

INTERNATIONAL BUSINESS MACHINES CORPORATION

EAST FISHKILL FACILITY
DUTCHESS COUNTY, NEW YORK

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Bureau of Hazardous Waste
Facility Permitting
Division of Hazardous
Substances Regulation

6NYCRR PART 373

SOLID WASTE
MANAGEMENT UNIT QUESTIONNAIRE
ADDENDUM

VOLUME 3

SEPTEMBER 1989

CORDDRY CARPENTER DIETZ AND ZACK
ENGINEERS AND PLANNERS
HARRISBURG PENNSYLVANIA

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

UNIT I.D.#	DESCRIPTION	LOCATION	STATUS	PAGE NO.
TS Area B/303	Tank Trailer Storage Area	B/303 W	Active	1
B/309 Room #5	Drum Storage Room	B/309	Active	6
B/309 Room #7	Drum Storage/Consolidation Room	B/309	Active	11
B/309 Room #8	Drum Storage Room	B/309	Active	16
B/309 Room #9	Drum Storage Room	B/309	Active	21
B/309 Room#11	Drum Loading/ Unloading Dock	B/309	Active	26
B/309 LW Dock	Drum Loading/ Unloading Dock	B/309 Link	Active	31
B/386 DB Area	Sludge Dumpster Bay	B/386	Active	36
B/386 DS Area	Sludge Dumpster Storage Area	B/386	Active	41
B/690 DB Area	Sludge Dumpster Bay	B/690	Active	46
L/UL Area #5	Tank Truck Loading/Unloading Area	B/320B	Active	51
L/UL Area #6	Tank Truck Loading/Unloading Area	B/309 NW	Active	56
L/UL Area #7	Tank Truck Loading/Unloading Area	B/309 N	Active	61
L/UL Area #11	Tank Truck Loading/Unloading Area	B/300 N	Active	66
L/UL Area #12	Tank Truck Loading/Unloading Area	B/330C NE	Active	71
L/UL Area #13	Tank Truck Loading/Unloading Area	B/330D NE	Active	76
L/UL Area #15	Tank Truck Loading/Unloading Area	B/335 NE	Active	81
L/UL Area #16	Tank Truck Loading/Unloading Area	B/320B E	Active	86
L/UL Area #21	Tank Truck Loading/Unloading Area	B/334 NW	Active	91
L/UL Area #22	Tank Truck Loading/Unloading Area	B/330D E	Inactive	96
L/UL Area #24	Tank Truck Loading/Unloading Area	B/338 SW	Active	101
L/UL Area #25	Tank Truck Loading/Unloading Area	B/322 E	Active	106
L/UL Area #26	Tank Truck Loading/Unloading Area	B/325 N	Active	111
L/UL Area #29	Tank Truck Loading/Unloading Area	B/303	Active	116
L/UL Area #32	Tank Truck Loading/Unloading Area and Sludge Dumpster Storage Area	B/690 S	Active	121
L/UL Area B650	Tank Truck Loading/Unloading Area	B/650	Not yet active	126

PART 3-2 LANDFILLS, SURFACE IMPOUNDMENTS AND/OR WASTE PILES

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
81	Sanitary/Treated Industrial Wastewater	B/325 N	3000000 Gal	Active	1
97	Sanitary/Treated Industrial Wastewater	B/325 N	1100000 Gal	Active	7

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PART 3-3 WASTEWATER TREATMENT AND WASTE RECYCLING UNITS

UNIT I.D.#	DESCRIPTION	STATUS	PAGE NO.
Building 312	Industrial Wastewater Neutralization Treatment	Active	1
Building 316	Defluoridation and Industrial Waste Recycling	Active	6
Building 325	Water Pollution Control Plant (Sanitary)	Active	11
Building 335	Perchloroethylene Recycling/Recovery Plant	Active	16
Building 385	Fluoride / Heavy Metals Wastewater Treatment	Inactive	21
Building 386	Fluoride / Heavy Metals Wastewater Treatment	Active	26
Building 690	Fluoride / Heavy Metals Wastewater Treatment and Industrial Wastewater Treatment	Active	31

PART 3-4 STORAGE/TREATMENT TANKS

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5	Solvent Waste-Mixed	B/309 NW	3000 Gal	Inactive, Closed	1
14	Perchloroethylene Sludge	B/310 E	2000 Gal	Inactive, Closed	9
15	Solvent Waste-Mixed	B/320B E	5000 Gal	Inactive, Not In Use	15
16	Perchloroethylene Waste	B/310 E	20000 Gal	Inactive, Closed	21
17	Perchloroethylene Waste	B/310 E	20000 Gal	Inactive, Closed	27
18	Fluoride / Heavy Metals Wastewater	B/385 S	71000 Gal	Inactive	33
23	Solvent Waste-Mixed	B/308 W	15000 Gal	Inactive, Removed	39
24	Solvent Waste-Mixed	B/308 W	2000 Gal	Inactive, Removed	45
25	Fluoroboric Acid Waste	B/308 SW	1500 Gal	Inactive, Removed	51
26	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	57
27	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	63
28	Fluoride / Heavy Metals Wastewater	B/385 E	30000 Gal	Inactive	69
29	Fluoride / Heavy Metals Wastewater	B/385 SW	900 Gal	Inactive	75
35	Fluoride / Heavy Metals Wastewater	B/385 S	15000 Gal	Inactive	81
37	Fluoride / Heavy Metals Plant Effluent	B/385 S	20000 Gal	Inactive	87
40	Fluoride / Heavy Metals Wastewater	B/385 S	25000 Gal	Inactive	107
42	Fluoride / Heavy Metals Wastewater	B/385 N	12000 Gal	Inactive	113
43	Fluoride / Heavy Metals Wastewater	B/385 N	12000 Gal	Active	119
50	Fluoride / Heavy Metals Wastewater	B/312 S	15000 Gal	Active	125
51	Fluoride / Heavy Metals Wastewater	B/312 S	5000 Gal	Inactive	131
52	Fluoride / Heavy Metals Wastewater	B/320B	1000 Gal	Inactive, Removed	137
53	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Removed	143
53B	Solvent Waste-Mixed	B/320B S	400 Gal	Inactive, Not In Use	149

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
54	Fluoride / Heavy Metals Wastewater	B/312 S	15000 Gal	Active	155
57	DI Recycle Waste	B/322 N	4000 Gal	Inactive, Not In Use	161
58	Fluoride / Heavy Metals Wastewater	B/300B S	500 Gal	Active	167

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60	Solvent Waste-Mixed	B/300 NW	1500 Gal	Inactive, Removed	173
79	Fluoride / Heavy Metals Wastewater	B/308 W	5000 Gal	Inactive	179
80	Fluoride / Heavy Metals Wastewater	B/300B S	6000 Gal	Active	185
86	Solvent Waste-Mixed	B/330C S.Link	8369 Gal	Inactive, Closed	191
87	Fluoride / Heavy Metals Wastewater	B/330C S.Link	8000 Gal	Active	197
88	Solvent Waste-Mixed	B/330D E	100 Gal	Inactive, Removed	205
89	Fluoride / Heavy Metal Wastewater	B/330D E	100 Gal	Inactive	211
90	Industrial Wastewater	B/315 E	200000 Gal	Inactive, Removed	217
91	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	223
92	Fluoride / Heavy Metals Wastewater	B/330D W	8000 Gal	Active	229
93	Fluoride / Heavy Metals Wastewater	B/330D W	5000 Gal	Active	235
103	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	241
104	Container Storage Area Spill Waste	B/309 N	2000 Gal	Active	247
105	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	253
106	Container Storage Area Spill Waste	B/309 N	550 Gal	Active	259
107	Solvent Waste-Mixed	B/330C E	500 Gal	Inactive, Removed	265
114	Industrial Wastewater	B/315 N	3500 Gal	Active	271
117	Solvent Waste-Mixed	B/304 N	470 Gal	Active	277
118	Solvent Waste-Mixed	B/304 S	800 Gal	Active	283
121	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	289
122	Sanitary Wastewater	B/325 E	135000 Gal	Inactive, Not In Use	295
123	N-Butyl Acetate Waste	B/320B N	300 Gal	Inactive, Not In Use	301
124	Isopropyl Alcohol	B/320B N	300 Gal	Inactive, Not In Use	307
125	Freon Waste	B/320B N	300 Gal	Inactive, Not In Use	313
127	Solvent Waste-Mixed	B/309 NW	5000 Gal	Inactive, Not In Use	319
134	Methylene Chloride Waste	B/309 NW	10000 Gal	Inactive, Closed	325
135	N-Butyl Acetate	B/309 NW	10000 Gal	Inactive, Closed	331
136	Freon TP 35 Waste	B/309 NW	10000 Gal	Inactive, Closed	337
137	Perchloroethylene Waste	B/309 NW	10000 Gal	Inactive, Closed	343
138	Isopropyl Alcohol Waste	B/309 NW	10000 Gal	Inactive, Closed	349
139	Solvent Waste-Mixed	B/309 NW	1000 Gal	Inactive, Not In Use	355
140	N-Butyl Acetate Waste	B/309 NW	1000 Gal	Inactive, Not In Use	361

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
141	Xylene Waste	B/309 NW	1000 Gal	Inactive, Not In Use	367
142	Freon TF Waste	B/309 NW	1000 Gal	Inactive, Not In Use	373
143	Isopropyl Alcohol Waste	B/309 NW	1000 Gal	Inactive, Not In Use	379
144	Industrial Waste	B/312 E	98000 Gal	Active	385
145	Industrial Waste	B/312 E	98000 Gal	Active	391
146	Industrial Waste	B/312 E	190000 Gal	Active	397
147	Industrial Waste	B/312 E	190000 Gal	Active	403
154	Industrial Wastewater	B/315 E	11940 Gal	Inactive, Removed	409
155	Waste Oil, Containment Runoff	B/315 N	1500 Gal	Inactive, Removed	415
156	Waste Oil	B/315 N	550 Gal	Inactive, Removed	421
157	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Removed	427
157B	Solvent Waste-Mixed	B/320B S	3000 Gal	Inactive, Not In Use	433
157C	Solvent Waste-Mixed	B/320B S	2000 Gal	Active	439
158	Perchloroethylene Waste	B/335	10000 Gal	Active	445
159	Recycled Perchloroethylene	B/335	10000 Gal	Active	451
162	Fluoride / Heavy Metals Wastewater	B/330C Link	586 Gal	Active	457
165	Fluoride / Heavy Metals Wastewater	B/320B S	3000 Gal	Active	463
168	Solvent Waste-Mixed	B/330C S	5000 Gal	Active	501
169	Solvent Waste-Mixed	B/330C E	5000 Gal	Active	507
171	Sanitary/Treated Industrial Waste	B/325 NE	500 Gal	Active	513
173	Solvent Waste-Mixed	B/330C E	1000 Gal	Inactive, Not In Use	519
178	Recycled Perchloroethylene	B/335	5900 Gal	Active	525
179	Recycled Perchloroethylene	B/335	5900 Gal	Active	531
182	Sanitary/Treated Industrial Waste	B/325 E	338000 Gal	Active	537
183	Sanitary/Treated Industrial Waste	B/325 N	107000 Gal	Inactive, Not In Use	543
188	Sanitary/Treated Industrial Waste	B/325 W	143000 Gal	Active	549
189	Sanitary/Treated Industrial Waste	B/325 W	143000 Gal	Active	555
193	Fluoride / Heavy Metals Wastewater	B/300 E	Not Known	Inactive	561
196	Sanitary/Treated Industrial Waste	B/325	20000 Gal	Active	567
197	Sanitary/Treated Industrial Waste	B/325 NW	47000 Gal	Active	573
200	Fluoride / Heavy Metals Wastewater	B/385	See Note	Inactive, Removed	579
201	Fluoride / Heavy Metals Wastewater	B/385	See Note	Inactive, Removed	585
204	Solvent Waste-Mixed	B/322 E	5000 Gal	Active	591
205	N-Butyl Acetate Waste	B/322 E	5000 Gal	Active	597
206	Isopropyl Alcohol	B/322 E	5000 Gal	Active	603
207	N-Methyl-2-Pyrrolidone	B/322 E	5000 Gal	Active	609
208	Solvent Waste-Mixed	B/322 W	1268 Gal	Active	615
214	Contaminated Groundwater	B/384 S Link	5875 Gal	Active	621

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UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
215	Sanitary/Treated Industrial Waste	B/325 N	107000 Gal	Inactive, Not In Use	627
219	Solvent Waste-Mixed	B/303 D-5	10000 Gal	Active	633
220	Solvent Waste-Mixed	B/303 D-5	10000 Gal	Active	639
221	Solvent Waste-Mixed	B/303 D-5	10000 Gal	Active	645
222	Freon Tf Waste	B/303 D-4	5,000 Gal	Active	651
223	N-Methyl-2-Pyrrolidone	B/303 D-6	10000 Gal	Active	657
224	N-Butyl Acetate Waste	B/303 D-6	10000 Gal	Active	663
225	Isopropyl Alcohol	B/303 E-6	10000 Gal	Active	669
231	Treated Groundwater	B/384	9600 Gal	Active	675
249	Fluoride / Heavy Metals Wastewater	B/334 D-2	550 Gal	Active	681
250	Industrial Waste	B/334 D-2	1000 Gal	Active	687
251	Solvent Waste-Mixed	B/334 D-2 Tk Pit	550 Gal	Active	693
252	Solvent Waste-Mixed	B/334 D-2 Tk Pit	1500 Gal	Active	699
253	Industrial Waste	B/333 NW	800 Gal	Active	705
257	Solvent Waste-Mixed	B/330C S	2000 Gal	Inactive, Not In Use	715
263	Industrial Waste	B/323 K-14	3533 Gal	Active	721
264	Industrial Waste	B/323 K-14	3533 Gal	Active	727
265	Fluoride / Heavy Metals Wastewater	B/323 K-13	3000 Gal	Active	733
266	Fluoride / Heavy Metals Wastewater	B/323 K-14	3000 Gal	Active	739
267	Fluoride / Heavy Metals Wastewater	B/323 L-13	3000 Gal	Active	745
268	Fluoride / Heavy Metals Wastewater	B/323 L-14	3000 Gal	Active	751
272	Solvent Waste-Mixed	B/323 BF-1 Tk Rm	550 Gal	Active	757
273	Freon TF Waste	B/323 BF-1 Tk Rm	550 Gal	Active	763
274	N-Methyl-2-Pyrrolidone	B/323 BF-1 Tk Rm	550 Gal	Active	769
275	N-Butyl Acetate	B/323 BF-1 Tk Rm	550 Gal	Active	775
276	Isopropyl Alcohol	B/323 BF-1 Tk Rm	550 Gal	Active	781
277	Solvent Waste-Mixed	B/323 BF-1 Tk Rm	6000 Gal	Active	787
278	Solvent Waste-Mixed	B/323 BF-1 Tk Rm	550 Gal	Active	793
281	Industrial Waste Effluent	B/315 E	12000 Gal	Inactive, Removed	799
282	Industrial Waste Effluent	B/315 E	12000 Gal	Inactive, Removed	805

