | 3 | |
| 1-yr. 24-hr. Rainfall | 0 1 2 3 | 1 | 2 | 3 | |
| Distance to Nearest Surface Water | 0 1 2 3 | 2 | 4 | 6 | |
| Physical State | 0 1 2 3 | 1 | 3 | 3 | |

| | | | |
|-----------------------------------|---|----|--|
| Total Route Characteristics Score | 9 | 15 | |
|-----------------------------------|---|----|--|

| | | | | | |
|---------------|---------|---|---|---|-----|
| 3 Containment | 0 1 2 3 | 1 | 3 | 3 | 4.3 |
|---------------|---------|---|---|---|-----|

| | | | | | |
|-------------------------|--|--|--|--|-----|
| 4 Waste Characteristics | | | | | 4.4 |
|-------------------------|--|--|--|--|-----|

| | | | | | |
|--------------------------|-------------------|---|----|----|--|
| Toxicity/Persistence | 0 3 6 9 12 15 18 | 1 | 12 | 18 | |
| Hazardous Waste Quantity | 0 1 2 3 4 5 6 7 8 | 1 | 1 | 8 | |

| | | | |
|-----------------------------------|----|----|--|
| Total Waste Characteristics Score | 13 | 26 | |
|-----------------------------------|----|----|--|

| | | | | | |
|-----------|--|--|--|--|-----|
| 5 Targets | | | | | 4.5 |
|-----------|--|--|--|--|-----|

| | | | | | |
|---|---|---|---|----|--|
| Surface Water Use | 0 1 2 3 | 3 | 3 | 9 | |
| Distance to a Sensitive Environment | 0 1 2 3 | 2 | 0 | 6 | |
| Population Served/Distance to Water Intake Downstream | 0 4 8 8 10 12 18 18 20 24 30 32 35 40 | 1 | 0 | 40 | |

| | | | |
|---------------------|---|----|--|
| Total Targets Score | 3 | 55 | |
|---------------------|---|----|--|

| | | | |
|---|------|--------|--|
| 6 If line 1 is 45, multiply 1 x 4 x 5 If line 1 is 0, multiply 2 x 3 x 4 x 5 | 1053 | 64,350 | |
|---|------|--------|--|

| | |
|---|------------------------|
| 7 Divide line 6 by 64,350 and multiply by 100 -8- | S _{sw} = 1.64 |
|---|------------------------|

AIR ROUTE WORK SHEET

Air Route Work Sheet

| Rating Factor | Assigned Value (Circle One) | Multi- plier | Score | Max. Score | Ref. (Section) |
|---------------------------|--------------------------------|-----------------|----------|---------------|-------------------|
| 1 Observed Release | 0 45 | 1 | 0 | 45 | 5.1 |

Date and Location:

Sampling Protocol:

If line **1** is 0, the $S_a = 0$. Enter on line **5**.
 If line **1** is 45, then proceed to line **2**.

| | | | | | |
|-----------------------------------|-------------------|---|--|----|-----|
| 2 Waste Characteristics | | | | | 5.2 |
| Reactivity and Incompatibility | 0 1 2 3 | 1 | | 3 | |
| Toxicity | 0 1 2 3 | 3 | | 9 | |
| Hazardous Waste Quantity | 0 1 2 3 4 5 6 7 8 | 1 | | 8 | |
| Total Waste Characteristics Score | | | | 20 | |

| | | | | | |
|-----------------------------------|-----------------------------|---|--|----|-----|
| 3 Targets | | | | | 5.3 |
| Population Within 4-Mile Radius | 0 9 12 15 18 21 24 27 30 | 1 | | 30 | |
| Distance to Sensitive Environment | 0 1 2 3 | 2 | | 6 | |
| Land Use | 0 1 2 3 | 1 | | 3 | |
| Total Targets Score | | | | 39 | |

| | | | | |
|--|--|--|--------|--|
| 4 Multiply 1 x 2 x 3 | | | 35,100 | |
|--|--|--|--------|--|

5 Divide line **4** by 35,100 and multiply by 100

$S_a =$ **0**

DIRECT CONTACT WORK SHEET

Direct Contact Work Sheet

| Rating Factor | Assigned Value (Circle One) | Multi-plier | Score | Max. Score | Ref. (Section) |
|---|--------------------------------|-------------|----------|------------|----------------|
| 1 Observed Incident | (0) 45 | 1 | 0 | 45 | 8.1 |
| If line 1 is 45, proceed to line 4 If line 1 is 0, proceed to line 2 ✓ | | | | | |
| 2 Accessability | 0 1 2 (3) | 1. | 3 | 3 | 8.2 |
| 3 Containment | 0 (15) | 1 | 15 | 15 | 8.3 |
| 4 Waste Characteristics Toxicity | 0 1 2 (3) | 5 | 15 | 15 | 8.4 |
| 5 Targets | | | | | 8.5 |
| Population Within a 1-Mile Radius | 0 1 2 3 (4) 5 | 4 | 16 | 20 | |
| Distance to a Critical Habitat | (0) 1 2 3 | 4 | 0 | 12 | |
| Total Targets Score | | | 16 | 32 | |
| 6 If line 1 is 45, multiply 1 x 4 x 5 If line 1 is 0, multiply 2 x 3 x 4 x 5 | | | 10,800 | 21,600 | |
| 7 Divide line 6 by 21,600 and multiply by 100 | | | SOC = 50 | | |

Fire and Explosion Work Sheet

| Rating Factor | Assigned Value (Circle One) | Multi- plier | Score | Max. Score | Ref. (Section) |
|--|--------------------------------|-----------------|-------|---------------|-------------------|
| 1 Containment | 1 3 | 1 | | 3 | 7.1 |
| 2 Waste Characteristics | | | | | 7.2 |
| Direct Evidence | 0 3 | 1 | | 3 | |
| Ignitability | 0 1 2 3 | 1 | | 3 | |
| Reactivity | 0 1 2 3 | 1 | | 3 | |
| Incompatibility | 0 1 2 3 | 1 | | 3 | |
| Hazardous Waste Quantity | 0 1 2 3 4 5 6 7 8 | 1 | | 8 | |
| Total Waste Characteristics Score | | | | 20 | |
| 3 Targets | | | | | 7.3 |
| Distance to Nearest Population | 0 1 2 3 4 5 | 1 | | 5 | |
| Distance to Nearest Building | 0 1 2 3 | 1 | | 3 | |
| Distance to Sensitive Environment | 0 1 2 3 | 1 | | 3 | |
| Land Use | 0 1 2 3 | 1 | | 3 | |
| Population Within 2-Mile Radius | 0 1 2 3 4 5 | 1 | | 5 | |
| Buildings Within 2-Mile Radius | 0 1 2 3 4 5 | 1 | | 5 | |
| Total Targets Score | | | | 24 | |
| 4 Multiply 1 x 2 x 3 | | | | 1,440 | |
| 5 Divide line 4 by 1,440 and multiply by 100 | | | | | SFE = 0 |

WORKSHEET FOR COMPUTING S_M

| | s | s^2 |
|---|------|-------|
| Groundwater Route Score (S_{gw}) | 0.00 | 0.00 |
| Surface Water Route Score (S_{sw}) | 1.64 | 2.69 |
| Air Route Score (S_a) | 0.00 | 0.00 |
| $S_{gw}^2 + S_{sw}^2 + S_a^2$ | | 2.69 |
| $\sqrt{S_{gw}^2 + S_{sw}^2 + S_a^2}$ | | 1.64 |
| $\sqrt{S_{gw}^2 + S_{sw}^2 + S_a^2} / 1.73 = S_M =$ | | 0.95 |

DOCUMENTATION RECORDS
FOR
HAZARD RANKING SYSTEM

INSTRUCTIONS: The purpose of these records is to provide a convenient way to prepare an auditable record of the data and documentation used to apply the Hazard Ranking System to a given facility. As briefly as possible summarize the information you used to assign the score for each factor (e.g., "Waste quantity = 4,230 drums plus 800 cubic yards of sludges"). The source of information should be provided for each entry and should be a bibliographic-type reference that will make the document used for a given data point easier to find. Include the location of the document and consider appending a copy of the relevant page(s) for ease in review.

FACILITY NAME: Diversified Manufacturing

LOCATION: Lockport, New York

GROUND WATER ROUTE

1 OBSERVED RELEASE

Contaminants detected (5 maximum):

Not applicable. No groundwater samples collected for chemical analyses.

Rationale for attributing the contaminants to the facility:

Not applicable.

* * *

2 ROUTE CHARACTERISTICS

Depth to Aquifer of Concern

Name/description of aquifers(s) of concern:

Unknown - 0

Depth(s) from the ground surface to the highest seasonal level of the saturated zone [water table(s)] of the aquifer of concern:

Unknown - 0

Depth from the ground surface to the lowest point of waste disposal/storage:

Unknown - 0

Net Precipitation

Mean annual or seasonal precipitation (list months for seasonal):

32 inches.

(USDOC Climatic Atlas of the US, 1979)

Mean annual lake or seasonal evaporation (list months for seasonal):

24 inches.

(USDOC Climatic Atlas of the US, 1979)

Net precipitation (subtract the above figures):

8 inches.

Permeability of Unsaturated Zone

Soil type in unsaturated zone:

Unknown - 0

Permeability associated with soil type:

Unknown - 0

Physical State

Physical state of substances at time of disposal (or at present time for generated gases):

Liquid.

(NYSDEC, 1977)

* * *

CONTAINMENT

Containment

Method(s) of waste or leachate containment evaluated:

Unlined lagoon.
(Waste oil poured on ground)

Method with highest score:

Unlined lagoon.

WASTE CHARACTERISTICS

Toxicity and Persistence

Compound(s) evaluated:

| | | |
|-----------------------|-------|-----------------------|
| Waste lubricating oil | (SAX) | Petroleum Hydrocarbon |
| Waste hydraulic oil | | Petroleum Spirits |
| Waste varsol | | Lubricating Oils |

Compound with highest score:

Petroleum-Kerosene
3,1 - 12

Hazardous Waste Quantity

Actual quantity of hazardous substances at the facility, excluding those with a containment score of 0 (Give a reasonable estimate even if quantity is above maximum):

160 gal/yr. (NYS Industrial Waste Survey, 1977)
18 drums max.