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285	Solvent Waste-Mixed	B/309 NW	6000 Gal	Active	811
286	Solvent Waste-Mixed, Phenol	B/338 W	5000 Gal	Active	817
287	Solvent Waste-Mixed, Phenol	B/338 W	5000 Gal	Active	823
293	Fluoride / Heavy Metals Wastewater	B/334 MER	800 Gal	Inactive	829
294	Industrial Waste	B/334 MER	2000 Gal	Active	835

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
295	Industrial Waste	B/334 MER	500 Gal	Active	841
296	Perchloroethylene	B/334 C17	450 Gal	Inactive, Removed	847
297	Perchloroethylene	B/334 D17	450 Gal	Inactive, Removed	853
300	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	2000 Gal	Inactive	859
301	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	2000 Gal	Inactive	865
302	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	1100 Gal	Inactive	871
303	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	1100 Gal	Inactive	877
304	Fluoride / Heavy Metals Wastewater	B/385 1st Fl.	300 Gal	Inactive	883
334	Perchloroethylene Waste	B/330D AX-37	1100 Gal	Inactive, Not In Use	889
335	Perchloroethylene Waste	B/330D AX-37	1100 Gal	Inactive, Not In Use	895
345	Mixed Solvent Waste, DI Water And 10% HCl, Photo Active Compounds	B/330C D-28	300 Gal	Inactive, Removed	901
350	Fluoride / Industrial Wastewater	B/310 C-24	250 Gal	Inactive	907
396	Perchloroethylene Waste	B/330D BB-30	250 Gal	Inactive	913
397	Perchloroethylene Waste	B/330D AT-35	250 Gal	Active	919
427	Fluoride / Heavy Metals Wastewater	B/385	50 Gal	Inactive	925
429	Nickel Boron Waste	B/330D BB-38	70 Gal	Inactive, Removed	931
430	Immersion Gold	B/330D BB-38	70 Gal	Inactive, Removed	937
431	Potassium Ferricyanide	B/330D BB-38	70 Gal	Inactive, Removed	943
432	Neutra Clean Wastewater	B/330D BB-38	70 Gal	Inactive, Removed	949
433	Palladium Chloride	B/330D BB-38	70 Gal	Inactive, Removed	955
448	Fluoride / Heavy Metals Wastewater	B/308 M-8	1000 Gal	Active	961
455	Perchloroethylene Waste	B/335	550 Gal	Active	967
456	Recycled Perchloroethylene	B/335	300 Gal	Active	973
457	Recycled Perchloroethylene	B/335	300 Gal	Active	979
458	Perchloroethylene Waste	B/335	1200 Gal	Active	985
459	Perchloroethylene Waste	B/335	1200 Gal	Active	991
460	Perchloroethylene Waste	B/335	1200 Gal	Active	997
461	Perchloroethylene Waste	B/335	1200 Gal	Active	1003
Old 461	Perchloroethylene Waste	B/335	Not Known	Inactive, Removed	1009
462	Perchloroethylene Waste	B/335	1200 Gal	Active	1015
465	Perchloroethylene Waste	B/335	70 Gal	Active	1021
466	Perchloroethylene Waste	B/335	95 Gal	Active	1027
467	Recycled Perchloroethylene	B/335	285 Gal	Active	1033
473	Perchloroethylene Waste	B/330D BD-30	400 Gal	Active	1039
474	Perchloroethylene Waste	B/330D BD-31	250 Gal	Inactive	1045
475	Perchloroethylene Waste	B/330D BD-32	400 Gal	Inactive	1051
476	Perchloroethylene Waste	B/330D BD-33	250 Gal	Inactive	1057

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
477	Perchloroethylene Waste	B/330D BD-34	250 Gal	Active	1063
529	Industrial Wastewater	B/316 L-2	7600 Gal	Active	1069
555	Defluoridation Waste	B/316 L-2	100 Gal	Active	1075
569	Sodium Hydroxide, DI Water, Hydrochloric Acid	B/330C OMF	400 Gal	Inactive, Removed	1081
570	Mixed Solvent Waste	B/330C OMF	400 Gal	Active	1087
577	Industrial Waste Sludge	B/312 E	12000 Gal	Active	1093
578	Defluoridation Sludge	B/316 D-3	2000 Gal	Active	1099
579	Industrial Wastewater	B/316 C-1	8000 Gal	Active	1105
580	Industrial Waste Sludge	B/312 E	12000 Gal	Active	1111
581	Fluoride / Heavy Metals Wastewater	B/316 B-1	1500 Gal	Active	1117
582	Fluoride / Heavy Metals Wastewater	B/316 B-2	5000 Gal	Active	1123
584	Industrial Wastewater	B/316 E Pumphouse	200000 Gal	Active	1129
588	Industrial Wastewater	B/316 E Pumphouse	100000 Gal	Active	1137
589	Fluoride / Heavy Metals Wastewater	B/316 N/W	70000 Gal	Active	1143
3002	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1149
3003	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1155
3004	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1161
3005	Fluoride / Heavy Metals Wastewater	B/386 W	100000 Gal	Active	1167
3017	Sanitary/Treated Industrial Waste	B/325 NW	9000 Gal	Active	1173
3018	Sanitary/Treated Industrial Wastewater	B/325 NW	7250 Gal	Active	1179
3019	Sanitary/Treated Industrial Wastewater	B/325 NE	1000 Gal	Inactive, Not In Use	1185
3020	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1191
3021	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1197
3022	Sanitary/Treated Industrial Wastewater	B/325 NW	7100 Gal	Active	1203
3023	Sanitary/Treated Industrial Wastewater	B/325 N	1000000 Gal	Active	1209
3024	Sanitary/Treated Industrial Wastewater	B/325 NW	1500 Gal	Active	1215
3025	Sanitary/Treated Industrial Wastewater	B/325 N	1000000 Gal	Active	1221
3029	Sanitary/Treated Industrial Wastewater	B/325 W	143000 Gal	Active	1227
3030	Sanitary/Treated Industrial Wastewater	B/325 W	143000 Gal	Active	1233
3031	Sanitary/Treated Industrial Wastewater	B/325 W	4500 Gal	Active	1239
3033	Sanitary/Treated Industrial Wastewater	B/325 E	2700 Gal	Active	1245
3034	Sanitary/Treated Industrial Wastewater	B/325 NW	10000 Gal	Active	1251
3035	Sanitary/Treated Industrial Wastewater	B/325 E	90000 Gal	Active	1257
3036	Sanitary/Treated Industrial Wastewater	B/325 NW	60000 Gal	Active	1263
3037	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1269
3038	Sanitary/Treated Industrial Wastewater	B/325 NW	1500 Gal	Active	1275
3039	Sanitary/Treated Industrial Wastewater	B/325 N	900 Gal	Inactive, Not In Use	1281
3040	Sanitary/Treated Industrial Wastewater	B/325 E	4250 Gal	Inactive, Not In Use	1287

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PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
3041	Sanitary/Treated Industrial Wastewater	B/325 NW	1500 Gal	Active	1293
3042	Sanitary/Treated Industrial Wastewater	B/325 N	1000 Gal	Active	1299
3043	Sanitary/Treated Industrial Wastewater	B/325 W	2000 Gal	Active	1305
3044	Fluoride / Heavy Metals Wastewater	B/386 E-4	4500 Gal	Active	1311
3045	Fluoride / Heavy Metals Wastewater	B/386 E-5	4500 Gal	Active	1317
3046	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1323
3047	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1329
3048	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1335
3049	Fluoride / Heavy Metals Wastewater	B/386 F-4	2900 Gal	Active	1341
3050	Fluoride / Heavy Metals Wastewater	B/386 N	79600 Gal	Active	1347
3051	Fluoride / Heavy Metals Wastewater	B/386 N	79600 Gal	Active	1353
3052	Fluoride / Heavy Metals Wastewater	B/386 N	79600 Gal	Active	1359
3053	Silicon Processing Waste, B/312 Bay 2 Cleaning Waste, Lagoon Cleaning Waste, Misc. Tanker Sludge, Fluoride / Heavy Metals Clarifier Sludge	B/386 N	79600 Gal	Active	1365
3054	Fluoride / Heavy Metals Wastewater Sludge	B/386 N	15000 Gal	Active	1371
3055	Fluoride / Heavy Metals Wastewater Sludge	B/386 N	15000 Gal	Active	1377
3056	Fluoride / Heavy Metals Wastewater Effluent	B/386 N	17125 Gal	Active	1383
3057	Fluoride / Heavy Metals Wastewater Effluent	B/386 N	5000 Gal	Active	1389
3063	Fluoride / Heavy Metals Wastewater	B/386 G-4	1000 Gal	Active	1395
3064	Fluoride / Heavy Metals Treated Wastewater	B/386 F-5	2000 Gal	Active	1401
3065	Fluoride / Heavy Metals Treated Wastewater	B/386 F-5	2000 Gal	Active	1407
3069	Fluoride / Heavy Metals Treated Wastewater	B/386 D-3	50 Gal	Active	1413
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3071	Fluoride / Heavy Metals Treated Wastewater	B/386 D-3	360 Gal	Active	1419
3072	Fluoride / Heavy Metals Wastewater	B/316 C-2	5000 Gal	Active	1425
3073	Fluoride / Heavy Metals Wastewater	B/316 NW	65000 Gal	Active	1431
3074	Fluoride / Heavy Metals Treated Wastewater	B/316 B-2	1500 Gal	Active	1437
3077	Perchloroethylene Waste	B/335	60 Gal	Active	1443
3079	Perchloroethylene Waste	B/335	60 Gal	Active	1449
3083	Sanitary/Treated Industrial Wastewater	B/325 NW	9000 Gal	Active	1455
3084	Sanitary/Treated Industrial Wastewater	B/325 NW	9000 Gal	Active	1461
3085	Sanitary/Treated Industrial Wastewater	B/325 NW	9000 Gal	Active	1467
3087	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1473
3088	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1479

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VOLUME 4 (cont')

PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
3089	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1485
3090	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1491
3091	Sanitary/Treated Industrial Wastewater	B/325 NW	104000 Gal	Active	1497
3092	Industrial Wastewater	B/316 Recycle Tank Farm	200 Gal	Active	1503
3094	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1509
3095	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1515
3096	Industrial Wastewater	B/316 E-1	1300 Gal	Active	1521
3098	Industrial Wastewater	B/335	60 Gal	Active	1527
3111	Fluoride/Heavy Metal Wastewater	B/334 E-9	700 Gal	Active	1533
3121	Mixed Solvent Waste	B/330C	2400 Gal	Inactive, Not In Use	1539
3122	Fluoride / Heavy Metals Wastewater	B/330C Pumphouse (B/330G)	1000 Gal	Inactive, Under Construction	1545
3123	Fluoride / Heavy Metals Wastewater	B/330C Pumphouse (B/330G)	1000 Gal	Inactive, Under Construction	1551
3124	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	500 Gal	Inactive, Under Construction	1557
3125	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	8500 Gal	Inactive, Under Construction	1563
3126	Fluoride / Heavy Metals Wastewater	B/312 Lift Station	8500 Gal	Inactive, Under Construction	1569
3127	Fluoride / Heavy Metals Wastewater	B/330D Lift Station	2500 Gal	Inactive, Under Construction	1575
3128	Fluoride / Heavy Metals Wastewater	B/330D Lift Station	2500 Gal	Inactive, Under Construction	1581
3129	Industrial Wastewater	B/310	7000 Gal	Active	1587
3131	Industrial Wastewater	B/325 Basement	750 Gal	Active	1593
3132	Industrial Wastewater	B/330C Pumphouse (B/330G)	8500 Gal	Inactive, Not In Use	1599
3133	Industrial Wastewater	B/330C Pumphouse (B/330G)	8500 Gal	Inactive, Not In Use	1605
3134	Industrial Wastewater	B/310	7000 Gal	Active	1611
3135	Fluoride / Heavy Metals Wastewater	B/310 B-24	300 Gal	Active	1617
3166	Industrial Wastewater	B/338 P-41	550 Gal	Active	1623
3167	Industrial Wastewater	B/330C D-26	90 Gal	Active	1629
3168	Industrial Wastewater	B/330C D-26	140 Gal	Active	1635
3198	Contaminated Groundwater	B/384	709 Gal	Active	1641
3200	Perchloroethylene Waste	B/330D BE-33	300 Gal	Active	1647
3201	Perchloroethylene Waste	B/330D BE-33	300 Gal	Active	1653
3226	Mixed Solvent Wastes	B/309 NW (Room3)	500 Gal	Active	1659
5000	Industrial Wastewater	B/690 N	100000 Gal	Active	1665
5001	Industrial Wastewater, Water Softener Regeneration Wastes	B/694 W	740 Gal	Active	1671
5017	Industrial Wastewater	B/690 A-10	1500 Gal	Active	1677
5018	Industrial Wastewater	B/640 L-1 1st Floor	1100 Gal	Active	1683
5019	Industrial Wastewater	B/600 J-8 1st Floor	1100 Gal	Active	1689
5020	Industrial Wastewater	B/690 N	350 Gal	Active	1695
5021	Sanitary/Treated Industrial Wastewater	B/344 N	900 Gal	Inactive, Not In Use	1701

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VOLUME 4 (cont')

PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5024	Industrial Wastewater	B/690 N	350 Gal	Active	1707
5029	Industrial Wastewater, Water Softener Regeneration Wastes	B/694	740 Gal	Active	1713
5031	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Active	1719
5032	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Active	1725
5033	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Active	1731
5034	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 S	100000 Gal	Inactive, Under Construction	1737
5035	Industrial Wastewater	B/690 S	100000 Gal	Active	1743
5036	Industrial Wastewater	B/690 H-14	4500 Gal	Inactive, Under Construction	1749
5037	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 L-14	8000 Gal	Active	1755
5038	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 L-14	8000 Gal	Active	1761
5039	Fluoride / Heavy Metals Wastewater	B/690 G-14	1500 Gal	Inactive, Under Construction	1767
5040	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 B-12	1000 Gal	Inactive, Under Construction	1773
5041	Industrial Wastewater	B/690 K-14	15000 Gal	Active	1779
5046	Fluoride / Heavy Metals Wastewater, Industrial Wastewater	B/690 G-12	30 Gal	Inactive, Under Construction	1785
5047	Industrial Wastewater	B/690 H-14	4500 Gal	Inactive, Under Construction	1791
5068	IPA Waste	B/650 1-N-2	1400 Gal	Inactive, Not In Service	1797
5069	NMP Waste	B/650 1-N-2	500 Gal	Inactive, Not In Service	1803
5070	Solvent Waste-Anisole	B/650 1-N-2	500 Gal	Inactive, Not In Service	1809
5071	Solvent Waste-Mixed	B/650 1-N-2	750 Gal	Inactive, Not In Service	1815
5081	Fluoride / Heavy Metals Wastewater	B/690 S	20000 Gal	Inactive, Not In Service	1821
5082	Industrial Wastewater	B/690 S	100000 Gal	Inactive, Not In Service	1827
5300	Industrial Wastewater	B/690 A-10	3300 Gal	Active	1833
5301	Fluoride / Heavy Metals Wastewater Sludge, Industrial Wastewater Sludge	B/690 A-13	7100 Gal	Active	1839
5302	Industrial Wastewater	B/690	1000 Gal	Inactive, Removed	1845
5303	Fluoride / Heavy Metals Wastewater	B/690 Pmp Hs	700 Gal	Inactive, Under Construction	1851
5305	Fluoride / Heavy Metals Wastewater	B/690 G-15	2000 Gal	Inactive, Under Construction	1857
5306	Fluoride / Heavy Metals Wastewater	B/690 G-15	2000 Gal	Inactive, Under Construction	1863
5309	Fluoride / Heavy Metals Wastewater	B/690	40000 Gal	Inactive, Under Construction	1869

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VOLUME 4 (cont')

PART 3-4 STORAGE/TREATMENT TANKS (cont')

UNIT I.D.#	WASTE DESCRIPTION	LOCATION	SIZE	STATUS	PAGE NO.
5324	Industrial Wastewater	B/630 L-1	1100 Gal	Active	1875
9001*	Perchloroethylene Waste	B/335	400 Gal	Active	1881
9002*	Perchloroethylene Waste	B/335	200 Gal	Active	1887
9003*	Industrial Wastewater, Cooling Tower Blowdown/Overflow	B/335	150 Gal	Active	1893
9004*	Perchloroethylene Waste	B/335	200 Gal	Active	1899
9005*	Perchloroethylene Waste	B/335	200 Gal	Active	1905
9008*	Contaminated Groundwater, Solvent Waste-Mixed	B/384 S Link	Not Known	Active	1911
9009*	Contaminated Groundwater, Solvent Waste-Mixed	B/384 S Link	750 Gal	Active	1917
9010*	Fluoride / Heavy Metals Wastewater	B/300 Shelter Basement	807 Gal	Inactive, Not In Service	1923
9011*	Fluoride / Heavy Metals Wastewater	B/300 Shelter Basement	807 Gal	Inactive, Not In Service	1929
9012*	Industrial Wastewater	B/312 SE	2600 Gal	Active	1935
9013*	Industrial Wastewater	B/300 N	Not Known	Inactive	1941
TANK A	Solvent Waste-Mixed, Corrosive Wastewater	B/330C E	1000 Gal	Inactive, Removed	1947
TANK B	Solvent Waste-Mixed, Corrosive Wastewater	B/330C E	1000 Gal	Inactive, Removed	1953

PART 3-8 OTHER

UNIT I.D.#	DESCRIPTION	LOCATION	STATUS	PAGE NO.
B/310 LS FL	Fluoride/Heavy Metals Lift Stations	B/310	Active	1
B/310 LS IW	Industrial Wastewater Lift Stations	B/310	Active	5
B/310 LS SO	Solvent Waste Lift Stations	B/310	Active	9
B/320B LS FL	Fluoride/Heavy Metals Lift Stations	B/320B	Active	13
B/320B LS IW	Industrial Wastewater Lift Stations	B/320B	Active	17
B/320B LS SO	Solvent Waste Lift Stations	B/320B	Active	21
B/330C LS FL	Fluoride/Heavy Metals Lift Stations	B/330C	Active	25
B/330C LS IW	Industrial Wastewater Lift Stations	B/330C	Active	29
B/330C LS SO	Solvent Waste Lift Stations	B/330C	Active	33
B/330D LS FL	Fluoride/Heavy Metals Lift Stations	B/330D	Active	37
B/330D LS IW	Industrial Wastewater Lift Stations	B/330D	Active	41
B/330D LS SO	Solvent Waste Lift Stations	B/330D	Active	45
B/386 FP-1	Fluoride/Heavy Metals Filter Press	B/386	Active	49

* Temporary Unit I.D.#

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VOLUME 4 (cont')

PART 3-8 OTHER (cont')

<u>UNIT I.D.#</u>	<u>DESCRIPTION</u>	<u>LOCATION</u>	<u>STATUS</u>	<u>PAGE NO.</u>
B/386 FP-2	Fluoride/Heavy Metals and Industrial Wastewater Filter Press	B/386	Active	53
B/690 FP-1	Fluoride/Heavy Metals and Industrial Wastewater Filter Press	B/690	Not active yet	57
202	Fluoride/Heavy Metals Filter Press	B/385	Inactive	61

PART 3-4 (Con't)

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/309 NW, Horizontal, Stainless Steel, 8' Diam. X 16' L.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections and daily inventory monitoring.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>This tank is a double-walled tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This unit is a double-walled tank constructed of stainless steel.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 90 days</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Units 286 and 287 are serviced by a common, fiberglass-lined, concrete dike with dimensions of</u>
_____	_____	_____	<u>37' L. x 10'6" W. x 4'8" Ht. This containment is sloped and is equipped with a liquid sensor.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow to this unit may be diverted to Tank 287.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____	_____	_____	_____	<u>Flow may also be stopped by closing the influent valves.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>Information to address this question is not available for this unit.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
	<u>X</u>	<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>7 days.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIAION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/338 W, Vertical, Steel, 10' Diam. x 9'10" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material, equipped with a bolted down access hatch.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual <u>X</u></u> <u>Automatic _____</u>
_____	_____	_____	_____	<u>The liquid level within the unit is maintained manually by switching flow to Tank 286 when the high and high-high level alarms sound.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
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5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>Units 286 and 287 are serviced by a common, fiberglass-lined, concrete dike with dimensions of</u>
			<u>37' L. x 10'6" W. x 4'8" Ht. This containment is sloped and is equipped with a liquid sensor.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Inflow to this unit may be diverted to Tank 286.</u>
----------	-------	-------	---

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
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				<u>Flow may also be stopped by closing the influent valves.</u>
--	--	--	--	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>Information to address this question is not available for this unit.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>7 days.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>293</u>	<u>800 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X _____ INCLUSIVE YEARS: <u>1985</u> - <u>NK</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This tank has never been used and is sealed-off and disconnected.

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/334 MER, Vertical, FRP, 3' L. x 6' W. x 6'6" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>NK</u>	<u>Information to address this question is not available for this unit.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>This tank has been disconnected.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This tank has been disconnected.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This tank was never used.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

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

Currently
Implemented

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

Planned to
be Implemented

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

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>294</u>	<u>2000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Containe:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank is designated as Industrial Waste Acid Drain Sump #1.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/334 MER, Vertical, Fiberglass-Coated Steel, 7' L. x 6' W. x 6'6" Ht.</u>
_____	_____	_____	<u>This tank is built into the mechanical room floor of B/334.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is totally enclosed and constructed of a uniform shell material with a</u>
_____	_____	_____	<u>bolted down access hatch.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Jan. 1989</u>	_____	<u>An internal visual inspection of the tank system is performed annually.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>This tank is equipped with a liquid level controlled pump and a high level alarm.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Secondary containment consists of concrete encasement.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank material is fiberglass-coated steel.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>30 minutes.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>295</u>	<u>500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank is designated as Industrial Waste Acid Drain Sump #2.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/334 MER, Vertical, FRP, 3'11" Diam. x 6' Ht.</u>
			<u>This tank is built into the mechanical room concrete floor.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Oct. 1988</u>		<u>Inspection procedures include a biannual internal inspection.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u> <u>X</u>
				<u>This tank is equipped with a liquid level controlled pump and a high level alarm.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>Secondary containment consists of concrete encasement.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
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<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>30 minutes.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	<u>X</u>	_____	_____	_____
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	<u>X</u>	_____	_____	_____
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5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>
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7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

_____	_____	_____	<u>X</u>	<u>This tank was never used before it was removed.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit was not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank was never used before it was removed.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

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

---	---	---	_____	_____
---	---	---	_____	_____
---	---	---	_____	_____
---	---	---	_____	_____

Currently
Implemented

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

---	---	---	_____	_____
---	---	---	_____	_____
---	---	---	_____	_____
---	---	---	_____	_____

Planned to
be Implemented

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

---	---	---	_____	_____
---	---	---	_____	_____
---	---	---	_____	_____
---	---	---	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/334 D17, Vertical, Steel, 4' Diam. x 6'3" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>NK</u>	<u>Information to address this question is not available for this unit.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>NK</u>	<u>There are/were no established inspection or testing procedures for this unit.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
		<u>X</u>		<u>Manual</u>
				<u>Automatic</u>
				<u>This tank was never used before it was removed.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>
_____			_____
_____			_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	_____	<u>X</u>	<u>Information to address this question is not available for this unit.</u>
_____			_____
_____			_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This tank was never used before it was removed.</u>
_____				_____
_____				_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Information to address this question is not available for this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit was not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank was never used before it was removed.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>300</u>	<u>2000 gal.</u>	ACTIVE YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE <u>X</u> INCLUSIVE YEARS: <u>1979</u> - <u>1988</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually. This was a Chrome Reduction Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/385 1st FL., Vertical, FRP, 4'6" Diam. x 9'2" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged, non-watertight cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Weekly</u>		<u>A process check was performed daily while in service. A weekly visual inspection is currently being performed.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual _____</u> <u>Automatic <u>X</u></u>
				<u>The outflow trough for this tank is 18" below the top of the tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Leaks or overflows to the floor would drain into a floor drain system, flow to a sump, and be</u> <u>pumped to the Clarifier-Tank 40.</u> <u>_____</u> <u>_____</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u> <u>_____</u> <u>_____</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Sulfur dioxide gas is injected into the influent flow to reduce the chromium(Cr+6 to Cr+3).</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for storage.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>301</u>	<u>2000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X INCLUSIVE YEARS: <u>1979</u> - <u>1988</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually.
This was a Chrome Reduction Tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/385 1st Fl., Vertical, FRP, 4'6" Diam. x 9'2" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged, non-watertight cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Weekly</u>		<u>A process check was performed daily while in service. A weekly visual inspection is currently being performed.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual _____</u>
				<u>Automatic <u>X</u> _____</u>
				<u>The outflow trough for this tank is 18" below the top of the tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	<u>X</u>	_____	_____	_____
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
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_____	<u>X</u>	_____	_____	_____
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5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

_____	<u>X</u>	_____	<u>Leaks or overflows would drain to the floor drain system, flow to a sump,</u> <u>and be pumped to the Clarifier-Tank 40.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>This tank was used as a retention tank after sulfur dioxide was added to the waste stream in Tank 300.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit was not used for storage.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