Basis of estimating and/or computing waste quantity:

According to Quackenbush (1977) practice wasn't occurring at time of inspection in 1977.

Plant on site for 12 yrs. on since 1971-1977 = 6 yrs.
6 yrs (160 gal/yr) = 960 gal.

* * *

Is the facility completely surrounded by areas of higher elevation?

No.

(USGS Topographic Map: Lockport, NY Quadrangle)

1-Year 24-Hour Rainfall in Inches

2.1 in.

(USDOC Tech. Paper No. 40)

Distance to Nearest Downslope Surface Water

0.3 mi.

(USGS Topographic Map: Lockport, NY Quadrangle)

Physical State of Waste

Liquid.

(NYSDEC, 1977)

* * *

3 CONTAINMENT

Containment

Method(s) of waste or leachate containment evaluated:

Unlined lagoon.

Method with highest score:

Unlined lagoon.

Is there tidal influence?

No.

(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to a Sensitive Environment

Distance to 5-acre (minimum) coastal wetland, if 2 miles or less:

Not applicable. None within 2 miles.

(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to 5-acre (minimum) fresh-water wetland, if 1 mile or less:

0.72 mi.

(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to critical habitat of an endangered species or national wildlife refuge, if 1 mile or less:

Not applicable. None within 1 mile.

(NYSDEC Region 9 Dept. of Fish & Wildlife files)

Population Served by Surface Water

Location(s) of water-supply intake(s) within 3 miles (free-flowing bodies) or 1 mile (static water bodies) downstream of the hazardous substance and population served by each intake:

No water-supply intakes within 3 miles.

Computation of land area irrigated by above-cited intake(s) and conversion to population (1.5 people per acre):

Not applicable. No land area irrigated by above-cited intakes.

Total population served:

Not applicable.

Name/description of nearest of above water bodies:

Erie Canal.

(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to above-cited intakes, measured in stream miles.

0.4 mi.

(USGS Topographic Map: Lockport, NY Quadrangle)

AIR ROUTE

1 OBSERVED RELEASE

Contaminants detected:

Not applicable. Air quality not monitored for contaminants.

Date and location of detection of contaminants

Not applicable.

Methods used to detect the contaminants:

Not applicable.

Rationale for attributing the contaminants to the site:

Not applicable.

2 WASTE CHARACTERISTICS

Reactivity and Incompatibility

Most reactive compound:

Not applicable.

Most incompatible pair of compounds:

Not applicable.

Toxicity

Most toxic compound:

Not applicable.

Hazardous Waste Quantity

Total quantity of hazardous waste:

Not applicable.

Basis of estimating and/or computing waste quantity:

Not applicable.

* * *

3 TARGETS

Population Within 4-Mile Radius

Circle radius used, give population, and indicate how determined:

0 to 4 mi

0 to 1 mi

0 to 1/2 mi

0 to 1/4 mi

4940 people.

(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to a Sensitive Environment

Distance to 5-acre (minimum) coastal wetland, if 2 miles or less:

Not applicable. None within 2 miles.

(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to 5-acre (minimum) fresh-water wetland, if 1 mile or less:

0.72 mi.

(NYS Wetlands Map, ES/D&M site visit)

Distance to critical habitat of an endangered species, if 1 mile or less:

Not applicable. None within 1 mile.
(NYSDEC Region 9 Dept. of Fish & Games files)

Land Use

Distance to commercial/industrial area, if 1 mile or less:

0.01 mi.
(ES/D&M site visit)

Distance to national or state park, forest, or wildlife reserve, if 2 miles or less:

Not applicable. None within 2 miles.
(USGS Topographic Map: Lockport, NY Quadrangle)

Distance to residential area, if 2 miles or less:

0.1 mi.
(ES/D&M site visit)

Distance to agricultural land in production within past 5 years, if 1 mile or less:

Not applicable. None within 1 mile.
(ES/D&M site visit.)

Distance to prime agricultural land in production within past 5 years, if 2 miles or less:

Not applicable. None within 2 miles.
(ES/D&M site visit)

Is a historic or landmark site (National Register or Historic Places and National Natural Landmarks) within the view of the site?

No.
(ES/D&M site visit.)



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 1 - SITE LOCATION AND INSPECTION INFORMATION

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER

NY 0003 114742

II. SITE NAME AND LOCATION

| | | | | | | |
|---|--|--|----------------------|----------------------|-----------------------|--------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site) DIVERSIFIED MFG. | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 410 OHIO STREET | | | | |
| 03 CITY LOCKPORT | | 04 STATE NY | 05 ZIP CODE 14094 | 06 COUNTY NIAGARA | 07 COUNTY CODE 063 | 08 CONG DIST 36 |
| 09 COORDINATES LATITUDE 43° 02' 41.8" LONGITUDE 78° 42' 30.4" | | 10 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER <input type="checkbox"/> G. UNKNOWN | | | | |

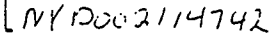
III. INSPECTION INFORMATION

| | | | | | | |
|---|--|---|--|--------------------------|------------------------------------|--|
| 01 DATE OF INSPECTION 7.28.83 MONTH DAY YEAR | | 02 SITE STATUS <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE | 03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ UNKNOWN | | | |
| 04 AGENCY PERFORMING INSPECTION (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <u>Engineering Science</u> <input type="checkbox"/> C. MUNICIPAL <input type="checkbox"/> D. MUNICIPAL CONTRACTOR _____ <input type="checkbox"/> E. STATE <input checked="" type="checkbox"/> F. STATE CONTRACTOR <u>Dames and Moore</u> <input type="checkbox"/> G. OTHER _____ (Name of firm) (Name of firm) (Specify) | | | | | | |
| 05 CHIEF INSPECTOR JOHN KUBAREWICZ | | 06 TITLE ENGINEER | | 07 ORGANIZATION ES | 08 TELEPHONE NO. (703) 591-7575 | |
| 09 OTHER INSPECTORS EILEEN GILLIGAN | | 10 TITLE GEOLOGIST | | 11 ORGANIZATION D & M | 12 TELEPHONE NO. (315) 638-2572 | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |
| 13 SITE REPRESENTATIVES INTERVIEWED JIM CALUS | | 14 TITLE Plant Manager | 15 ADDRESS Lockport, NY | | 16 TELEPHONE NO. (716) 434-5585 | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |
| | | | | | () | |

| | | |
|--|--------------------------------|--|
| 17 ACCESS GAINED BY (Check one) <input checked="" type="checkbox"/> PERMISSION <input type="checkbox"/> WARRANT | 18 TIME OF INSPECTION 12:30 | 19 WEATHER CONDITIONS Clear and Sunny |
|--|--------------------------------|--|

IV. INFORMATION AVAILABLE FROM

| | | | | | |
|---|--|--|-----------------------|------------------------------------|-------------------------------------|
| 01 CONTACT JOHN KUBAREWICZ | | 02 OF (Agency/Organization) ENGINEERING-SCIENCE | | 03 TELEPHONE NO. (703) 591-7575 | |
| 04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM KATHRYN GLADDEN | | 05 AGENCY | 06 ORGANIZATION ES | 07 TELEPHONE NO. 703-591-7575 | 08 DATE 8.4.83 MONTH DAY YEAR |





POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 102 SITE NUMBER

NY 0003114742

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No apparent damage

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No apparent damage

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

UNKNOWN

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/Runoff/Standing liquids, Leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

UNKNOWN

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

UNKNOWN

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

NO EVIDENCE OF RECENT DUMPING

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, records)

SITE INSPECTION



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NY 0002114743

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL ☐ ALLEGED

UNKNOWN, BUT POTENTIAL FROM SPREADING OF OIL AND SOLVENTS

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

UNKNOWN

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

NO ODOR

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

Unknown

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

UNKNOWN

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

UNKNOWN

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

UNKNOWN

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

UNKNOWN

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL ☐ ALLEGED

UNKNOWN



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION
PART 4 - PERMIT AND DESCRIPTIVE INFORMATION

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER
NY 0002114743

II. PERMIT INFORMATION

| 01 TYPE OF PERMIT ISSUED (Check all that apply) | 02 PERMIT NUMBER | 03 DATE ISSUED | 04 EXPIRATION DATE | 05 COMMENTS |
|--|------------------|----------------|--------------------|-------------|
| <input type="checkbox"/> A. NPDES | | | | |
| <input type="checkbox"/> B. UIC | | | | |
| <input type="checkbox"/> C. AIR | | | | |
| <input type="checkbox"/> D. RCRA | | | | |
| <input type="checkbox"/> E. RCRA INTERIM STATUS | | | | |
| <input type="checkbox"/> F. SPCC PLAN | | | | |
| <input type="checkbox"/> G. STATE (Specify) | | | | |
| <input type="checkbox"/> H. LOCAL (Specify) | | | | |
| <input type="checkbox"/> I. OTHER (Specify) | | | | |
| <input checked="" type="checkbox"/> J. NONE | | | | |

III. SITE DESCRIPTION

| 01 STORAGE/DISPOSAL (Check all that apply) | 02 AMOUNT | 03 UNIT OF MEASURE | 04 TREATMENT (Check all that apply) | 05 OTHER |
|--|-----------|--------------------|--|--|
| <input type="checkbox"/> A. SURFACE IMPOUNDMENT | | | <input type="checkbox"/> A. INCINERATION | <input checked="" type="checkbox"/> A. BUILDINGS ON SITE |
| <input type="checkbox"/> B. PILES | | | <input type="checkbox"/> B. UNDERGROUND INJECTION | |
| <input type="checkbox"/> C. DRUMS, ABOVE GROUND | | | <input type="checkbox"/> C. CHEMICAL/PHYSICAL | |
| <input type="checkbox"/> D. TANK, ABOVE GROUND | | | <input type="checkbox"/> D. BIOLOGICAL | |
| <input type="checkbox"/> E. TANK, BELOW GROUND | | | <input type="checkbox"/> E. WASTE OIL PROCESSING | |
| <input type="checkbox"/> F. LANDFILL | | | <input type="checkbox"/> F. SOLVENT RECOVERY | |
| <input type="checkbox"/> G. LANDFARM | | | <input type="checkbox"/> G. OTHER RECYCLING/RECOVERY | |
| <input checked="" type="checkbox"/> H. OPEN DUMP | UNKNOWN | | <input type="checkbox"/> H. OTHER (Specify) | |
| <input checked="" type="checkbox"/> I. OTHER (Specify) | | | NONE | |

07 COMMENTS

WASTE OILS AND SOLVENTS WERE SPREAD ON THE PARKING LOT FOR
DUST CONTROL. NO EVIDENCE OF RECENT SPREADING.