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

Currently
Implemented

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

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

Planned to
be Implemented

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>302</u>	<u>1100 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X INCLUSIVE YEARS: <u>1979</u> - <u>1988</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually.
This was a Flash Mix Tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/385 1st Fl., Vertical, FRP, 4'6" Diam. x 9'2" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This tank has a flanged, non-watertight cover, bolted to the top of the tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Weekly</u>	<u> </u>	<u>A process check was performed daily while in service. A weekly visual inspection is currently being performed.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual <u> </u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic <u>X</u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>The outflow trough for this tank is 18" below the top of the tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Leaks or overflows would drain to the floor drain system, flow to a sump,</u>
<u> </u>	<u> </u>	<u> </u>	<u>and be pumped to the Clarifier-Tank 40.</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>_____</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Lime was added to the waste stream and mixed in this tank.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit was not used for storage.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>303</u>	<u>1100 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X _____ INCLUSIVE YEARS: <u>1979</u> - <u>1988</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually. This was a Precipitator Tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/385 1st Fl., Vertical, FRP, 4'6" Diam. x 9'2" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged, non-watertight cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Weekly</u>		<u>A process check was performed daily. A weekly visual inspection is being performed until the tank is removed.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual</u>
				<u>Automatic X</u>
				<u>The outflow trough for this tank is 18" below the top of the tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Leaks or overflows would drain to the floor drain system, flow to a sump,</u>
			<u>and be pumped to the Clarifier-Tank 40.</u>
			<u>_____</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
				<u>_____</u>
				<u>_____</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This tank was used to precipitate the lime that was added to the waste stream in Tank 302.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is not used for storage.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>304</u>	<u>300 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X INCLUSIVE YEARS: <u>1979</u> - <u>1988</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually. This was a Coagulation Aid Tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/385 1st Fl., Vertical, FRP, 4'6" Diam. x 9'2" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This tank has a flanged, non-watertight cover, bolted to the top of the tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Weekly</u>	<u> </u>	<u>A process check was performed daily while in service. A weekly visual inspection is currently being performed.</u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual _____</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic <u>X</u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>The outflow trough for this tank is 18" below the top of the tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>Leaks or overflows would drain to the floor drain system, flow to a sump,</u>
_____	_____	_____	<u>and be pumped to the Clarifier-Tank 40.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>A coagulant was added to the waste stream in this tank to aid in the treatment process.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit was not used for storage.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Currently</u> <u>Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Planned to</u> <u>be Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 334 and 335 are serviced by a common concrete dike with approximate dimensions of</u>
<u> </u>	<u> </u>	<u> </u>	<u>22' L. x 8' W. x 2.5' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tank 334 could be diverted to tank 335 or to tank 158 in Building 335.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank exterior is painted.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>2 to 3 days.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/330D AX-37, Vertical, Stainless Steel, 5'5" Diam. x 7' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Monthly</u>	_____	<u>Inspection procedures included monthly visual inspections.</u>
_____	_____	<u>General preventive maintenance and cleaning was performed two to three times per year.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>Tanks 334 and 335 are serviced by a common concrete dike with approximate dimensions of</u>
			<u>22' L. x 8' W. x 2.5' Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Tank 335 could be diverted to tank 334 or to tank 158 in building 335.</u>
----------	-------	-------	---

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
----------	-------	-------	-------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank exterior is painted.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>2 to 3 days.</u>	

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>345</u>	<u>300 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Mixed Solvent Waste</u>	<u>NOT KNOWN</u>	_____
		INACTIVE <u>X</u> - REMOVED INCLUSIVE YEARS: <u>1972</u> - <u>1986</u>		<u>(F001, F002, F003, F005)</u>	_____	_____
				<u>DI Water and 10% HCl</u>	_____	_____
				<u>Photo Active Compounds</u>	_____	_____
				<u>D002</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This tank was designated as an Organic Material Wash Tank. Contents of this tank would be pumped to Tank 169.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/330C D-28, vertical, FRP, 4'Diam. x 5' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flat cover, bolted to half of the of the tank, the other half is hinged and serves to access the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system was performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual</u>
				<u>Automatic</u> <u>X</u>
				<u>Liquid level within this tank was maintained by a level control/pump system.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Inflow to this tank could have been diverted to Tank 570.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank could have been stopped by closing the influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit was not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>less than 1 Hr.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS .

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>350</u>	<u>250 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Industrials</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X INCLUSIVE YEARS: <u>1970</u> - <u>1987</u>		<u>Wastewater</u>	_____	_____
				<u>D002, D007</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit was designated as a B/310 F/HM waste tank.
Information concerning annual quantities is not available.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/310 C-24, Horizontal, Inground PVC-Lined Concrete Tank, 15' L. x 8' W. x 4' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered with steel plate.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>1987</u>	_____	<u>The inspection procedures include a monthly preventive maintenance check of the tank system.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The tank level is maintained by liquid level control pump system.</u>
_____	_____	_____	_____	_____

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of PVC-lined concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>Information to address this question is not available.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously

<u>Implemented</u>		<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u> <u>NO</u> <u>NK</u>			

Currently

<u>Implemented</u>		<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u> <u>No</u> <u>NK</u>			

Planned to
be Implemented

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BB-30, Vertical, Steel, Inground, 3' Diam. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>There are/were no established inspection or testing procedures for this unit.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank was serviced by a concrete vault slightly larger than itself.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped by closing influent valve.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space</u> <u>between the tank and the containment structure.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
---	---	---	-----	-----
---	---	---	-----	-----
---	---	---	-----	-----

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
---	---	---	-----	-----
---	---	---	-----	-----
---	---	---	-----	-----

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
---	---	---	-----	-----
---	---	---	-----	-----
---	---	---	-----	-----

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>397</u>	<u>250 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1980</u>	<u>S02</u>	<u>PERCHLOROETHYLENE WASTE</u> <u>(F001, F002)</u>	<u>SEE NOTE</u>	<u></u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				

NOTE: This unit is designated as a B/330D Perchloroethylene Waste Tank. Flow is automatically controlled and not metered, and is pertinent to the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/330D AT-35, Horizontal, Steel, Onground tank, 5' L. x 3' W. x 3' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flanged top, bolted and sealed with a gasket.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Monthly</u>		<u>Inspection procedures included monthly visual inspections.</u>
		<u>General preventive maintenance and cleaning is performed two or three times per year.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is serviced by a concrete dike with dimensions 22' L. x 5' W. x 2.5' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>Monthly inspections and routine preventive maintance are performed on this tank.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>8 to 12 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>427</u>	<u>50 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	_____
		INACTIVE _____ X INCLUSIVE YEARS: <u>1986 - 1988</u>		<u>Wastewater</u>	_____	_____
				<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____

NOTE: This unit is part of the inactive Bldg. 385 treatment plant which processed approximately 54 million gal. of Fluoride/Heavy Metal wastewater annually. This tank was designated as an effluent monitoring tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/385 COL, Vertical, Plastic, 2'4" Diam. x 3'7" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>6/14/89</u>		<u>Inspection procedures include a weekly visual inspection of the tank system.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual</u>
				<u>Automatic</u> <u>X</u>
				<u>This tank is equipped with a level control system and a high level alarm.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

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

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>This tank is serviced by a concrete dike with dimensions of 12'3" W. x 20' L. x 7" Ht. and drains to a concrete sump.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>Flow could be diverted to the concrete sump.</u>
--------------	---------------	---------------	---

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of plastic.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 60 min.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>429</u>	<u>70 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Nickel Boron Waste</u>	<u>57,200 gal/yr.</u>	_____
		INACTIVE _____ X - REMOVED INCLUSIVE YEARS: <u>1985</u> - <u>1988</u>		_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
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				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This tank was designated as the Nickel Boron Waste Tank.

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/330D BB-38, Vertical, Polyethylene, 4'4" L. x 1'8" W. x 1'8" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit was a rectangular tank, completely enclosed and constructed of a uniform shell material.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system was performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual</u>
				<u>Automatic <u>X</u></u>
				<u>The liquid level within this tank was controlled by a level sensor/pump system.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This was a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This was a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 429, 430, 431, 432 and 433 were serviced by a concrete vaulted room located in the</u>
<u> </u>	<u> </u>	<u> </u>	<u>building floor and accessed by a hatchway with stairs.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
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<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank could have been stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank was constructed of polyethylene.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
	<u>X</u>	<u>This unit was not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>less than 24 Hrs.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>430</u>	<u>70 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Immersion Gold</u>	<u>58,000 gal/yr.</u>	_____
		INACTIVE <u>X - REMOVED</u> INCLUSIVE YEARS: <u>1985 - 1988</u>				

NOTE: This tank was designated as the Immersion Gold Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BB-38, Vertical, Polyethylene, 4'4" L. x 1'8" W. x 1'8" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit was a rectangular type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system was performed daily.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this unit was controlled by a level sensor/pump system.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This was a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This was a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 429, 430, 431, 432 and 433 were serviced by a concrete vaulted room located in the</u>
<u> </u>	<u> </u>	<u> </u>	<u>building floor and accessed by a hatchway with stairs.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may have been stopped by closing the influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank was constructed of polyethylene.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit was not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 Hrs.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>431</u>	<u>70 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Potassium Ferricyanide</u>	<u>58,000 gal/yr.</u>	<u>X</u>
		INACTIVE <u>X - REMOVED</u> INCLUSIVE YEARS: <u>1985 - 1988</u>		<u>D002, D003</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This tank was designated as the Potassium Ferricyanide Waste Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BB-38, Vertical, Polyethylene, 4'4" L. x 1'8" W. x 1'8" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit was a rectangular tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system was performed daily.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this tank was controlled by an automatic level sensor/pump system</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This was a covered tank.</u>
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This was a covered tank.</u>
-------	-------	-------	----------	---------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u>X</u>	_____	_____	<u>Tanks 429, 430, 431, 432 and 433 were serviced by a concrete vaulted room located in the building floor and accessed by a hatchway with stairs.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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_____	<u>X</u>	_____	_____
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7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank could have been stopped by closing influent valve.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank was constructed of polyethylene.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This unit was not used for waste treatment.</u>
<u> X </u>	<u> </u>	

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 Hrs.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
		X		On 4/27/84 a leak in the overhead Potassium Ferricyanide wastewater transfer line was found inside B/330D. The leakage was contained with no release to the environment.
				*e.g., discoloration of surrounding soil, dead vegetation

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
Potassium	EST. 1 gal.	4/27/84	Leak from overhead wastewater transfer line.
Ferricyanide			

NOTE: IBM Spill Control Number 84-041.

- 1 UNIT ID as coded on your facility site map.
- 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>4/27/84</u>	<u>The leakage was contained and the repair options investigated.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>4/81</u>	<u>IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>4/81</u>	<u>IBM will continue to implement the Remedial Action Plans as established with the NYSDEC in April 1981.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>432</u>	<u>70 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Neutra Clean Wastewater</u>	<u>57,200 gal/yr.</u>	_____
		INACTIVE <u>X - REMOVED</u> INCLUSIVE YEARS: <u>1985 - 1988</u>		<u>D002</u>	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This tank was designated as the Neutra Clean Wastewater Tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/3300 BB-38, Vertical, Polyethylene, 4'4" L. x 1'8" W. x 1'8" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit was a rectangular tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system was performed daily.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this unit was controlled by a level sensor/pump system.</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This was a covered tank.</u>
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This was a covered tank.</u>
-------	-------	-------	----------	---------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>Tanks 429, 430, 431, 432 and 433 were serviced by a concrete vaulted room located in the building floor and accessed by a hatchway with stairs.</u>
----------	-------	-------	--

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank could have been stopped by closing influent valve.</u>
----------	-------	-------	-------	--

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank was constructed of polyethylene.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit was not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 Hrs.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>433</u>	<u>70 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Palladium Chloride</u>	<u>NOT KNOWN</u>	_____
		INACTIVE _____ X - REMOVED INCLUSIVE YEARS: <u>1985</u> - <u>1988</u>				

NOTE: This tank was designated as the Palladium Chloride Waste Tank.

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BB-38, Vertical, Polyethylene, 4'4" L. x 1'8" W. x 1'8" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit was a rectangular tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system was performed daily.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this tank was controlled by a level sensor/pump system.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This was a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This was a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 429, 430, 431, 432 and 433 were serviced by a concrete vaulted room located in the</u>
<u> </u>	<u> </u>	<u> </u>	<u>building floor and accessed by a hatchway with stairs.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank could have been stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<input checked="" type="checkbox"/>		<u>This tank was constructed of polyethylene.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<input checked="" type="checkbox"/>		<u>This unit was not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 Hrs.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>448</u>	<u>1000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>365,000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank serves as a lift station for B/308

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/308 M-8, Horizontal, PVC, Inground Vaulted Tank, 4' L. x 2.5' W. x 2' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>12/88</u>	_____	<u>The inspection procedures include a quarterly preventive maintenance check of the tank system.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>The tank is serviced by a coated concrete vault with approximate dimensions 5' L. x 4' W. x 5' Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>Tank is constructed of PVC.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 3 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
X				

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

Characteristics of Release

DEC Hazardous Waste # ₂ or Waste Description	Estimated Quantity or Volume released (Units)	Date(s) of Release	Nature of Release
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>455</u>	<u>550 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1982</u>	<u>T01</u>	<u>PERCHLOROETHYLENE WASTE</u> <u>(F001,F002)</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is the Carbon Bed Regeneration Condensate Decantor.
This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/335, Horizontal, Stainless Steel, 4' Diam. x 5'10" L.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed</u>
<u> </u>	<u> </u>	<u> </u>	<u>of a uniform shell material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each</u>
<u> </u>	<u> </u>	<u>shift. There are generally three shifts each day.</u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
---------------	---------------	---------------	--------------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
---------------	---------------	---------------	--------------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> </u>	<u> X </u>	<u> </u>	<u>This tank is located inside the building where the majority of any spill would be contained by the floor.</u>
---------------	--------------	---------------	--

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
--------------	---------------	---------------	---------------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>Tank is made of stainless steel and is inspected visually daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>Condensate from the carbon bed regeneration is collected in this tank. The water/perchloroethylene mixture is decanted and separated, sending the perchloroethylene to tank 3077 and the water to tank 3079.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>1 to 2 days.</u>	<u>Set levels are maintained within this unit which are flushed out with each new batch from condensate.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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Planned to
be Implemented

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

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Vertical, Stainless Steel, 3'6" Diam. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
<u>This is a covered tank.</u>				

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>This tank is located inside the building where the majority of any spill would be contained by the</u>
_____	_____	_____	<u>floor.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to tanks 178, 179, or 457.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is made of stainless steel and is visually inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Distilled perc. is passed through a molecular sieve to remove any water.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u>This tank is used continuously except when</u>
<u> </u>	<u> </u>	<u> </u>	<u>regenerating.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>457</u>	<u>300 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1979</u>	<u>T01</u>	<u>RECYCLED</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>PERCHLOROETHYLENE</u>	<u> </u>	<u> </u>
				<u>(F001, F002)</u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
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				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is a Molecular Sieve Tank (for Recycled PERC.).
This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Vertical, Stainless Steel, 3'6" Diam. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>This tank is located inside the building where the majority of any spill would be contained by the</u>
_____	_____	_____	<u>floor.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to tanks 178, 179, or 456.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is made of stainless steel and is visually inspected daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Distilled perc. is passed through a molecular sieve where any water is removed.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	<u>This tank is used continuously except when regenerating.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/335, Horizontal, Stainless Steel, 5' L. x 8'3" W. x 6'6" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is an enclosed distillation unit used for the recovery of perchloroethylene.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual _____</u> <u>Automatic _____</u> <u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