IV. CONTAINMENT

01 CONTAINMENT OF WASTES (Check one)
☐ A. ADEQUATE, SECURE ☐ B. MODERATE ☐ C. INADEQUATE, POOR ☒ D. INSECURE, UNSOUND, DANGEROUS

02 DESCRIPTION OF DRUMS, DIKING, LINERS, BARRIERS, ETC.

NONE

V. ACCESSIBILITY

01 WASTE EASILY ACCESSIBLE: ☒ YES ☐ NO
02 COMMENTS

NO FENCES OR RESTRICTIONS TO SITE

VI. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

NYSDEC HAZARD REGISTRY
NYSDEC (1977)



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 0002114742

II. DRINKING WATER SUPPLY

01 TYPE OF DRINKING SUPPLY
(Check as applicable)

SURFACE

WELL

COMMUNITY

A. ☒

B. ☐

NON-COMMUNITY

C. ☐

D. ☐

02 STATUS

ENDANGERED

A. ☐

D. ☐

AFFECTED

B. ☐

E. ☐

MONITORED

C. ☒

F. ☐

03 DISTANCE TO SITE

A. 725 (mi)

B. (mi)

III. GROUNDWATER

01 GROUNDWATER USE IN VICINITY (Check one)

☐ A. ONLY SOURCE FOR DRINKING

☐ B. DRINKING

(Other sources available)

COMMERCIAL, INDUSTRIAL, IRRIGATION

(No other water sources available)

☐ C. COMMERCIAL, INDUSTRIAL, IRRIGATION

(Limited other sources available)

☒ D. NOT USED, UNUSEABLE

02 POPULATION SERVED BY GROUND WATER N/A

03 DISTANCE TO NEAREST DRINKING WATER WELL UNKNOWN (mi)

04 DEPTH TO GROUNDWATER

UNKNOWN (ft)

05 DIRECTION OF GROUNDWATER FLOW

SOUTH

06 DEPTH TO AQUIFER
OF CONCERN

UNKNOWN (ft)

07 POTENTIAL YIELD
OF AQUIFER

UNKNOWN (gpd)

08 SOLE SOURCE AQUIFER

☐ YES ☒ NO

09 DESCRIPTION OF WELLS (Including usage, depth, and location relative to population and buildings)

AT DISTANCES GREATER THAN 2 MILES FROM SITE, THERE MAY
BE SOME HOMEOWNER WELLS

10 RECHARGE AREA

☒ YES

COMMENTS

☐ NO

11 DISCHARGE AREA

☐ YES

COMMENTS

☒ NO

IV. SURFACE WATER

01 SURFACE WATER USE (Check one)

☐ A. RESERVOIR, RECREATION
DRINKING WATER SOURCE

☒ B. IRRIGATION, ECONOMICALLY
IMPORTANT RESOURCES

☐ C. COMMERCIAL, INDUSTRIAL

☐ D. NOT CURRENTLY USED

02 AFFECTED/POTENTIALLY AFFECTED BODIES OF WATER

NAME:

ERIE CANAL

AFFECTED

DISTANCE TO SITE

☐

0.3

(mi)

☐

(mi)

☐

(mi)

V. DEMOGRAPHIC AND PROPERTY INFORMATION

01 TOTAL POPULATION WITHIN

ONE (1) MILE OF SITE

A. 4940
NO. OF PERSONS

TWO (2) MILES OF SITE

B. 19,000
NO. OF PERSONS

THREE (3) MILES OF SITE

C. 30,400
NO. OF PERSONS

02 DISTANCE TO NEAREST POPULATION

0.1 (mi)

03 NUMBER OF BUILDINGS WITHIN TWO (2) MILES OF SITE

1000

04 DISTANCE TO NEAREST OFF-SITE BUILDING

500

(mi)

05 POPULATION WITHIN VICINITY OF SITE (Provide narrative description of nature of population within vicinity of site, e.g., rural, village, densely populated urban area)

SITE IS IN AN OLDER RESIDENTIAL AREA



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION

01 STATE/02 SITE NUMBER

NY 0003114742

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one)

☐ A. 10^{-8} - 10^{-3} cm/sec ☒ B. 10^{-4} - 10^{-8} cm/sec ☐ C. 10^{-4} - 10^{-3} cm/sec ☐ D. GREATER THAN 10^{-3} cm/sec

02 PERMEABILITY OF BEDROCK (Check one)

☐ A. IMPERMEABLE (Less than 10^{-5} cm/sec) ☒ B. RELATIVELY IMPERMEABLE (10^{-4} - 10^{-6} cm/sec) ☐ C. RELATIVELY PERMEABLE (10^{-2} - 10^{-4} cm/sec) ☐ D. VERY PERMEABLE (Greater than 10^{-2} cm/sec)

03 DEPTH TO BEDROCK

< 20 (ft)

04 DEPTH OF CONTAMINATED SOIL ZONE

0 (ft)

05 SOIL pH

UNKNOWN

06 NET PRECIPITATION

8 (in)

07 ONE YEAR 24 HOUR RAINFALL

2.1 (in)

08 SLOPE
SITE SLOPE

1.2 %

DIRECTION OF SITE SLOPE

SE

TERRAIN AVERAGE SLOPE

1.2 %

09 FLOOD POTENTIAL

SITE IS IN 7500 YEAR FLOODPLAIN

10

☐ SITE IS ON BARRIER ISLAND, COASTAL HIGH HAZARD AREA, RIVERINE FLOODWAY

11 DISTANCE TO WETLANDS (5 acre minimum)

ESTUARINE

OTHER

A. (mi)

B. 72 (mi)

12 DISTANCE TO CRITICAL HABITAT (of endangered species)

72 (mi)

ENDANGERED SPECIES:

GOLDEN CATFISH
H. A. ...

13 LAND USE IN VICINITY

DISTANCE TO:

COMMERCIAL/INDUSTRIAL

RESIDENTIAL AREAS; NATIONAL/STATE PARKS,
FORESTS, OR WILDLIFE RESERVES

AGRICULTURAL LANDS
PRIME AG LAND AG LAND

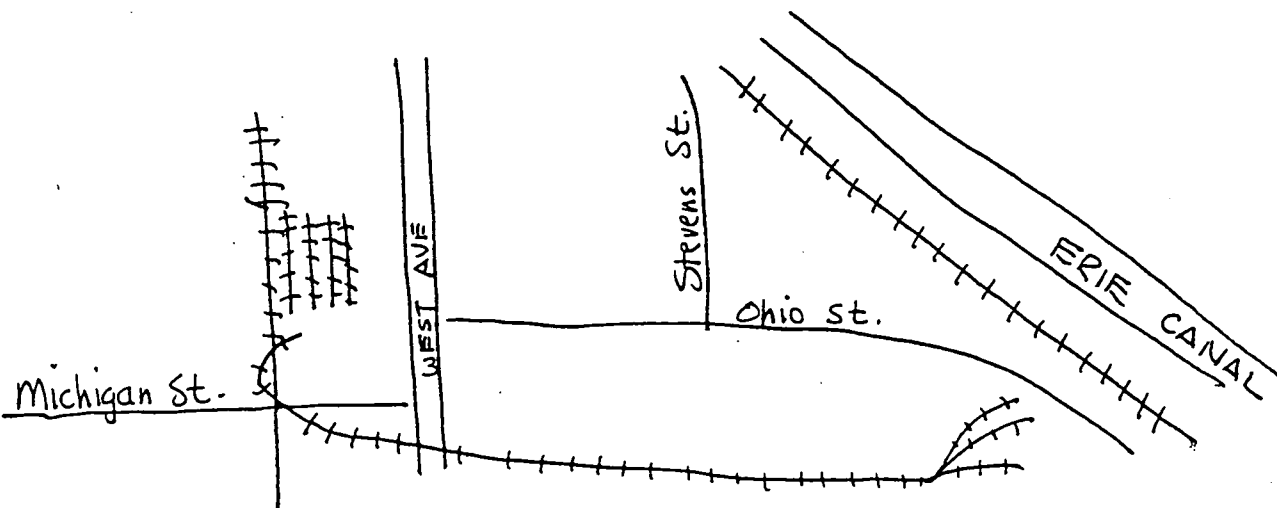
A. 0 (mi)

B. 0.1 (mi)

C. 72 (mi)

D. 72 (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY



VII. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

USGS TOPOGRAPHIC MAPS

West

OVERVIEW

DIAMOND
SHAMROCK



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 6 - SAMPLE AND FIELD INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 0002114742

II. SAMPLES TAKEN

| SAMPLE TYPE | 01 NUMBER OF SAMPLES TAKEN | 02 SAMPLES SENT TO | 03 ESTIMATED DATE RESULTS AVAILABLE |
|---------------|-------------------------------|--------------------|--|
| GROUNDWATER | NONE | | |
| SURFACE WATER | | | |
| WASTE | | | |
| AIR | | | |
| RUNOFF | | | |
| SPILL | | | |
| SOIL | | | |
| VEGETATION | | | |
| OTHER | | | |