_____	<u>X</u>	_____	<u>This still is located inside the building where the majority of any spill would be contained by the floor.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Flow to the still may be diverted to distillation units 459, 460, 461, or 462.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This still is made of stainless steel and is visually inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Dirty perchloroethylene is distilled for</u>
<u> </u>	<u> </u>	<u>recycling and recovery.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u>The distillation process is a continuous</u>
<u> </u>	<u> </u>	<u> </u>	<u>operation.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>459</u>	<u>1200 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1984</u>	<u>T04</u>	<u>PERCHLOROETHYLENE WASTE</u> <u>(F001,F002)</u>	<u>SEE NOTE</u>	<u></u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				

NOTE: This unit is designated as Perchloroethylene Still #4.
This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Horizontal, Stainless Steel, 5' L. x 8'3" W. x 6'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is an enclosed distillation unit used for the recovery of perchloroethylene.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This still is located inside the building where the majority of any spill would be contained by the floor.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to the still may be diverted to distillation units 458, 460, 461, or 462.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This still is made of stainless steel and is visually inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Dirty perchloroethylene is distilled for</u>
<u> </u>	<u> </u>	<u>recycling and recovery.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u>The distillation process is a continuous</u>
<u> </u>	<u> </u>	<u> </u>	<u>operation.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>				<hr/> <hr/> <hr/> <hr/> <hr/>

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Horizontal, Stainless Steel, 5' L. x 8'3" W. x 6'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is an enclosed distillation unit used for the recovery of perchloroethylene.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This still is made of stainless steel and is visually inspected daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Dirty perchloroethylene is distilled for recycling and recovery.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	<u>The distillation process is a continuous operation.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Horizontal, Stainless Steel, 5' L. x 8'3" W. x 6'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>The unit is an enclosed distillation unit used for the recovery of perchloroethylene.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This still is located inside the building where the majority of any spill would be contained by the floor.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to the still may be diverted to distillation units 458, 459, 460, or 462.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This still is made of stainless steel and is visually inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>Dirty perchloroethylene is distilled for recycling and recovery.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u>The distillation process is a continuous operation.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Currently</u> <u>Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Planned to</u> <u>be Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Horizontal, Stainless Steel.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Influent could be diverted to Still #1 (Unit 460.)</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of stainless steel.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Treatment process includes distillation for perc recovery.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is not used for waste storage.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>462</u>	<u>1200 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1981</u>	<u>T04</u>	<u>PERCHLOROETHYLENE WASTE</u> <u>(F001,F002)</u>	<u>SEE NOTE</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				

NOTE: This unit is designated as Perchloroethylene Still #3.
This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

¹ UNIT ID as coded on your facility site map.
² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/335, Horizontal, Stainless Steel, 5' L. x 8'3" W. x 6'6" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is an enclosed distillation unit used for the recovery of perchloroethylene.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This still is made of stainless steel and is visually inspected daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Dirty perchloroethylene is distilled for recycling and recovery.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	<u>The distillation process is a continuous operation.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
465	70 gal.	ACTIVE <u>X</u> YEAR START: 1979	S01	PERCHLOROETHYLENE WASTE (F001,F002)	SEE NOTE	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				

NOTE: This unit is the Molecular Sieve Relief Collection Tank. This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/335, Vertical, Steel, 2' Diam. x 3' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
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5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> </u>	<u> X </u>	<u> </u>	<u>This tank is located inside the building where the majority of any spill would be contained by the</u>
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floor.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> </u>	<u> X </u>	<u> </u>	<u>_____</u>
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7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>Hazardous waste is not continuously fed to this unit.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is visually inspected daily.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>7 days.</u>	<u>This tank is used as a holding tank during</u>
			<u>molecular sieve regeneration.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>466</u>	<u>95 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1978</u>	<u>S02</u>	<u>PERCHLOROETHYLENE WASTE</u> <u>(F001,F002)</u>	<u>SEE NOTE</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____
				_____	_____	_____

NOTE: This unit is designated as the Dirty Perchloroethylene Sump Rec. This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

¹ UNIT ID as coded on your facility site map.
² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/335, Vertical, Steel, 2.7' Diam. x 2' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u> </u>	<u> X </u>	<u> </u>	<u>This tank is located inside the building where the majority of any spill would be contained by the</u>
<u> </u>	<u> </u>	<u> </u>	<u>floor.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is visually inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 day.</u>	<u>This tank serves as a dirty perc. sump for the</u>
<u> </u>	<u> </u>	<u> </u>	<u>five distillation units. Perc. waste is pumped</u>
<u> </u>	<u> </u>	<u> </u>	<u>from this unit back to unit 158 for recycling.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented
Yes NO NK

<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____
_____	_____
_____	_____
_____	_____

Currently
Implemented
Yes No NK

<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____
_____	_____
_____	_____
_____	_____

Planned to
be Implemented
Yes No NK

<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____
_____	_____
_____	_____
_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>467</u>	<u>285 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1980</u>	<u>S02</u>	<u>RECYCLED</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>PERCHLOROETHYLENE</u>	<u> </u>	<u> </u>
				<u>(F001, F002)</u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
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				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is the Clean Perchloroethylene Sump Rec.
This tank is part of the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/335, Vertical, Stainless Steel, Inground Tank, 3' Diam. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include visual inspections made by the plant operator during his rounds each shift. There are generally three shifts each day.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is served by an epoxy coated concrete vault slightly larger than itself.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow into this tank may be diverted to tank 466.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.^c For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
473	400 gal.	ACTIVE <u>X</u> YEAR START: <u>1982</u>	S02	PERCHLOROETHYLENE WASTE (F001,F002)	SEE NOTE	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				

NOTE: This unit is designates as a B/330D Perchloroethylene Waste Sump. Flow is automatically controlled and not metered, and is pertinent to the Building 335 Perchloroethylene Recycling Plant which processes approximately 2.8 million gallons annually.

¹ UNIT ID as coded on your facility site map.
² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BD-30, Vertical, Steel, Inground Tank, 4' Diam. x 6' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>There are/were no established inspection or testing procedures for this unit.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is serviced by a concrete vault with approximate dimensions of 5'6" W. x 6' L. x 7' Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space</u> <u>between the tank and the containment structure.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> X </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 hours.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BD-31, Vertical, Steel, Inground, 3' Diam. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>There are/were no established inspection or testing procedures for this unit.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank was serviced by a concrete vault slightly larger than itself.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space</u>
			<u>between the tank and the containment structure.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/330D BD-32, Vertical, Steel, Inground Tank, 4' Diam. x 6' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>There are/were no established inspection or testing procedures for this unit.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>This tank was serviced by a concrete vault slightly larger than itself.</u>
----------	-------	-------	--

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
----------	-------	-------	-------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

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

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

Currently
Implemented

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

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

Planned to
be Implemented

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank was serviced by a concrete vault slightly larger than itself.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space</u> <u>between the tank and the containment structure.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 hours.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<u>X</u>	<u>Visual inspection of this unit's external surface is not possible due to insufficient space between the tank and the containment structure.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>529</u>	<u>7600 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1984</u>	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank is designated as Industrial Waste Storage TR-115.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Tanks 529 and 530 are serviced by a common concrete dike with dimensions of 24' L. x 16' W. x 2'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 30 min.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>Currently Implemented</u>				<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>			
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>555</u>	<u>100 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1984</u>	<u>T01</u>	<u>Defluoridation Waste</u>	<u>36,500 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank is designated as the D.F. Storage Foam Control Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>This tank is serviced along with other units by a common concrete dike</u>
_____	_____	_____	<u>with dimensions of 24' L x 16' W x 2'6" Ht.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of Plastic.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Treatment consists of the addition of a defoaming agent to wastewater.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>569</u>	<u>400 gal.</u>	ACTIVE _____ YEAR START: _____	<u>T01</u>	<u>Sodium Hydroxide</u>	<u>NOT KNOWN</u>	_____
		INACTIVE <u>X - REMOVED</u> INCLUSIVE YEARS: <u>1979 - 1984</u>		<u>DI Water</u>	_____	_____
				<u>Hydrochloric Acid</u>	_____	_____
				<u>D002</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____

NOTE: This tank was designated as a Caustic Scrubber Tank.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/330C OMF, Vertical, FRP, 4' Diam. x 4'6" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed</u>
<u> </u>	<u> </u>	<u> </u>	<u>of a uniform shell material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system was performed daily.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual <u>X</u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic <u> </u></u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>A solution of DI Water and 50% NaOH were hand pumped into this unit.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

_____	_____	_____	<u>X</u>	<u>Hazardous Waste was not continuously feed into this unit.</u>
-------	-------	-------	----------	--

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Off gases, containing HCL, from reaction vessels</u>
		<u>in the OMF area were processed and neutralized in this unit.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit was not used for waste storage.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #, or Waste Description</u> ²	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>570</u>	<u>400 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1979</u>	<u>T01</u>	<u>Mixed Solvent Waste</u> <u>(F001, F002, F003, F005)</u>	<u>NOT KNOWN</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				

NOTE: This tank is designated as the Caustic Neutralizing Tank.
This tank could contain any chemical used in the OMF area.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system</u>
_____	_____	_____	_____	<u>or by closing the influent valves.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of stainless steel.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Treatment within this tank consists of neutralization of the waste solvents/water mixture.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is not used for waste storage.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u> <u> </u>
				<u>*e.g., discoloration of surrounding soil, dead vegetation</u>

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

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

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

Currently
Implemented

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

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

Planned to
be Implemented

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

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

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>577</u>	<u>12000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>450,000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Sludge</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is designated as Sludge Holding Tank (T-100B). This unit is part of the Industrial Waste Neutralization treatment facility which handles 445 million gal/yr.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/312 E, Vertical, Steel, 12' Diam. x 14'6" Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is a cylindrical tank with a watertight welded flat top and bolted down hatch.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Tanks 577 and 580 are serviced by a common, epoxy-coated, concrete dike with dimensions of 34' L x 14' W x 9" Ht. The dike drains automatically to Tank 144.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Tank influent may be diverted to Tank 580.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>This tank is coated on the outside with a urethane material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 10 days.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>578</u>	<u>2000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Defluoridation Sludge</u>	<u>22,000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank is designated as the D.F. Sludge Collection Tank TF-140.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/316 D-3, Vertical, FRP, 7' Diam. x 8' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed</u>
<u> </u>	<u> </u>	<u> </u>	<u>of a uniform shell material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is serviced by the concrete floor trench system which will direct</u>
_____	_____	_____	<u>any release to the B/316 Holding tank.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>1 week.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____ _____ _____ _____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>579</u>	<u>8000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>T01</u>	<u>Industrial Wastewater</u>	<u>35 million gal/yr.</u>	<u></u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u></u>	<u></u>
				<u>May Contain:</u>	<u></u>	<u></u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u></u>
				<u>Phenols</u>	<u>Trace</u>	<u></u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u></u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u></u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u></u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u></u>
				<u>Fluorides</u>	<u>Trace</u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>

NOTE: This tank is designated as the D.A. Mix Tank, TR-111.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/316 C-1, Vertical, FRP</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed</u>
<u> </u>	<u> </u>	<u> </u>	<u>of a uniform shell material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This unit is served by the concrete floor trench drains which would direct any release to the B/316 Holding Tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to Bay 1A (Unit 144) of the IWNT facility (B/312).</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>The treatment process for this unit involves pH adjustment and the addition of hypochloride as a biocide to prevent the formation of algae.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

---	---	---	-----	_____
---	---	---	-----	_____
---	---	---	-----	_____
---	---	---	-----	_____

Currently
Implemented

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

---	---	---	-----	_____
---	---	---	-----	_____
---	---	---	-----	_____
---	---	---	-----	_____

Planned to
be Implemented

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

---	---	---	-----	_____
---	---	---	-----	_____
---	---	---	-----	_____
---	---	---	-----	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, ² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>580</u>	<u>12000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>450,000 gal/yr.</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Sludge</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is designated as the Sludge Holding Tank (T-100A). This unit is part of the Industrial Waste Neutralization treatment facility which handles 445 million gal/yr.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/312 E, Vertical, Steel, 12' Diam. x 14'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a cylindrical tank with a watertight welded flat top and bolted down hatch.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
_____	_____	<u>A tank integrity check is also performed weekly.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Tanks 577 and 580 are serviced by a common, epoxy-coated, concrete dike</u>
			<u>with dimensions of 34' L x 14' W x 9" Ht. The dike drains automatically to Tank 144.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Tank influent may be diverted to Tank 577.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> X </u>	<u>This tank is coated on the outside with a urethane material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 10 days.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>
_____	_____	_____	<u>Description/COMMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Currently Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	<u>Description/COMMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____

<u>Planned to be Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	<u>Description/COMMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>581</u>	<u>1500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Fluoride/Heavy Metals</u>	<u>46.5 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This tank is designated as the D.F. Clarifier Transfer Tank, TF-13

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/316 B-1, Vertical, FRP, 7' Diam. x 6' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system is performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
			<u>X</u>	<u>Manual</u>
				<u>Automatic</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is serviced by the concrete floor trench system which will direct any relase to the B/316 Holding Tank</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 25 Hrs.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>582</u>	<u>5000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Treated Fluoride/Heavy Metal Effluent recycle plant in Building 316.
This tank is designated as DF MIX TF-110.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/316 B-2, Vertical, FRP, 10' Diam. x 9' Ht.</u>
			<u>This unit is equipped with a mixing unit.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
				<u>Automatic <u>X</u></u>
				<u>A 1' freeboard is maintained by use of an overflow weir to unit 3073.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is serviced by the floor trench drain and building holding tank system.</u>
_____			_____
_____			_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow to this tank may be diverted to Tank 3072.</u>
_____			_____
_____			_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____				_____
_____				_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Phosphoric acid is injected into the inflow of this unit to reduce the fluoride content.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>584</u>	<u>200000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Industrial Wastewater</u>	<u>NOT KNOWN</u>	<u>X</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____				
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	
				<u>Formaldehyde</u>	<u>Trace</u>	
				<u>Fluorides</u>	<u>Trace</u>	

NOTE: This tank is designated as the Recycle Effluent Hold Tank TR-113.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/316 E Pumphouse, Vertical, FRP, 35' Diam. x 30' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to Tank 529.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 3 hours.</u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	<u>X</u>	_____	<u>An IW Recycle Tank overflowed, spilling approximately 2000 gallons. The spill was contained before it reached a nearby stream.</u>
_____	_____	_____	_____	<u>*e.g., discoloration of surrounding soil, dead vegetation</u>

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
_____	<u>2000 gal.</u>	<u>1/28/89</u>	<u>IW recycle with a high chlorine content spilled.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: IBM Spill Control Number 89-010

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	<u>A gate was closed to contain the spill; overflow was diverted to a storm drain.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>4/81</u>	<u>IBM is currently implementing the Remedial Action Plans as established with the NYSDEC</u>
_____	_____	_____	_____	<u>in April 1981, which include both groundwater monitoring and groundwater treatment.</u>
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>ERR</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

<u>None</u>	<u>Indirect*</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
_____	_____	<u>X</u>	_____	<u>A valve in the line between the high water tower and the IW Recycle Tank leaked by overflowing the tank capacity.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	<u>*e.g., discoloration of surrounding soil, dead vegetation</u>

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u>Industrial Waste</u>	<u>400 gal.</u>	<u>2/17/89</u>	<u>IW recycle treated water.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: IBM Spill Control Number 89-015.