III. FIELD MEASUREMENTS TAKEN

| 01 TYPE | 02 COMMENTS |
|---------|-------------|
| | |
| | |
| | |
| | |
| | |

IV. PHOTOGRAPHS AND MAPS

01 TYPE ☐ GROUND ☐ AERIAL

02 IN CUSTODY OF _____
(Name of organization or individual)

03 MAPS

☐ YES
☐ NO

04 LOCATION OF MAPS

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 7 - OWNER INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 0002114742

| II. CURRENT OWNER(S) | | | | PARENT COMPANY (if applicable) | | | |
|---|--|---------------|-------------|---|--|---------------|-------------|
| 01 NAME | | 02 D+B NUMBER | | 08 NAME | | 09 D+B NUMBER | |
| DIVERSIFIED MFG. | | | | MILWARD ALLOYS, INC. | | | |
| 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | | 10 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 11 SIC CODE | |
| 410 OHIO ST. | | | | 123 S. NEW YORK ST. | | | |
| 05 CITY | | 06 STATE | 07 ZIP CODE | 12 CITY | | 13 STATE | 14 ZIP CODE |
| LOCKPORT | | NY | 14094 | LOCKPORT | | NY | 14094 |
| 01 NAME | | 02 D+B NUMBER | | 08 NAME | | 09 D+B NUMBER | |
| NIAGARA CO. INDUSTRIAL DEVELOPMENT AGCY. | | | | | | | |
| 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | | 10 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 11 SIC CODE | |
| 175 HAWLEY ST. - COURTHOUSE | | | | | | | |
| 05 CITY | | 06 STATE | 07 ZIP CODE | 12 CITY | | 13 STATE | 14 ZIP CODE |
| LOCKPORT | | NY | 14094 | | | | |
| 01 NAME | | 02 D+B NUMBER | | 08 NAME | | 09 D+B NUMBER | |
| | | | | | | | |
| 03 STREET ADDRESS (P.O. Box, RFD #, 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 |
| | | | | | | | |
| 01 NAME | | 02 D+B NUMBER | | 08 NAME | | 09 D+B NUMBER | |
| | | | | | | | |
| 03 STREET ADDRESS (P.O. Box, RFD #, 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 |
| | | | | | | | |
| III. PREVIOUS OWNER(S) (List most recent first) | | | | IV. REALTY OWNER(S) (if applicable; list most recent first) | | | |
| 01 NAME | | 02 D+B NUMBER | | 01 NAME | | 02 D+B NUMBER | |
| | | | | | | | |
| 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, 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, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, 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, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | |
| | | | | | | | |
| 05 CITY | | 06 STATE | 07 ZIP CODE | 05 CITY | | 06 STATE | 07 ZIP CODE |
| | | | | | | | |

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

NY5 TAX RECORDS



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 8 - OPERATOR INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY D002114742

II. CURRENT OPERATOR (Provide if different from owner)

OPERATOR'S PARENT COMPANY (If applicable)

01 NAME

02 D+B NUMBER

10 NAME

11 D+B NUMBER

DIVERSIFIED MFG. INC.

03 STREET ADDRESS (P.O. Box, RFD #, etc.)

04 SIC CODE

12 STREET ADDRESS (P.O. Box, RFD #, etc.)

13 SIC CODE

410 OHIO ST.

05 CITY

06 STATE

07 ZIP CODE

14 CITY

15 STATE

16 ZIP CODE

LOCKPORT

NY

14094

08 YEARS OF OPERATION

09 NAME OF OWNER

III. PREVIOUS OPERATOR(S) (List most recent first; provide only if different from owner)

PREVIOUS OPERATORS' PARENT COMPANIES (If applicable)

01 NAME

02 D+B NUMBER

10 NAME

11 D+B NUMBER

03 STREET ADDRESS (P.O. Box, RFD #, etc.)

04 SIC CODE

12 STREET ADDRESS (P.O. Box, RFD #, etc.)

13 SIC CODE

05 CITY

06 STATE

07 ZIP CODE

14 CITY

15 STATE

16 ZIP CODE

08 YEARS OF OPERATION

09 NAME OF OWNER DURING THIS PERIOD

01 NAME

02 D+B NUMBER

10 NAME

11 D+B NUMBER

03 STREET ADDRESS (P.O. Box, RFD #, etc.)

04 SIC CODE

12 STREET ADDRESS (P.O. Box, RFD #, etc.)

13 SIC CODE

05 CITY

06 STATE

07 ZIP CODE

14 CITY

15 STATE

16 ZIP CODE

08 YEARS OF OPERATION

09 NAME OF OWNER DURING THIS PERIOD

01 NAME

02 D+B NUMBER

10 NAME

11 D+B NUMBER

03 STREET ADDRESS (P.O. Box, RFD #, etc.)

04 SIC CODE

12 STREET ADDRESS (P.O. Box, RFD #, etc.)

13 SIC CODE

05 CITY

06 STATE

07 ZIP CODE

14 CITY

15 STATE

16 ZIP CODE

08 YEARS OF OPERATION

09 NAME OF OWNER DURING THIS PERIOD

IV. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

NYS TAX RECORDS



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 9 - GENERATOR/TRANSPORTER INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY DEC 2114742

II. ON-SITE GENERATOR

| | | | |
|---|----------------|----------------------|--|
| 01 NAME DIVERSIFIED MFG. | | 02 D+B NUMBER | |
| 03 STREET ADDRESS (P.O. Box, RFD #, etc.) 410 OHIO ST. | | 04 SIC CODE | |
| 05 CITY LOCKPORT | 06 STATE NY | 07 ZIP CODE 14094 | |

III. OFF-SITE GENERATOR(S)

| | | | | | | | |
|---|----------|---------------|--|---|----------|---------------|--|
| 01 NAME | | 02 D+B NUMBER | | 01 NAME | | 02 D+B NUMBER | |
| 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, 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, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | |
| 05 CITY | 06 STATE | 07 ZIP CODE | | 05 CITY | 06 STATE | 07 ZIP CODE | |

IV. TRANSPORTER(S)

| | | | | | | | |
|---|----------|---------------|--|---|----------|---------------|--|
| 01 NAME | | 02 D+B NUMBER | | 01 NAME | | 02 D+B NUMBER | |
| 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, 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, RFD #, etc.) | | 04 SIC CODE | | 03 STREET ADDRESS (P.O. Box, RFD #, etc.) | | 04 SIC CODE | |
| 05 CITY | 06 STATE | 07 ZIP CODE | | 05 CITY | 06 STATE | 07 ZIP CODE | |

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

NYSDC (1977)



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 0002114742

II. PAST RESPONSE ACTIVITIES

01 ☐ A. WATER SUPPLY CLOSED
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

NONE

01 ☐ B. TEMPORARY WATER SUPPLY PROVIDED
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ C. PERMANENT WATER SUPPLY PROVIDED
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ D. SPILLED MATERIAL REMOVED
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ E. CONTAMINATED SOIL REMOVED
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ F. WASTE REPACKAGED
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ G. WASTE DISPOSED ELSEWHERE
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ H. ON SITE BURIAL
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ I. IN SITU CHEMICAL TREATMENT
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ J. IN SITU BIOLOGICAL TREATMENT
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ K. IN SITU PHYSICAL TREATMENT
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ L. ENCAPSULATION
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ M. EMERGENCY WASTE TREATMENT
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ N. CUTOFF WALLS
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ O. EMERGENCY DIKING/SURFACE WATER DIVERSION
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ P. CUTOFF TRENCHES/SUMP
04 DESCRIPTION

02 DATE _____

03 AGENCY _____

01 ☐ Q. SUBSURFACE CUTOFF WALL
04 DESCRIPTION

02 DATE _____

03 AGENCY _____



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 0002114742

II PAST RESPONSE ACTIVITIES (Continued)

01 ☐ R. BARRIER WALLS CONSTRUCTED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ S. CAPPING/COVERING
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ T. BULK TANKAGE REPAIRED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ U. GROUT CURTAIN CONSTRUCTED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ V. BOTTOM SEALED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ W. GAS CONTROL
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ X. FIRE CONTROL
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ Y. LEACHATE TREATMENT
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ Z. AREA EVACUATED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ 1. ACCESS TO SITE RESTRICTED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ 2. POPULATION RELOCATED
04 DESCRIPTION

02 DATE

03 AGENCY

01 ☐ 3. OTHER REMEDIAL ACTIVITIES
04 DESCRIPTION

02 DATE

03 AGENCY

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NY 0002114742

II. SITE NAME AND LOCATION

| | | | | | |
|---|----------------|--|----------------------|-----------------------|--------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site) DIVERSIFIED MFG. | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 410 OHIO STREET | | | |
| 03 CITY LOCKPORT | 04 STATE NY | 05 ZIP CODE 14094 | 06 COUNTY NIAGARA | 07 COUNTY CODE 063 | 08 CONG DIST 36 |
| 09 COORDINATES LATITUDE 43° 02' 47.8" | | LONGITUDE -78° 42' 30.4" | | | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) ON OHIO ST. ADJACENT TO THE DIAMOND SHAMROCK COMPANY | | | | | |

III. RESPONSIBLE PARTIES

| | | | | | |
|--|----------------|---|------------------------------|--|--|
| 01 OWNER (If known) OPERATOR DIVERSIFIED MFG. | | 02 STREET (Business, mailing, residential) 410 OHIO ST. | | | |
| 03 CITY LOCKPORT | 04 STATE NY | 05 ZIP CODE 14094 | 06 TELEPHONE NUMBER () | | |
| 07 OPERATOR (If known and different from owner) OWNER NIAGARA W. INDUSTRIAL DEVE. AGENCY | | 08 STREET (Business, mailing, residential) 175 HAWLEY ST. - COURTHOUSE | | | |
| 09 CITY LOCKPORT | 10 STATE NY | 11 ZIP CODE 14094 | 12 TELEPHONE NUMBER (716) | | |
| 13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | | | |
| 14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> C. NONE | | | | | |

IV. CHARACTERIZATION OF POTENTIAL HAZARD

| | | | | | |
|---|--|--|--|--|--|
| 01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 7.28.83 MONTH DAY YEAR <input type="checkbox"/> NO | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): ENGINEERING - SCIENCE | | | |
| 02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 03 YEARS OF OPERATION BEGINNING YEAR 1980 ENDING YEAR UNKNOWN <input type="checkbox"/> UNKNOWN | | | |
| 04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED WASTE SOLVENTS (VARSOL) AND OIL WERE SPREAD ON THE COMPANY PARKING LOT FOR DUST CONTROL | | | | | |
| 05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION UNKNOWN | | | | | |

V. PRIORITY ASSESSMENT

| | | | |
|---|--|--|--|
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | |
|---|--|--|--|

VI. INFORMATION AVAILABLE FROM

| | | | | | |
|---|--|---|-----------------------|---------------------------------------|----------------------------------|
| 01 CONTACT JOHN KUBAREWICZ | | 02 OF (Agency, Organization) ENGINEERING - SCIENCE | | 03 TELEPHONE NUMBER (703) 591-7575 | |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT KATHRYN GLADDEN | | 05 AGENCY | 06 ORGANIZATION ES | 07 TELEPHONE NUMBER (703) 591-7575 | 08 DATE 8.4.83 MONTH DAY YEAR |



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 11 - ENFORCEMENT INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 2002114742

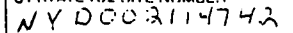
II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION ☐ YES ☒ NO

02 DESCRIPTION OF FEDERAL, STATE, LOCAL REGULATORY/ENFORCEMENT ACTION

NONE TAKEN

III. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)



- ☐ I. HIGHLY VOLATILE
- ☐ J. EXPLOSIVE
- ☐ K. REACTIVE
- ☐ L. INCOMPATIBLE
- ☐ M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER

NY 0002114742

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN BUT POTENTIAL FROM SPREADING OF OIL
AND SOLVENTS

01 ☐ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

NO ODOR

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: _____

(Acres)

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NY 0002114742

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No Apparent Damage

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

NO APPARENT DAMAGE

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

UNKNOWN

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

UNKNOWN

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

UNKNOWN

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

UNKNOWN

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

No evidence of recent dumping

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., State files, sample analysis, reports)

Site Inspection

SECTION IV
SITE HISTORY

SECTION IV
SITE HISTORY

Diversified Manufacturing, Inc.

Diversified Manufacturing, Inc. of Lockport, New York, is a machine job shop. Among their products are machinery for producing veneer and plywood. Mr. David Quakenbush of the NYDEC visited the site in January 1977 and reviewed the plant's waste handling practices with Mr. David Meller, Chief Engineer for Diversified Manufacturing. At that time it was confirmed that waste oil and solvent was being dumped in the parking lot for dust control. A state contractor inspected the site in July 1983 and saw no evidence that this practice was still occurring.

SECTION V
SUMMARY OF AVAILABLE DATA

SECTION V
SUMMARY OF AVAILABLE DATA
Diversified Manufacturing

REGIONAL GEOLOGY AND HYDROLOGY

The site is located in the Erie-Ontario lowlands physiographic province. The bedrock of this region is predominantly limestone, dolostone, and shale. Most of the rocks are deep aquifers with regional flow to the south.

In the recent past, most of New York State, including the site, has been repeatedly covered by a series of continental ice sheets. The activity of the glacier widened preexisting valleys, and deposited widespread accumulations of till. The melting of ice, ending approximately 12,000 years ago, produced large volumes of meltwater; this water subsequently shaped channels and deposited thick accumulations of stratified, granular sediments.

As glacial ice retreated from the region, meltwater formed lakes in front of the ice margin. This region is covered by lake sediments, the most recent being from Lake Iroquois (a larger predecessor to Lake Ontario) and from Lake Tonawanda (an elongate lake which occupied an east-west valley and drained north into Lake Iroquois). The sediments consist of blanket sands and beach ridges which are occasionally underlain by lacustrine silts and clays (indicating quiet or deeper water deposition).

Granular deposits in this region frequently act as shallow aquifers, whereas lacustrine clays, as well as tills, often inhibit groundwater movement. However, fine-grained, water-lain sediments, such as silts and clays, frequently contain horizontal laminations and sand seams. These internal features facilitate lateral groundwater movement through otherwise low permeability materials.

SITE GEOLOGY

No subsurface investigations have been performed on the site. This summary is based on NYS Museum and Science Service Bedrock Map, NYS Museum and Science Service Quaternary Geology Map, USGS Topographic Map, and NYS Geology Association (1982).

Bedrock at the site consists of the Lockport Dolomite bedrock and is located at an undetermined depth below the ground surface. The rock surface is probably overlain by a dense silty till, which may, in turn, be overlain by a thin discontinuous layer of alluvial sand. The site "parking-lot-gravel" is located on top of these naturally occurring soils.

SITE HYDROLOGY

No groundwater investigations have been performed on the site. This summary of site hydrology is based on our estimates of site geology. A shallow aquifer may exist in the lower part of the site soils, with flow directions paralleling the ground surface (flow to the south). The low permeability of the site till would result in low flow rates in this aquifer, as well as create a barrier between the soil aquifer and the deeper aquifer in the underlying bedrock. Groundwater flow within the joints of the bedrock is probably directed north, discharging along the cliff-like Lockport escarpment.

SAMPLING AND ANALYSIS

To date no samples have been taken at the Diversified Manufacturing, Inc. site. According to a NYSDEC inspection report (NYSDEC, 1978), waste oils and solvents were spread on the parking lot to control dust.

SECTION VI
ASSESSMENT OF ADEQUACY OF DATA

SECTION VI
ASSESSMENT OF ADEQUACY OF DATA

Diversified Manufacturing Inc.

| HRS Data Requirement | Comments on Data |
|-----------------------|---|
| Observed Release | |
| Ground Water | No available data, field data collection recommended. |
| Surface Water | No available data, field data collection recommended. |
| Air | No available data, field data collection recommended. |
| Route Characteristics | |
| Ground Water | Insufficient information, more data collection recommended. |
| Surface Water | Data available, adequate for HRS evaluation. |
| Air | Data available, adequate for HRS evaluation. |
| Containment | Information available, adequate for HRS evaluation. |
| Waste Characteristics | Information available, adequate for HRS evaluation. |
| Targets | Information available, adequate for HRS evaluation. |
| Observed Incident | Information available revealed no report of incident. No further investigation recommended. |
| Accessibility | Adequate information available. |

SECTION VII
PHASE II WORK PLAN

SECTION VII
PHASE II WORK PLAN
Diversified Manufacturing

OBJECTIVES

The objectives of the Phase II activities are:

- o To collect additional field data necessary to complete the HRS scoring.
- o To perform a conceptual evaluation of remedial alternatives and estimate budgetary costs for the most likely alternative.
- o To prepare a site investigation report.

The additional field data required to complete the HRS are defined as follows:

Ground Water - A ground water monitoring system consisting of 3 wells is recommended. The wells are to be 20 feet in depth and constructed of 2" PVC pipe. The samples will be analyzed for metals and a GC/MS scan.

Surface Water - A surface water monitoring system consisting of 3 monitoring stations is recommended. The samples will be analyzed for metals and a GC/MS scan.

Air - An air monitoring survey with an OVA meter is recommended to test the air quality above the site.

TASK DESCRIPTION

The proposed Phase II tasks are described in Table VII-1.

COST ESTIMATE

The estimated manhours required for the Phase II project are presented in Table VII-2 and the estimated project costs by tasks are presented in Table VII-3.

HEALTH AND SAFETY PLAN

The Health and Safety Plan will be submitted as a separate document.

QUALITY ASSURANCE PLAN

The Quality Assurance Plan will be submitted as a separate document.

TABLE VII-1
PHASE II WORK PLAN - TASK DESCRIPTION
Diversified Manufacturing

| Tasks | Description of Task |
|--|---|
| TASK | |
| II-A Update Work Plan | Review the information in the Phase I report, conduct a site visit, and revise the Phase II work plan. |
| II-B Conduct Geophysical studies | No further studies necessary. |
| II-C Conduct Boring/Install Monitoring Wells | Install 1 up-gradient and 2 down-gradient wells. The wells are to be 20 feet in depth and constructed of 2" PVC pipe. |
| II-D Construct Test Pits/Auger Holes | No further construction of test pits/auger holes necessary. |
| II-E Perform Sampling and Analysis | |
| Soil samples from borings | No further sampling necessary. |
| Soil samples from surface soils | No further sampling necessary. |
| Soil samples from test pits and auger holes | No further sampling necessary. |
| Sediment samples from surface water | No further sampling necessary. |
| Ground-water samples | Analyze samples for metals and conduct a GC/MS scan. |
| Surface water samples | Analyze samples for metals and conduct a GC/MS scan. |
| Air samples | Using the OVA, determine the presence of organics. |
| Waste samples | No further sampling necessary. |
| II-F Calculate Final HRS | Based on the field data collected in Tasks IIB-IIIE, complete the HRS form. |
| II-G Conduct Site Assessment | Prepare final report containing Phase I report, additional field data, final HRS and HRS documentation records, and site assessments. The site assessment will consist of a conceptual evaluation of alternatives and a preliminary cost estimate of the most probable alternative. |
| II-H Project Management | Project coordination, administration and reporting. |