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>NA</u>	<u>No remedial action was necessary.</u>

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>4/81</u>	<u>IBM is currently implementing the Remedial Action Plans as established with the NYSDEC in April 1981, which include both groundwater monitoring and groundwater treatment.</u>

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>4/81</u>	<u>IBM will continue to implement the Remedial Action Plans as established with the NYSDEC</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>588</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Industrial Waste</u>	<u>35 million gal/yr.</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>D002</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>Fluorides</u>	<u>Trace</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>

NOTE: This tank is designated as the D.A. Hold Tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to Tank 579.</u>
----------	-------	-------	---

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
----------	-------	-------	-------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 week</u>	

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>589</u>	<u>70000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Treated Fluoride/Heavy Metal Effluent recycle plant in Building 316.
This tank is a defluoridation facility process clarifier.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/316 N/W, Vertical, Steel, 30' Diam. x 14' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system is performed daily.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual _____</u>
				<u>Automatic <u>X</u></u>
				<u>A 1-foot freeboard is maintained by an overflow weir.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is serviced by an epoxy-coated concrete dike with dimensions of 40' L. x 36' W. x 10' Ht.</u>
_____	_____	_____	<u>This dike has a sump and a pump which can discharge back to the clarifier or to a truck connection.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to Tank 3073.</u>
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is painted and visually inspected daily.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This tank is used as a clarifier for settling solids. The sludge is pumped to a sludge collection tank (Unit #578); the supernatant is pumped to a transfer tank (Unit 3074)..</u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3002</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This unit is an influent storage tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>Tanks 3002, 3003, 3004, and 3005 are serviced by a stainless steel lined concrete dike with dimensions of 39' W. x 159' L. x 3' Ht. This dike is equipped with four sumps with pumps which discharge back to tanks serviced.</u>
----------	-------	-------	---

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to any of the other three influent tanks 3003, 3004, 3005.</u>
----------	-------	-------	---

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
----------	-------	-------	-------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 24 hours.</u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3003</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This unit is an influent storage tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Tanks 3002, 3003, 3004, and 3005 are serviced by a stainless steel lined concrete dike with dimensions of 39' W. x 159' L. x 3' Ht. This dike is equipped with four sumps with pumps which discharge back to tanks serviced.</u>
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to any of the other three influent tanks 3002, 3004, 3005.</u>
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3004</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This unit is an influent storage tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/386 W, Vertical, FRP, 24' Diam. x 36' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed</u>
<u> </u>	<u> </u>	<u> </u>	<u>of a uniform shell material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>
<u> </u>	<u> </u>	<u>A preventive maintenance check is also performed weekly.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3002, 3003, 3004, and 3005 are serviced by a stainless steel lined concrete dike with</u>
<u> </u>	<u> </u>	<u> </u>	<u>dimensions of 39' W. x 159' L. 3' Ht. This dike is equipped with four sumps with pumps which</u>
<u> </u>	<u> </u>	<u> </u>	<u>discharge back to tanks serviced.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to any of the other three influent tanks 3002, 3003,3005.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3005</u>	<u>100000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u>_____</u>	<u>_____</u>
				<u>D002, D007</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This unit is an influent storage tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 W, Vertical, FRP, 24' Diam. x 36' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This unit is a typical cylindrical type tank, completely enclosed and constructed of a uniform shell material.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
_____	_____	<u>A preventive maintenance check is also performed weekly.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Tanks 3002, 3003, 3004, and 3005 are serviced by a stainless steel lined concrete dike with dimensions of 39' W. x 159' L. x 3' Ht. This dike is equipped with four sumps with pumps which discharge back to tanks serviced.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow to these tank may be diverted to any of the other three influent tanks 3002, 3003, 3004.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped by closing influent valve.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<hr/>	<hr/>	<hr/>	<hr/>
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1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3017</u>	<u>9000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>73 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Sand Filter #1. The average flow through the facility is split between Tanks 3017, 3083, 3084, and 3085.

¹ UNIT ID as coded on your facility site map.

² EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/325 NW, Vertical, Steel, 10' L. x 10' W. x 12' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is located inside an aluminum enclosure which includes Tanks 3083, 3084, and 3085.</u>
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>1' of freeboard is maintained within this tank by flow over a weir.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

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

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Inflow may be diverted to Tank 3083, 3084, or 3085.</u>
----------	-------	-------	--

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
----------	-------	-------	-------	---

				<u>Flow may also be stopped by closing the influent valves.</u>
--	--	--	--	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Cathodic protection was installed in 1989 after the tank was sand blasted, primed, and epoxy-coated.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Waste treatment within this tank consists of sand filtration for removal of suspended solids carried over from the Final Clarifier Tanks 188, 189, 3029, and 3030.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is not used for waste storage.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3018</u>	<u>7250 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1985</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>440 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This unit is designated as Sand Filters Sump Pit.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NW, Vertical, Epoxy-Coated Concrete, 8' L. x 8' W. x 9'6" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered with a flat top hinged hatchway.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	<u>Effluent from the final clarifiers enters this tank and is pumped to the sand filters, Tanks 3017, 3083, 3084, and 3085.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of epoxy-coated concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1/2 hour.</u>	<u>Effluent from the Final Clarifiers enters this</u>
<u> </u>	<u> </u>	<u> </u>	<u>tank and is pumped to the Sand Filters, Units</u>
<u> </u>	<u> </u>	<u> </u>	<u>3017, 3083, 3084, and 3085.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDICATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented
Yes NO NK

<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____
_____	_____
_____	_____
_____	_____

Currently
Implemented
Yes No NK

<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____
_____	_____
_____	_____
_____	_____

Planned to
be Implemented
Yes No NK

<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____
_____	_____
_____	_____
_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3019</u>	<u>1000 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Sanitary/Treated</u>	<u>NOT KNOWN</u>	_____
		INACTIVE _____ INCLUSIVE YEARS: <u>1963</u> - <u>1987</u>		<u>Industrial Waste</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Silver</u>	<u>Trace</u>	_____
				<u>Cyanide</u>	<u>Trace</u>	_____

NOTE: This unit is an abandoned Trickling Filter Splitter Box.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NE, Vertical, Inground Concrete, 3'8" L. x 3'9" W. x 7'7" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>This tank has been out of service since 1987.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>A two foot freeboard was maintained by continuous flow through to the trickling filters, units 3020, 3021, and 3036.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Inflow to this tank could have been diverted to the Clarigester (unit 182).</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> X </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 Hr.</u>	<u>The Splitter Box was only used to split the flow</u>
<u> </u>	<u> </u>	<u> </u>	<u>to the trickling filters.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3020</u>	<u>60000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1963</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>145 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. Tank designated as Trickling Filter #1.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Waste treatment consists of secondary biological treatment for removal of BOD, suspended solids,</u>
		<u>and ammonia.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3021</u>	<u>60000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1963</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>145 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank designated as Trickling Filter #2.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/325 NW, Vertical, Inground Concrete, 45' Diam. x 5' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank is covered by a non-watertight aluminum dome, used to prevent freezing in the winter.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include daily visual inspections.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual</u>
				<u>Automatic</u> <u>X</u>
				<u>Air vents on the tank sides serve as an overflow regulator should the filter media become</u>
				<u>surcharged. Liquid overflow would be collected in troughs and channelled to the Intermediate</u>
				<u>Clarifier, Unit 183.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow to this tank may be diverted to Tanks 3020 and 3036.</u>
_____			_____
_____			_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates in the Splitter Box, Unit 3022.</u>
_____				_____
_____				_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Waste treatment consists of secondary biological treatment for removal of BOD, suspended solids, and ammonia.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3022</u>	<u>7100 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>440 million gal/yr.</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>Fluorides</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Silver</u>	<u>Trace</u>	<u>_____</u>
				<u>Cyanide</u>	<u>Trace</u>	<u>_____</u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. Tank is designated as Trickling Filter Influent Splitter Box.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NW, Vertical, Onground Concrete, 17' L. x 8' W. x 7' Ht.</u>
			<u>This tank receives inflow from the Clarigester (Tank 182) and from the I.W.</u>
			<u>By-Pass Pump Station, Unit 171.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
				<u>Automatic <u>X</u></u>
				<u>The liquid level in this tank is maintained with slidegates.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

<u> </u>	<u> X </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_____

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

<u> </u>	<u> X </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> </u>	<u> X </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u> </u>	<u> X </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> </u>	<u> X </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_____
<u> </u>	<u> </u>	<u> </u>	<u> </u>	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 Hr.</u>	

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>3023</u>	<u>1 Mil.gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>2.1 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank designated as Emergency Storage Tank T-1 (North).

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Secondary containment consists of a stainless steel outer shell measuring 120' Diam. x 10' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tank inflow may be diverted to Emergency Holding Tank 3023.</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>_____</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of stainless steel.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>Information to address this question</u>
			<u>is not available.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3024</u>	<u>1500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>440 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as the Nitrification Bays Influent Splitter Box.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>B/325 NW, Vertical, Concrete, 19' L. x 6'6" W. x 3' Ht.</u>
			<u>This tank receives inflow from the Intermediate Clarifier Effluent Junction Box</u>
			<u>(Unit 3039), or from the Sand Filter Reject.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include daily visual inspections.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual</u>
				<u>Automatic X</u>
				<u>Freeboard within the Splitter Box is maintained by flow over weirs and through Parshall flumes.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

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

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

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

The Splitter Box is made up of 3 bays and flow can be diverted from one bay to the other by closing the appropriate slidegate.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 Hr.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3025</u>	<u>1 Mil gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>2.1 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This unit is designated as Emergency Storage Tank T-2 (South).

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/325 N, Vertical, Stainless Steel, 90' Diam. x 22' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>1987</u>	<u> </u>	<u>Inspection procedures include daily visual inspections. A yearly inspection consists of checking the monitoring instrumentation with the tank full of liquid.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u> </u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u> <u>X</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>A freeboard of 3' is maintained and monitored by a liquid level sensor.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

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

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	<u>X</u>	_____	_____	_____
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5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>Secondary containment consists of a stainless steel outer shell measuring 120' Diam. x 10' Ht.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Tank inflow may be diverted to Emergency Holding Tank 3025.</u>
----------	-------	-------	--

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped by closing influent valve.</u>
----------	-------	-------	-------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of stainless steel.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>Information to address this question is not available.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
--	--	--	---

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3029</u>	<u>143000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1971</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>110 million gal/yr.</u>	<u> </u>
				<u>Industrial Waste</u>	<u> </u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u> </u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Final Clarifier #3. The average daily flow through the facility is split between Tanks 188, 189, 3029 and 3030.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 W, Vertical, Inground Concrete, 45' Diam. x 12' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered with a non-watertight, aluminum dome to prevent freezing in the winter.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>Liquid level within this tank is maintained by flow over a V-notch weir.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow may be diverted to Tank 188, 189, or 3030.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow to this tank may be stopped by closing the slide gate.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Treatment within this tank consists of final solids settling.</u>
		<u>Retention time for this unit is 5 hours.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3030</u>	<u>143000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1971</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>110 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as the Final Clarifier #4. The average daily flow through the facility is split between Tanks 188, 189, 3029 and 3030.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 W, Vertical, Inground Concrete, 45' Diam. x 12' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered with a non-watertight, aluminum dome to prevent freezing in the winter.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>Liquid level within this tank is maintained by flow over a V-notch weir.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow may be diverted to Tank 188, 189 or 3029.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow to this tank may be stopped by closing the slide gate.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Treatment within this tank consists of final solids settling.</u>
		<u>Retention time for this unit is 5 hours.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, ² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3031</u>	<u>4500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>440 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. Tank designated as Final Clarifiers Influent Splitter Box and receives inflow from the Nitrification Bays.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 W, Horizontal, Inground Concrete, 6' L. x 20' W. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>Freeboard within the Splitter Box is maintained by flow over weirs leading to the 4 final clarifiers.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
_____	<u>X</u>	_____	_____	_____
_____				_____
_____				_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 Hr.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Currently</u> <u>Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Planned to</u> <u>be Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3033</u>	<u>2700 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>Approx. 52 K gal/yr</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>Fluorides</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Silver</u>	<u>Trace</u>	<u>_____</u>
				<u>Cyanide</u>	<u>Trace</u>	<u>_____</u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
This unit is designated as Waste Activated Sludge Pit.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/325 E, Vertical, Inground Concrete, 6' L. x 6' W. x 10' Ht.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank is covered with a flat top and accessed by a hinged hatchway.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include daily visual inspections.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual</u>
				<u>Automatic</u> <u>X</u>
				<u>The liquid level within the activated sludge pit is maintained by two pumps that are automatically controlled by a lead-lag pump controller and level switches.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

Yes No NK NA Monitoring Description/COMMENT

_____ X _____ _____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

Yes No NK NA Control Description/COMMENT

_____ X _____ _____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

Yes No NK Description/COMMENT

_____ X _____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

Yes No NK Description/COMMENT

_____ X _____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

Yes No NK NA COMMENT

X _____ _____ _____

Flow into the tank may be stopped via shutdown of influent pumping system.
Flow may also be stopped by closing the influent valves.

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 2 days.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3034</u>	<u>10000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>4.2 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank designated as Final Effluent Pump Station.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NW, Horizontal, Inground Concrete, 8' L. x 17' W. x 10' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered by a flat top with a hinged access cover.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this tank is maintained by 3 submersible pumps controlled by a</u>
_____	_____	_____	_____	<u>liquid level control sensor.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>This tank serves to pump plant effluent to the</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Emergency Storage Tanks 3023 and 3025 or the</u>
<u> </u>	<u> </u>	<u> </u>	<u>Emergency Storage Lagoon, Tank 81, for further</u>
<u> </u>	<u> </u>	<u> </u>	<u>treatment.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Currently Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

<u>Planned to be Implemented</u>			
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>
_____	_____	_____	_____
<u>Description/COMMENT</u>			

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3035</u>	<u>90000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>700,000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow.
Tank designated as Sludge Thickener.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/325 E, Vertical, Inground Concrete, 30' Diam. x 17' Ht.</u>
			<u>This tank receives sludge from the Clarigester and return sludge from the Final Clarifiers.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank is covered by an aluminum dome to control odors and freezing in the winter.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>Inspection procedures include daily visual inspections.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>				<u>Manual _____</u>
				<u>Automatic <u>X</u> _____</u>
				<u>The liquid level within the tank is maintained by the flow over a series of V-notch weirs peripheral to the tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Ozone is checked when in use.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Odors from within this tank are drawn off and treated with ozone.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____	_____	_____	_____	<u>Flow may also be controlled by closing the influent valves.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Waste treatment within this tank consists of further concentrating the sludge from the Clarigester (Unit 182) and from the Waste Activated Sludge Pit (Unit 3033).</u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>30 days</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (X) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3036</u>	<u>60000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1986</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>145 million gal/yr.</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>Fluorides</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Silver</u>	<u>Trace</u>	<u>_____</u>
				<u>Cyanide</u>	<u>Trace</u>	<u>_____</u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. Tank designated as Trickling Filter #3.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow to this tank may be diverted to Tanks 3020 and 3021.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates in the splitter box.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Waste treatment consists of secondary biological treatment for removal of BOD, suspended solids,</u>
		<u>and ammonia.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste storage.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3037</u>	<u>104000gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Sanitary/Treated</u>	<u>73 million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Nitrification Bay #5. The average daily flow through the facility is split among 4 of the 6 Nitrification Tanks: 3037, 3087, 3088, 3089, 3090, and 3091.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NW, Vertical, Inground Concrete, 34' L. x 34' W. x 12' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>Inspection procedures include daily visual inspections.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>The liquid level within this tank is maintained by weir gates on the tank influent and effluent.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Inflow to this tank may be diverted to Nitrification Bay Tanks 3087, 3088, 3089, 3090, and 3091.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Inflow may be stopped by closing the slide gates to this tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>The waste treatment consists of an activated sludge process where the influent wastewater is</u>
		<u>brought into contact with biological floccule and is mixed and aerated to remove BOD and ammonia.</u>
		<u>Retention time for this unit is 2 hours.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u>X</u>			<u>This unit is not used for waste treatment.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3038</u>	<u>1500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1972</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>NOT KNOWN</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u>_____</u>
				<u>Fluorides</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Silver</u>	<u>Trace</u>	<u>_____</u>
				<u>Cyanide</u>	<u>Trace</u>	<u>_____</u>

NOTE: This tank is used as an Emergency Pump Pit when Chlorine Contact Tanks 196 and 197 are not functioning.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NW, Vertical, Inground Concrete, 6'3" Diam. x 13' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered by a flat concrete top with a hinged access hatch.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>A visual check of this tank system is performed only when in use.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

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

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

_____	_____	_____	<u>X</u>	<u>This unit, designated as an Emergency Pump Pit, is not continuously fed hazardous waste.</u>
-------	-------	-------	----------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>

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

Previously
Implemented
Yes NO NK

Inclusive Dates Description/COMMENT

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

Currently
Implemented
Yes No NK

Start Date Description/COMMENT

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

Planned to
be Implemented
Yes No NK

Start Date Description/COMMENT

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

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3039</u>	<u>900 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Sanitary/Treated</u>	<u>440 million gal/yr.</u>	_____
		INACTIVE <u>X - NOT IN USE</u> INCLUSIVE YEARS: <u>1981 - 1987</u>		<u>Industrial Waste</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Silver</u>	<u>Trace</u>	_____
				<u>Cyanide</u>	<u>Trace</u>	_____

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as the Intermediate Clarifier Effluent Junction Box. This tank is no longer used on the present process stream.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 N, Vertical, Inground Concrete, 4'6" L. x 4' W. x 6'8" Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>1987</u>	_____	<u>Inspection procedures included daily visual inspections when the tank was in service.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic <u>X</u></u>
_____	_____	_____	_____	<u>When in service, the liquid level was maintained within the tank by flow over weirs.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u> </u>	<u>_____</u> <u>_____</u> <u>_____</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u>This tank was used to split the flow before</u>
<u> </u>	<u> </u>	<u> </u>	<u>entering the Intermediate Clarifiers.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3040</u>	<u>4250 gal.</u>	ACTIVE _____ YEAR START: _____	<u>S02</u>	<u>Sanitary/Treated</u>	<u>NOT KNOWN</u>	_____
		INACTIVE <u>X - NOT IN USE</u> INCLUSIVE YEARS: <u>1980 - 1988</u>		<u>Industrial Waste</u>	_____	_____
				<u>May Contain:</u>	_____	_____
				<u>Arsenic & Compounds</u>	<u>Trace</u>	_____
				<u>Phenols</u>	<u>Trace</u>	_____
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	_____
				<u>Trichloroethylene</u>	<u>Trace</u>	_____
				<u>Chromium & Compounds</u>	<u>Trace</u>	_____
				<u>Formaldehyde</u>	<u>Trace</u>	_____
				<u>Fluorides</u>	<u>Trace</u>	_____
				<u>Lead & Compounds</u>	<u>Trace</u>	_____
				<u>Silver</u>	<u>Trace</u>	_____
				<u>Cyanide</u>	<u>Trace</u>	_____

NOTE: This tank is designated as I.W. Clarifier Building Pump Pit.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristic(s) and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3041</u>	<u>1500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1980</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>NOT KNOWN</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This tank is used as an Emergency Pump Pit when Chlorine Contact Tanks 196 and 197 are not functioning.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	<u>B/325 NW, Vertical, Inground Concrete, 6'3" Diam. x 13' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is covered by a flat concrete top with a hinged access hatch.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
_____	<u>X</u>	<u>A visual check of this tank system is performed only when in use.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
_____	_____	_____	_____	<u>Automatic _____</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hr.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

Previously Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3042</u>	<u>1000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1963</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>440 million gal/yr</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This unit is designated as Intermediate Clarifier Splitter Box.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is constructed of concrete.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hr.</u>	<u>This tank is used for splitting the flow if the</u>
			<u>Intermediate Clarifiers are being used,</u>
			<u>otherwise the flow goes directly to the</u>
			<u>Nitrification Tanks.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u>	<u>SW Analytical</u>	<u>Soil Analytical</u>	<u>Air Monitoring</u>
<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>	<u>Data Attached</u>

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
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<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3043</u>	<u>2000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1971</u>	<u>S02</u>	<u>Sanitary/Treated</u>	<u>220 million gal/day.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Industrial Waste</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Formaldehyde</u>	<u>Trace</u>	<u> </u>
				<u>Fluorides</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Silver</u>	<u>Trace</u>	<u> </u>
				<u>Cyanide</u>	<u>Trace</u>	<u> </u>

NOTE: This unit is part of the Water Pollution Control facility designed to handle 3.0 MGD average flow and 4.0 MGD maximum flow. This tank is designated as Final Clarifiers #1 and #2 Influent Splitter Box.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is constructed of concrete.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> X </u>	<u> </u>	<u>This tank is used for splitting the flow before entering the Final Clarifiers, Tanks 188 and 189.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 1 hour.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3044</u>	<u>4500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>21.9 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This is the first tank of B/386 treatment line A.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 E-4, Vertical, FRP, 10' Diam. x 7' Ht.</u>
			<u>This is a chrome reduction tank.</u>
			<u>This tank is equipped with both high and low level alarm systems.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3044 and 3045 are serviced by an epoxy-coated concrete dike with dimensions of 34' L.</u>
<u> </u>	<u> </u>	<u> </u>	<u>x 36.6' W. x 6" Ht. and 14' L. x 5.6' W. x 6" Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow into this tank may be diverted to Tank 3045.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Sulfur dioxide gas is injected into the influent for chromium reduction(Cr+6 to Cr+3). An anti-foaming agent is also added to the tank to reduce foaming.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>36 min.</u>	<u>Flow through this 4500 gal. tank is continuous at a rate of 125 GPM, yielding a 36 minute retention time.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #² or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3045</u>	<u>4500 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>21.9 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This is the first tank of B/386 treatment line B.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 E-5, Vertical, FRP, 10' Diam. x 7' Ht.</u>
			<u>This is a chrome reduction tank.</u>
			<u>This tank is equipped with both high and low level alarm systems.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3044 and 3045 are serviced by an epoxy-coated concrete dike with dimensions of 34' L. x 36.6' L. x 6" Ht. and 14' L. x 5.6' W. x 6" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow into this tank may be diverted to Tank 3044.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Sulfur dioxide gas is injected into the influent for chromium reduction(Cr+6 to Cr+3). An anti-foaming agent is also added to this tank to reduce foaming.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>36 min.</u>	<u>Flow through this 4500 gal. tank is continuous at a rate of 125 GPM, yielding a 36 minute retention time.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3046</u>	<u>2900 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23.25 Million gal/yr.</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Tank designated as Flash Mix Tank (A) T-6A.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 F-4, Vertical, FRP, 8' Diam. x 7'6" Ht.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
---------------	---------------	---------------	--------------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
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<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
---------------	---------------	---------------	--------------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>This tank is serviced by an epoxy-coated, concrete dike with dimensions of 39' L. x 36.6' W. x 6" Ht. and 14' L. x 5.6' W. x 6" Ht.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u> X </u>	<u> </u>	<u> </u>	<u>Flow into this tank may be diverted to Tank 3047.</u>
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7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
--------------	---------------	---------------	---------------	---

<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow may also be stopped by closing the influent valves.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Lime is added to the influent to neutralize the waste, raising the pH to 10.5. In addition to the</u>
<u> </u>	<u> </u>	<u>lime feed, silica waste is pumped into the tank and blended with the Fluoride/Heavy Metal Waste.</u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>23 min.</u>	<u>Flow through this 2900 gal. tank is continuous at</u>
<u> </u>	<u> </u>	<u> </u>	<u>at a rate of 125 GPM, yielding a 23 minute</u>
<u> </u>	<u> </u>	<u> </u>	<u>retention time.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3047</u>	<u>2900 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23.25 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Tank designated as Flash Mix Tank (B) T-6B.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 F-4, Vertical, FRP, 8' Diam. x 7'6" Ht.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
-------	-------	-------	----------	--------------------------------

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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<u>X</u>	_____	_____	<u>This tank is serviced by an epoxy-coated, concrete dike with dimensions of 39' L. x 36.6' W. x 6" Ht. and 14' L. x 5.6' W. x 6" Ht.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

<u>X</u>	_____	_____	<u>Flow into this tank may be diverted to Tank 3046.</u>
----------	-------	-------	--

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

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

<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
----------	-------	-------	-------	---

_____	_____	_____	_____	<u>Flow may also be stopped by closing the influent valves.</u>
-------	-------	-------	-------	---

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Lime is added to the influent to neutralize the waste, raising the pH to 10.5. In addition to the</u>
		<u>lime feed, silica waste is pumped into the tank and blended with the Fluoride/Heavy Metal Waste.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>23 min.</u>	<u>Flow through this 2900 gal. tank is continuous at</u>
			<u>at a rate of 125 GPM, yielding a 23 minute</u>
			<u>retention time.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3048</u>	<u>2900 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23.25 Million gal/yr.</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Tank designated as Precipitator Tank (A) T-7A.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 F-4, Vertical, FRP, 8' Diam. x 7'6" Ht.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is serviced by an epoxy-coated, concrete dike with dimensions of 39' L. x 36.6' W. x</u>

6" Ht. and 14' L. x 5.6' W. x 6" Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow into this tank may be diverted to Tank 3049.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>

Flow may also be stopped by closing the influent valves.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Lime is added to the influent to increase the pH from 10.5 to 11.5 so that Calcium Fluoride will precipitate.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>23 min.</u>	<u>Flow through this 2900 gal. tank is continuous at at a rate of 125 GPM, yielding a 23 minute retention time.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously</u> <u>Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently</u> <u>Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to</u> <u>be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3049</u>	<u>2900 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23.25 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Tank designated as Precipitator Tank (B) T-7B.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 F-4, Vertical, FRP, 8' Diam. x 7'6" Ht.</u> <u>This tank is equipped with both high and low level alarms.</u>
_____	_____	_____	_____
_____	_____	_____	_____