TABLE VII-2
PERSONNEL RESOURCES BY TASK
PHASE II HRS SITE INVESTIGATION (SITE: DIVERSIFIED MANUFACTURING)

| TASK DESCRIPTION | TEAM MEMBERS, MANHOURS | | | | | | | | | | | | TOTAL HOURS | TOTAL \$ |
|---|------------------------|-----|----|-----|-----|-----|-----|-----|-----|------|------|----|----------------|-------------|
| | PIC | T&B | FM | OPM | PCM | DAM | HSM | FTL | FT | KAAL | KAAT | SS | | |
| II-A UPDATE WORK PLAN | 1 | | 4 | 1 | | 1 | 1 | 6 | | 6 | | 8 | 28 | 469 |
| II-B CONDUCT GEOPHYSICAL STUDIES | | | | | | | | | | | | | 0 | 0 |
| II-C CONDUCT BORING/INSTALL MONITORING WELLS | | | 2 | 1 | | 1 | 4 | 8 | 24 | 2 | | 6 | 48 | 811.47 |
| II-D CONSTRUCT TEST PITS/AUGER HOLES | | | | | | | | | | | | | 0 | 0 |
| II-E PERFORM SAMPLING AND ANALYSIS | | | | | | | | | | | | | | |
| SOIL SAMPLES FROM BORINGS | | | | | | | | | | | | | 0 | 0 |
| SOIL SAMPLES FROM SURFACE SOILS | | | | | | | | | | | | | 0 | 0 |
| SOIL SAMPLES FROM TEST PITS AND AUGER HOLES | | | | | | | | | | | | | 0 | 0 |
| SEDIMENT SAMPLES FROM SURFACE WATER | | | | | | | | | | | | | 0 | 0 |
| GROUND-WATER SAMPLES | | | 2 | 1 | | 1 | 2 | 4 | 16 | 2 | | 10 | 38 | 455.41 |
| SURFACE WATER SAMPLES | | | 1 | | | | | 2 | 12 | | | 2 | 17 | 191.18 |
| AIR SAMPLES | | | 1 | | | | | 1 | 8 | | | 2 | 12 | 133.66 |
| WASTE SAMPLES | | | | | | | | | | | | | 0 | 0 |
| II-F CALCULATE FINAL HRS | | | 3 | 3 | | | | 3 | 24 | | | 16 | 49 | 563.23 |
| II-G CONDUCT SITE ASSESSMENT | 1 | 2 | 4 | 2 | | | | 4 | 16 | 6 | 24 | 32 | 91 | 1103.84 |
| II-H PROJECT MANAGEMENT | 2 | | 6 | 2 | 3 | 4 | 4 | | | | | 8 | 29 | 500.2 |
| TOTALS | 4 | 2 | 23 | 10 | 3 | 7 | 11 | 28 | 100 | 16 | 24 | 84 | 312 | 4027.99 |

TABLE VII-3
COST ESTIMATE BREAKDOWN BY TASK
PHASE II HRS SITE INVESTIGATION (SITE: DIVERSIFIED MANUFACTURING)

| TASK DESCRIPTION | OTHER DIRECT COSTS (ODC), \$ | | | | | | | | SURTOTAL ODC | TOTAL (\$) |
|---|------------------------------|---------|-----------------|---------------------------|----------|-------------------|---------------------|-------|-----------------|------------|
| | DIRECT LABOR HOURS | COST | LAB ANALYSIS | TRAVEL AND SUBSISTANCE | SUPPLIES | EQUIP. CHARGES | SURCON- TRACTORS | MISC. | | |
| II-A UPDATE WORK PLAN | 28 | 469 | | 100 | 50 | 50 | | 25 | 225 | 694 |
| II-B CONDUCT GEOPHYSICAL STUDIES | | | | | | | | | 0 | 0 |
| II-C CONDUCT BORING/INSTALL MONITORING WELLS | 48 | 611.47 | | 255 | 300 | 75 | 3600 | | 4230 | 4841.47 |
| II-D CONSTRUCT TEST PITS/AUGER HOLES | | | | | | | | | 0 | 0 |
| II-E PERFORM SAMPLING AND ANALYSIS | | | | | | | | | | |
| SOIL SAMPLES FROM BORINGS | | | | | | | | | 0 | 0 |
| SOIL SAMPLES FROM SURFACE SOILS | | | | | | | | | 0 | 0 |
| SOIL SAMPLES FROM TEST PITS AND AUGER HOLES | | | | | | | | | 0 | 0 |
| SEDIMENT SAMPLES FROM SURFACE WATER | | | | | | | | | 0 | 0 |
| GROUND-WATER SAMPLES | 38 | 455.41 | 2667 | 85 | 100 | 75 | | 25 | 2952 | 3407.41 |
| SURFACE WATER SAMPLES | 17 | 191.18 | 2667 | 85 | 50 | 15 | | 15 | 2832 | 3023.18 |
| AIR SAMPLES | 12 | 133.66 | | 85 | 25 | 15 | | 5 | 130 | 263.66 |
| WASTE SAMPLES | | | | | | | | | 0 | 0 |
| II-F CALCULATE FINAL HRS | 49 | 563.23 | | | 50 | 50 | | 25 | 125 | 688.23 |
| II-G CONDUCT SITE ASSESSMENT | 91 | 1103.84 | | | 100 | 200 | | 75 | 375 | 1478.84 |
| II-H PROJECT MANAGEMENT | 29 | 500.2 | | 150 | 150 | 50 | | 50 | 400 | 900.2 |
| TOTALS | 312 | 4027.99 | 5334 | 760 | 825 | 530 | 3600 | 220 | 11269 | 15296.99 |

OVERHEAD= 5810.58
SURTOTAL= 21137.57
FEE= 1691.06
TOTAL PROJECT COST= 27828.58

APPENDIX A
BIBLIOGRAPHY

APPENDIX A

BIBLIOGRAPHY

Diversified Manufacturing, Inc.

New York State Geological Association (1982). Geology of the Northern Appalachian Basin Western New York, Guidebook for the 54th Annual Meeting.

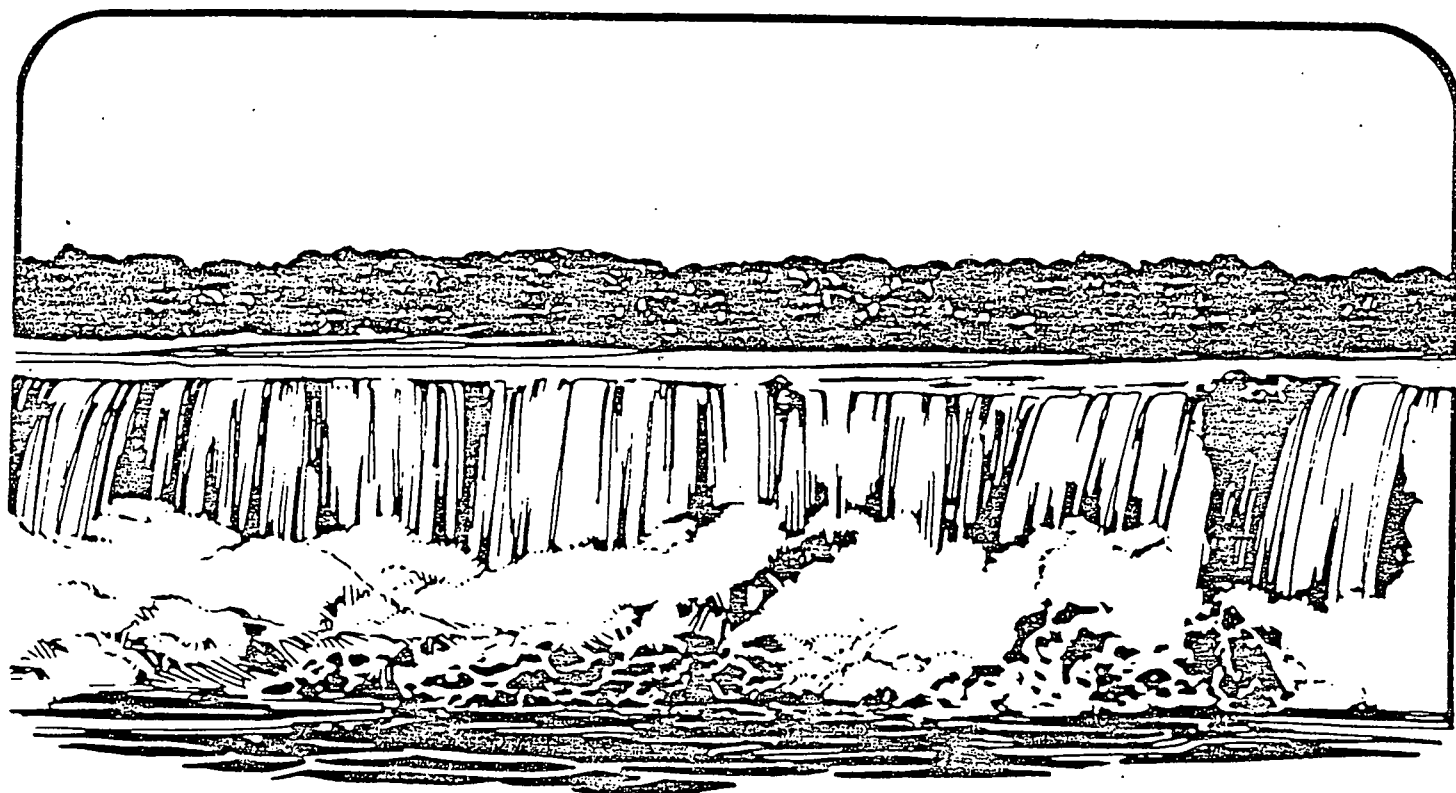
New York State Museum and Science Service (1970). Geologic Map of New York, Niagara Sheet, Map and Chart Series No. 15.

NYSDEC (1977) Division of Solid Waste. NYS Industrial Waste Survey. March 28, 1978.

Quackenbush (1977). Memo from Donald Quackenbush NYSDEC to David Mellor of Diversified Manufacturing. January 20, 1977.

United States Geological Survey, Topographic Maps. 7.5 Minute Series.

GEOLOGY OF THE NORTHERN APPALACHIAN BASIN WESTERN NEW YORK

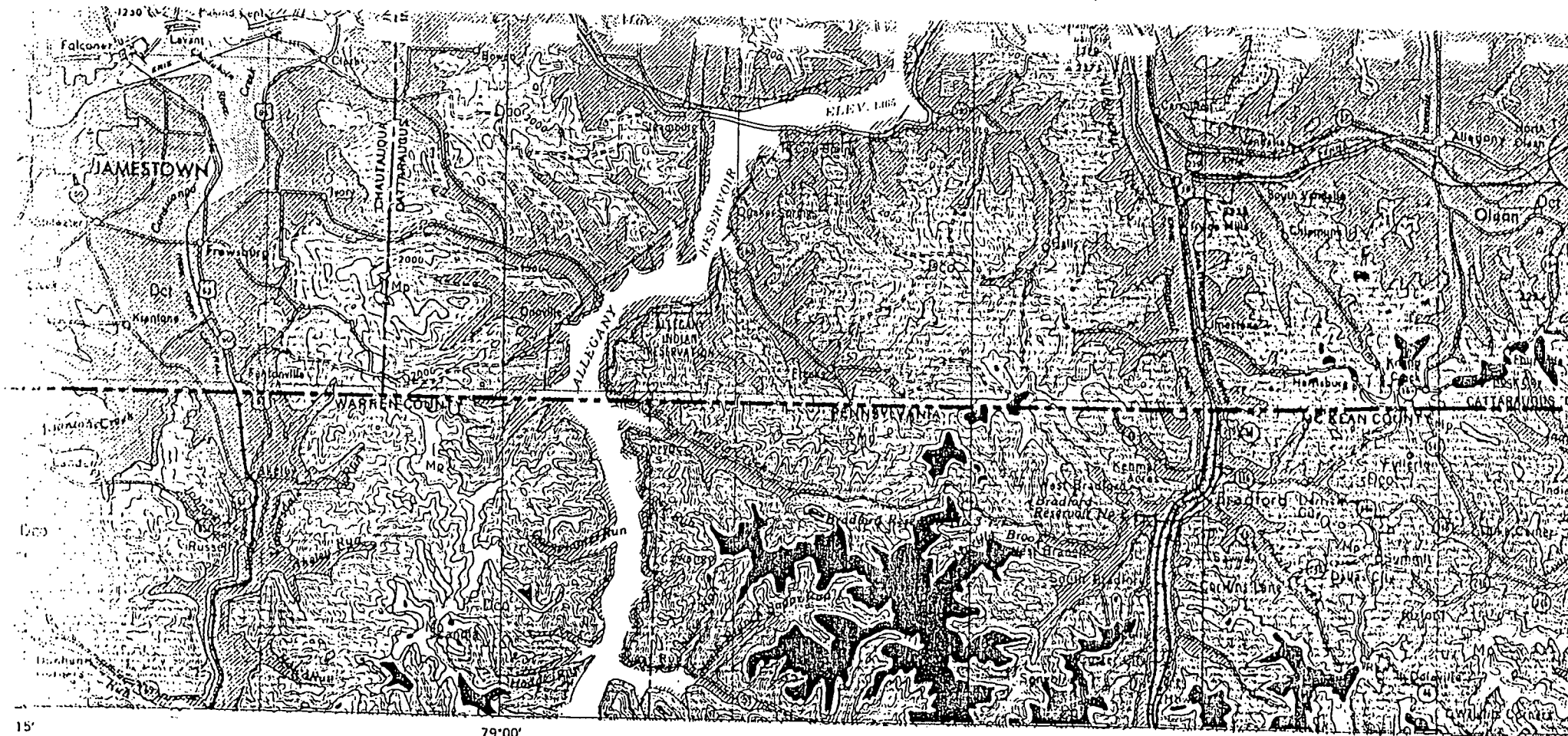


Field Trips Guidebook for New York State Geological Association 54th Annual Meeting

October 8 — 10, 1982
Amherst, New York

Department of Geological Sciences
State University of New York
at Buffalo
Edward J. Buehler and Parker E. Calkin
Editors

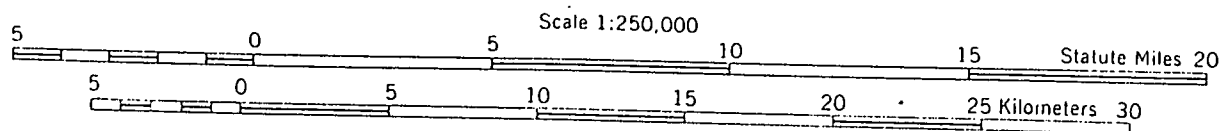
In Conjunction With
11th Annual Meetings Eastern Section
American Association of
Petroleum Geologists



GEOLOGIC MAP OF NEW YORK

1970

Niagara Sheet



CONTOUR INTERVAL 100 FEET

APPENDIX B
NYS REGISTRY FORM

(12)

NIAGARA COUNTY HEALTH DEPARTMENT

MEMORANDUM

DATE: July 13, 1981

TO: Mr. J. Tygert

FROM: M.N. Vaughan



SUBJECT: ACTIVE IN PLACE TOXIC & STATUS REPORT

Attached please find the field reports concerning the status of sites visited by Mr. Hopkins.

SITES

STATUS

✓ Diversified Manufacturing
410 Ohio
Lockport, NY (Reg.# 932011)

No burial at this site

Frontier Foundries, Inc.
4870 Packard Road
Niagara Falls, NY (Reg.# 932015)

Active

Roblin Steel
101 East Avenue
North Tonawanda, NY (Reg.# 932059)

Active limited

Code Activity

Code Location

Service Request No.

Date Received Complaint

Service Request Determine status of Diversified Manufacturing disposal area

Originator of Complaint NACID vs. DEC Address -

Owner Diversified Manufacturing, Inc. Address 410 Ohio Street, Lockport NY

Occupant Address

| Date | Hours | REPORT OF INVESTIGATION |
|--------|-------|--|
| 7/7/81 | 3:00 | <p>In response to the request of the Buffalo Office, DEC, this writer visited the site listed as Diversified Manufacturing, # 232011 located at 410 Ohio Street in Lockport. According to <u>Hazardous Waste Disposal Sites in NY State</u>, vol 3 no burial has occurred, rather waste oil was spread over parking lots for dust control. Interviews with company personnel, including the plant manager indicate that the practice was stopped 1 to 2 years ago. No evidence of oil was found on ground in the parking lot.</p> <p>It is the opinion of this writer that this site should be reclassified as inactive.</p> <p>M. Hopkins</p> |

Date Abared..... By.....

584 Delaware Avenue, Buffalo, New York, 14202

7.1.11.11.
Robert F. Flacke

November 7, 1979

Mr. Jim Calas, Plant Manager
Diversified Mfg.
410 Ohio Street
Lockport, NY 14094

Re: Cutting Oil used for Dust Control

Dear Mr. Calas:

On September 12, 1979, Mr. Kehoe from the Niagara County Health Department and a representative from this office visited your plant. The purpose of which was to make a follow-up investigation to the Interagency Task Force Report.

During this inspection, it was confirmed that you use approximately 300 gal/yr cutting oil for dust control on your parking lot.

The 17 N.Y.C.R.R. Part 161 (Statutory Authority: Highway Law 10-6) states; "oil, whether it is used or unused, shall not be used for dust control. Oil shall mean motor oil and shall not include emulsified or cutback asphalt when used in what is commonly referred to as "oil and stone" treatment."

Please note that any waste oil must be taken to an approved disposal or reclamation site by an approved hauler licensed by this Department.

If you have any questions regarding this matter, please contact me at (716) 842-5041.

Very truly yours,

JLB

John L. Beecher
Associate Chemical Engineer

PD:sk

cc: Niagara County Health Dept.
Paul Counterman

INACTIVE INDUSTRIAL WASTE DISPOSAL OR STORAGE SITE

Site Diversified Mfg. Inc.

Location 410 Ohio St. Lockport N.Y. 14084
(Include a location on a topo map or copy thereof)

When Site Was Used (No site available)

Size of Site (acres) (According to the company's President)

Distance to Nearest Dwelling (feet) _____

Distance to Nearest Watercourse (feet) _____

Type of Soil _____

Proximity to wetlands _____

Depth to Groundwater _____

Any Identified or Potential Problems _____

Materials In Site

| <u>Material</u> | <u>Quantity</u> | <u>Container Type, if any</u> | <u>Generator (Name & Address)</u> |
|-----------------|-----------------|-----------------------------------|---|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Any Other Pertinent Information _____

Name of Person Providing Information Tack Tillotson Phone 434-5585

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
FACILITY INSPECTION

2 Facility No. 7

1 Trans. Type
1 ☐ Delete
2 ☐ Add
3 ☐ Change



Facility Name

DIVERSIFIED MFG. CO.

Location (Town, etc.)

410 OHIO ST
LOCKPORT N.Y.

Persons Interviewed & Titles

JACK TILLOTSON - PRESIDENT

| | | | | | | | | |
|------------|------------|----|-----------|----|----|----|---------|----|
| 10 Date 15 | 16 Time 21 | 22 | Inspector | 36 | 37 | 38 | Remarks | 72 |
| 052976 | | | | | | | | |

Instructions: At each question, use a soft pencil to blacken either the YES or NO box.

I. LEACHATE

1. Is leachate visible on, or near the site?.....22
2. Is leachate entering surface water?.....23
*3. Is leachate known to be contravening groundwater standards?.....24
4. Is refuse being placed into water?.....25

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
| | |
| | |
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| | |

22

II. BURNING

- *5. Is refuse burning without permit, or not under permit conditions?....26
6. Is there evidence of unapproved previous burning?.....27

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
| | |
| | |

24

III. COVER

7. Is previous day's refuse not covered?.....28
8. Is refuse protruding through daily, intermediate or final cover?.....29
9. Is intermediate or final cover not in place, or improperly applied?...30
10. Is wrong cover material used?.....31

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
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| | |

26

IV. GRADING

11. Are there depressions, ponding, cracked cover, too steep slopes?.....32
12. On completed areas, is the vegetative cover missing or inadequate?....33
13. Are there soil erosion or other drainage problems?.....34

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
| | |
| | |
| | |

28

V. SEPARATION DISTANCES

14. Is refuse closer than 50 feet to site boundaries?.....35
*15. Is refuse known to be less than 5 feet above groundwater?.....36
*16. Is refuse known to be less than ___ feet from surface water?.....37

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
| | |
| | |
| | |

30

VI. NUISANCE CONDITIONS

17. Are odors detectable off-site?.....38
18. Is blowing dust or dirt excessive or a nuisance?.....39
19. Are papers uncontrolled, or blowing off-site?.....40
*20. Is methane gas known to be leaving the site?.....41
21. Is noise excessive off-site?.....42

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
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| | |

32

VII. OPERATION CONTROL

- *22. Are Operation Permit conditions being violated?.....43
23. Is refuse being deposited in a too large area?.....44
24. Is refuse spread in layers thicker than 2 feet?.....45
25. Is refuse being compacted poorly?.....46
26. Is the working face height greater than 10 feet?.....47
27. Is the working face steeper than a 3 to 1 slope?.....48
28. Is the equipment on site not adequate for proper operation?.....49

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
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| | |

34

VIII. SAFETY AND HEALTH

29. Are scavengers present?.....50
30. Is salvaging uncontrolled or creating a nuisance?.....51
31. Are rodents and insects not controlled?.....52
32. Do unsafe conditions or equipment exist?.....53

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
| | |
| | |
| | |
| | |

36

IX. ACCESS CONTROL

33. Is access to the site improperly or inadequately controlled?.....54
34. Is the site open without an attendant?.....55
35. Is information about the site not posted? (hours of operation, etc.)...56
36. Is access to the operating area poor or unsafe?.....57

| (BAD) YES | (GOOD) NO |
|--------------|--------------|
| | |
| | |
| | |
| | |

38

Site Sketch/Comments

ACCORDING TO JACK TILLOTSON, NO ON OR OFF SITE DISPOSAL AREAS HAVE BEEN OPERATED BY DIVERSIFIED MFG. CO.

*NOTE: For these questions, see the "Background Information Sheet" for this facility.

Appointment Made 1/12/77 by DMC Company Name Diversified Manufacturing Inc.
 Site Visit Phone Visit 1/20/77 by UQ 930 Address 20144 St.
 Follow-up 1/1 by AM Lockport, NY
 Form Completed 1/20/77 by DMC County Albany Phone 434-5585
 Comments: 28 FORM COMP. 5/28/78 SIC Codes 10 2599 3.
Submittal of General Machinery 2. 4.
Jim Kalis collection upon PM.

Mr. Mellor will be in week of 13th

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New York State Industrial Waste Survey
 Department of Environmental Conservation
 Division of Solid Waste Management
 50 Wolf Road, Albany, N.Y. 12233 Telephone: (518) 457-6605

(41)

General Information

1. Company Name Diversified MANUFACTURING INC.

Mailing Address 410 OHIO ST LOCKPORT NY 14094
 Street City State Zip

Plant Location ☒ Same as above

Street City State Zip

2. If Subsidiary, Name of Parent Company _____

3. Individual Responsible for Plant Operations JIM CALOS
 Name

PLANT MANAGER 434-5585
 Title Phone

4. Individual Providing Information MR. DAVID MELLOR
 Name

CHIEF ENGINEER 434-5585
 Title Phone

5. Department of Environmental Conservation Interviewer DANIEL (DANIEL) BUSH

6. Standard Industrial Classification (SIC) Codes for Principal Products

| Group Name | SIC Code (4 Digit) | Approximate % of <input checked="" type="checkbox"/> Production / <input type="checkbox"/> Value Added |
|--|--------------------|---|
| a. <u>Machinery, except electrical</u> | <u>2599</u> | <u>90</u> |
| b. <u>Not elsewhere classified</u> | | |
| c. <u>Powerworking Machinery</u> | <u>3550</u> | <u>10</u> |
| d. _____ | | |

7. Processes Used at Plant

a. MACHINING
 b. WELDING ; TORCH CUTTING
 c. SAW BLASTING
 d. PAINTING
 e. ASSEMBLY

8. Products

a. Veneer & Plywood Machinery 10%
 b. Job Shop - Machinery 10%
 c. _____
 d. _____
 e. _____

3. Chemicals used in manufacturing or produced as products:

- | | |
|--|----------|
| a. <u>H₂O SOLUBLE COUPLERS</u> | f. _____ |
| b. <u>HYDRAULIC & LUBRICATING OIL</u> | g. _____ |
| c. <u>VARSOLE - MAINTENANCE DEPT.</u> | h. _____ |
| d. <u>STEELS AND CAST IRONS, STAINLESS ST.</u> | i. _____ |
| e. <u>Cu, Hg, Pb</u> | j. _____ |

4. a. On Site Waste Water Treatment ☐ Yes ☒ No

b. On Site Waste Water Treatment by July 1977 ☐ Yes ☒ No

c. On Site Waste Water Treatment by July 1983 ☐ Yes ☒ No

d. Industrial Sewer Discharge ☒ Yes ☐ No Name of Sewage Treatment Plant LOCKPORT City Sewer

e. SPDES No. _____ NPDES No. _____ No.

5. a. Air Pollution Control Devices ☐ Yes ☐ No Types INTERNAL ELECTROSTATIC PRECIPITATORS; DUST COLLECTOR FROM SAND BLASTING

b. To Be Built ☐ Yes ☒ No by 1 / 1

c. Air 100 Emission Point Registration Numbers NONE

6. a. Number of manufacturing employees 114 b. Manufacturing Floor Space 85,000 sq.ft.

7. Attach a plat or sketch of the facility showing the location of on-site process waste storage (if available).

8. Attach flow diagrams of chemical processes including waste flow outputs (if available). NONE

9. In-house waste treatment capabilities: NONE

10. Is there a currently used or abandoned landfill, dump or lagoon on plant property? ☐ Yes ☒ No

11. Industrial wastes produced or expected to be produced by plant.

- 1) WASTE HYDRAULIC & LUBRICATING OIL
- 2) SCRAP METALS - KUGLER BRGS LOCKPORT (FERROUS METALS)
- 3) HIGHEST BINDER AROUND - 500.01 (CATH)
- 4) PAINT SEDGE - SKIMMING FROM H₂O WASH SPRAY & PLASTER LINING
- 5) SOLVENT WASTE VARSOL - 60 GAL/YR DUMPED OUT BACK
- 6) _____
- 7) _____
- 8) _____

Comments: Mr. Miller took me on plant tour asked if I had any recommendations. I suggested he collect Varsole wastes in drums and have it hauled away. I did not suggest he stop using PARKING LOT WAS FILLED IN WITH CONSTRUCTION MATERIAL AND EARTH

To: Mr. McElroy (1/12/77)

From: Mr. Quackenbush

Re: Hazardous Waste Survey

Thank you for your cooperation and hospitality when I visited your facility last week. Your waste handling procedure of Varsol & waste oil was discussed with ~~my~~ ^{my} project leader and he informed me that I am in no position at this time to dictate any procedures you are to follow ~~at this time~~ in handling ~~varsol~~ in disposing of these wastes, especially since we're talking about ~~small~~ small quantities. The EPA will promulgate guidelines for hazardous waste management in the near future however.

Sincerely

For Quackenbush

16. Waste Characterization and Management Practice

(Use separate form for each waste stream)

1. Waste Stream No. 1 (from Form I, Number 17)

2. Description of process producing waste Mechanical Maintenance

3. Brief characterization of waste Dirty oil

4. Time period for which data are representative Current to

5. a. Annual waste production 100 ☐ tons/yr. ☒ gal./yr.

b. Daily waste production ☐ tons/day ☐ gal./day

c. Frequency of waste production: ☐ seasonal ☒ occasional ☐ continual

☐ other (specify)

6. Waste Composition

a. Average percent solids small % b. pH range to

c. Physical state: ☒ liquid, ☐ slurry, ☐ sludge, ☐ solid,

☐ other (specify)

d. Component

Average Concentration ☐ wet weight ☐ dry weight

1. Lubricating oil 90 ☒ wt.% ☐ ppm

2. Hydraulic oil 10 ☒ wt.% ☐ ppm

3. ☐ wt.% ☐ ppm

4. ☐ wt.% ☐ ppm

5. ☐ wt.% ☐ ppm

6. ☐ wt.% ☐ ppm

7. ☐ wt.% ☐ ppm

8. ☐ wt.% ☐ ppm

9. ☐ wt.% ☐ ppm

10. ☐ wt.% ☐ ppm

e. Analysis of composition is ☐ theoretical ☐ laboratory ☒ estimate
(attach copy of laboratory analysis if available)

f. Projected ☐ increase, ☐ decrease in volume from base year: _____ % by July 1977;
_____ % by July 1983. *No*

g. Hazardous properties of waste: ☒ flammable ☐ toxic ☐ reactive ☐ explosive
☐ corrosive ☐ other (specify) _____

7. On Site Storage

a. Method: ☒ drum, ☐ roll-off container, ☐ tank, ☐ lagoon, ☐ other (specify) _____

b. Typical length of time waste stored _____ ☐ days, ☐ weeks, ☒ months

c. Typical volume of waste stored 100 ☐ tons, ☒ gallons

d. Is storage site diked? ☐ Yes ☒ No

e. Surface drainage collection ☐ Yes ☒ No

8. Transportation

a. Waste hauled off site by ☐ you ☐ others

b. Name of waste hauler _____

Address

| | | |
|--------|----------|-------|
| Street | | City |
| () | | |
| State | Zip Code | Phone |

9. Treatment and Disposal

a. Treatment or disposal: ☒ on site ☐ off site

b. Waste is ☐ reclaimed ☐ treated ☐ land disposed ☐ incinerated

☒ other (specify) Deposited in Driveway for Dust Control

c. Off site facility receiving waste

Name of Facility _____

Facility Operator _____

Facility Location _____

| | | |
|--------|----------|-------|
| Street | | City |
| () | | |
| State | Zip Code | Phone |

Date Received Complaint

| Date | Hours | REPORT OF INVESTIGATION |
|---------|-------|---|
| 8/29/78 | | Met with the President of Diversified Mfg. Inc., Mr. Jack Tillotson. Mr. Tillotson informed me ^{first} the company's operation a waste solvent is generated & sold to Ruston Foundry Corp. Other waste produced consists mainly of non-toxic materials such as paper, wood etc. This is put in dumpsters & then hauled to a disposal site. Mr. Tillotson ^{further} stated that to his knowledge the Diversified Mfg. Inc. has never dumped any serious toxic & potentially ^{hazardous} materials into a landfill site. Also the company does not follow a dumping program at this time. C. Nowakowski |

Date Abated..... By.....

RECEIVED

MAY 03 1993

N.Y.S. DEPT. OF
ENVIRONMENTAL CONSERVATION
REGION 9