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u> <u>A tank integrity check is also performed weekly.</u>
_____	_____	_____
_____	_____	_____

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual</u> _____ <u>Automatic</u> _____ <u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
			<u>X</u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank is serviced by an epoxy-coated, concrete dike with dimensions of 39' L. x 36.6' W. x 6" Ht. and 14' L. x 5.6' W. x 6" Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>Flow into this tank may be diverted to Tank 3048.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>				<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
				<u>Flow may also be stopped by closing the influent valves.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Lime is added to the influent to increase the pH from 10.5 to 11.5 so that Calcium Fluoride will precipitate.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>23 min.</u>	<u>Flow through this 2900 gal. tank is continuous at a rate of 125 GPM, yielding a 23 minute retention time.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>				
<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>				
<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4, ² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>3050</u>	<u>79600 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23.25 Million gal/yr.</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>		
				<u>D002, D007</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Waste Sludge Clarifier FC-1.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/386 N, Vertical, Steel, 32' Diam. x 13' Ht.</u>
			<u>This tank is cylindrical in shape with a conical bottom.</u>
			<u> </u>
			<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>
			<u> </u>
			<u> </u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>
		<u> </u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual</u> <u> </u>
				<u>Automatic</u> <u>X</u>
				<u>One foot of freeboard is maintained by an internal tank weir.</u>
				<u> </u>
				<u> </u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is serviced by a stainless steel-lined concrete dike with dimensions of 82' L. x 82' W. x</u>
<u> </u>	<u> </u>	<u> </u>	<u>2' Ht. and 19' L. x 22' W. x 2' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow to this tank may be diverted to Tank 3051.</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>
<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow may also be stopped by closing the influent valves.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>_____</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted steel insulated with a urethane material.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Emulsion Polymer is pumped to the center well of this clarifier to promote settling.</u>
		<u>Continuously operated turbine mixers recirculate the solids internally and transfer pumps</u>
		<u>recirculate the sludge externally.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>10 hours.</u>	<u>Flow through this 79600 gallon tank is continuous</u>
			<u>at a rate of 125 GPM, yielding a retention time</u>
			<u>of 10 hours.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3051</u>	<u>79600 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>23.25 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Waste Sludge Clarifier FC-2.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted steel insulated with a urethane material.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Emulsion Polymer is pumped to the center well of this clarifier to promote settling.</u>
		<u>Continuously operated turbine mixers recirculate the solids internally and transfer pumps</u>
		<u>recirculate the sludge externally.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>10 hours.</u>	<u>Flow through this 79600 gallon tank is continuous</u>
			<u>at a rate of 125 GPM, yielding a retention time</u>
			<u>of 10 hours.</u>

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3052</u>	<u>79600 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>1.04 Million gal/yr.</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Wastewater</u>	<u>from B/316 Sludge</u>	
				<u>D002, D007</u>	<u>Clarifier Sludge-NK</u>	
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u> </u>		
				<u> </u>		
				<u> </u>		
				<u> </u>		
				<u> </u>		
				<u> </u>		

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Waste Sludge tank TH-2.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

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

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is serviced by a stainless steel-lined concrete dike with dimensions of 82' L. x 82' W. x 2' Ht. and 19' L. x 22' W. x 2' Ht.</u>
_____			_____
_____			_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow to this tank may be diverted to Tank 3053.</u>
_____			_____
_____			_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____				<u>Flow may also be stopped by closing the influent valves.</u>
_____				_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted steel insulated with a urethane material.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Sludge thickening occurs in this tank. The content increases from 3%-4% solids to 15% solids.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<u>X</u>		<u>Information to address this question</u>
			<u>is not available.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3053</u>	<u>79600 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Silicon Processing</u>	<u>4,000 gal/day.</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>B/312 Bay 2 Cleaning</u>	<u>850,000 gal/yr.</u>	
				<u>Lagoon Cleaning</u>	<u>NOT KNOWN</u>	
				<u>Misc. Tanker Sludge</u>	<u>NOT KNOWN</u>	
				<u>F/HM Clarifier Sludge</u>	<u>NOT KNOWN</u>	
				<u>D002, D007</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Waste Sludge Silicon Sludge, and Industrial Waste Sludge tank TH-1.

1 UNIT ID as coded on your facility site map.

2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 N, Vertical, Steel, 32' Diam. x 13' Ht.</u>
			<u>This tank is cylindrical in shape with a conical bottom.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This is an open tank equipped with an aluminum dome(not watertight) to help</u>
			<u>prevent freezing.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	<u>X</u>	_____	_____	<u>Manual _____</u>
				<u>Automatic <u>X</u></u>
				<u>One foot of freeboard is maintained by an internal tank weir.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is painted steel insulated with a urethane material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Sludge thickening occurs in this tank. The content increases from 3%-4% solids to 15% solids.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>Information to address this question</u>
<u> </u>	<u> </u>	<u> </u>	<u>is not available.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3054</u>	<u>15000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>NOT KNOWN</u>	<u></u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater Sludge</u>	<u></u>	<u></u>
				<u>D002, D007</u>	<u></u>	<u></u>
				<u>May Contain:</u>	<u></u>	<u></u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u></u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u></u>
				<u>Phenols</u>	<u>Trace</u>	<u></u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u></u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u></u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>
				<u></u>	<u></u>	<u></u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Waste Sludge tank TH-11.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 N, Vertical, Steel, 12' Diam. x 18' Ht.</u>
			<u>This is a Sludge Blend Tank.</u>
			<u>This tank is cylindrical in shape with a conical bottom.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a welded, flat cover.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted steel insulated with a urethane material.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
		<u>Sludge is blended by rapid agitation provided by a mixer.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>24 to 48 hours.</u>	

¹ UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3055</u>	<u>15000 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>T01</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u> </u>
		INACTIVE <u> </u> INCLUSIVE YEARS: <u> </u> - <u> </u>		<u>Wastewater Sludge</u>	<u> </u>	<u> </u>
				<u>D002, D007</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Sludge tank TH-10.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/386 N, Vertical, Steel, 12' Diam. x 18' Ht.</u>
			<u>This is a Sludge Blend Tank.</u>
			<u>This tank is cylindrical in shape with a conical bottom.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This tank has a welded, flat cover.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u>X</u>	<u>Manual</u> <u> </u>
				<u>Automatic</u> <u> </u>
				<u>This is a covered tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3054, 3055, 3056, 3057, 3058, and 3059 are serviced by a stainless steel-lined concrete dike</u>

with dimensions of 82' L. x 42' W. x 2' Ht. and 47' L. x 24' W. x 2' Ht.

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow into this tank may be diverted to Tank 3054.</u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>

Flow may also be stopped by closing the influent valves.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem. If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>This tank is painted steel insulated with a urethane material.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> </u>	<u>Sludge is blended by rapid agitation provided by a mixer.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>24 to 48 hours.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3056</u>	<u>17125 gal</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>46 Million gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater Effluent</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Effluent tank TH-13

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 N, Vertical, Steel, 16' Diam. x 12'3" Ht.</u>
			<u>This is a Treated Fluoride/Heavy Metal Effluent Tank.</u>
			<u>This tank is cylindrical in shape with a conical bottom.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a welded, flat cover.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3054, 3055, 3056, 3057, 3058, and 3059 are serviced by a stainless steel-lined concrete dike with dimensions of 82' L. x 42' W. x 2' Ht. and 47' L. x 24' W. x 2' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow may also be stopped by closing the influent valves.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted steel insulated with a urethane material.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>2 to 4 hours.</u>	<u>If effluent does not meet required specifications, it is diverted for retreatment.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particylar waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3057</u>	<u>5000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>20000 gal/day.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater Effluent</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This tank designated as Fluoride/Heavy Metal Effluent tank TH-12.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 N, Vertical, Steel, 12' Diam. x 7' Ht.</u>
			<u>This is a Treated Fluoride/Heavy Metal Effluent Tank.</u>
			<u>This tank is equipped with both high and low level alarms.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a welded, flat cover.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Tanks 3054, 3055, 3056, 3057, 3058, and 3059 are serviced by a stainless steel-lined concrete dike with dimensions of 82' L. x 42' W. x 2' Ht. and 47' L. x 24' W. x 2' Ht.</u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

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

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
				<u>Flow may also be stopped by closing the influent valves.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
 If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>This tank is painted steel insulated with a urethane material.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>2 to 4 hours.</u>	<u>If effluent does not meet required specifications, it is diverted for retreatment.</u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 EVIDENCE OF RELEASE/REMEDIATION

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

Evidence of Release

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

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

Characteristics of Release

<u>DEC Hazardous Waste #₂ or Waste Description</u>	<u>Estimated Quantity or Volume released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility site map.
 2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
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For the prior/current release documented above please describe relevant remediation implemented or planned.

Previously
Implemented

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
------------	-----------	-----------	------------------------	----------------------------

<u>Yes</u>	<u>NO</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Currently
Implemented

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Planned to
be Implemented

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

SWMU TYPE/ UNIT IDENTIFIER ¹	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION ²	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>3063</u>	<u>1000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	<u>_____</u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Wastewater</u>	<u>_____</u>	<u>_____</u>
				<u>D002, D007</u>	<u>_____</u>	<u>_____</u>
				<u>May Contain:</u>	<u>_____</u>	<u>_____</u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u>_____</u>
				<u>Phenols</u>	<u>Trace</u>	<u>_____</u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u>_____</u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u>_____</u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>
				<u>_____</u>	<u>_____</u>	<u>_____</u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. This Tank is the general building sump T-14.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>B/386 G-4, Vertical, FRP, 7' Diam. x 3'6" Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	<u> </u>	<u> </u>	<u>This tank has a flanged cover, bolted to the top of the tank, but it is not watertight.</u>
<u> </u>	<u> </u>	<u> </u>	<u>This tank contains a mixer for keeping solids from settling out prior to transfer</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	<u> </u>	<u>A visual inspection of the tank system is performed daily.</u>
<u> </u>	<u> </u>	<u>A tank integrity test is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u>Manual</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Automatic</u> <u>X</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Tank level is maintained by pumps controlled by a liquid level sensor.</u>

¹ UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

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

_____	_____	_____	<u>X</u>	_____
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- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
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_____	_____	_____	<u>X</u>	_____
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5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

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

<u>X</u>	_____	_____	<u>This tank is serviced by a common, epoxy-coated dike with dimensions of 32' L. x 30.5' W. x 5' Ht. and 13' L. x 6' W. x 5' Ht.</u>
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6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
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_____	<u>X</u>	_____	<u>This tank has no diversion structure.</u>
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7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
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_____	<u>X</u>	_____	_____	<u>This tank is the general building sump.</u>
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3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> </u>	<u> X </u>	<u> </u>	<u>The tank is constructed of FRP.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u> </u>	<u> X </u>	<u>This unit is not used for waste treatment.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<u> </u>	<u> </u>	<u>Less than 7 days.</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring Data Attached</u>	<u>SW Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3064</u>	<u>2000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>780000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Treated Wastewater</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Treated Fluoride Heavy Metal Effluent is contained in this tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 F-5, Vertical, FRP, 7' Diam. x 4'6" Ht.</u>
			<u>This tank contains Filter Press #2 Filtrate.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>This is a covered tank.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank is serviced by a concrete, epoxy-coated dike with dimensions of 32' L. x 30.5' W. x 5' Ht. and 13' L. x 6' W. x 5' Ht.</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>Flow could be diverted upstream of Filter Press FP-2 through FP-1 to Tank 3065.</u>
_____	_____	_____	_____
_____	_____	_____	_____

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u>X</u>	_____	_____	_____	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
_____	_____	_____	_____	<u>Flow may also be stopped by closing the influent valve.</u>
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3065</u>	<u>2000 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>780000 gal/yr.</u>	<u> </u>
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Treated Wastewater</u>	<u> </u>	<u> </u>
				<u>D002</u>	<u> </u>	<u> </u>
				<u>May Contain:</u>	<u> </u>	<u> </u>
				<u>Arsenic & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	<u> </u>
				<u>Phenols</u>	<u>Trace</u>	<u> </u>
				<u>Lead & Compounds</u>	<u>Trace</u>	<u> </u>
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	<u> </u>
				<u>Trichloroethylene</u>	<u>Trace</u>	<u> </u>
				<u>Chromium & Compounds</u>	<u>Trace</u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>
				<u> </u>	<u> </u>	<u> </u>

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Treated Fluoride/Heavy Metal Effluent is contained in this tank.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>B/386 F-5, Vertical, FRP, 7' Diam. x 4'6" Ht.</u>
			<u>This tank contains Filter Press #1 Filtrate.</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>	_____	_____	<u>This tank has a flanged cover, bolted to the top of the tank.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>	_____	<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>X</u>	<u>Manual _____</u>
				<u>Automatic _____</u>
				<u>This is a covered tank.</u>

1 UNIT ID as coded on your facility site map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is serviced by a concrete, epoxy-coated dike with dimensions of 32' L. x 30.5' W. x 5' Ht. and 13' L. x 6' W. x 5' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Flow could be diverted upstream of Filter Press FP-1 through FP-2 to Tank 3064.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped via shutdown of influent pumping system.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow may also be stopped by closing the influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of FRP.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This unit is not used for waste treatment.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 24 hours.</u>	

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

<u>GW Monitoring</u> <u>Data Attached</u>	<u>SW Analytical</u> <u>Data Attached</u>	<u>Soil Analytical</u> <u>Data Attached</u>	<u>Air Monitoring</u> <u>Data Attached</u>
_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS
[EXCLUSIVE OF 3-3]

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH EITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

BELOW GROUND TANK IS DEFINED AS ANY ONE OR COMBINATION OF TANKS, INCLUDING UNDERGROUND CONNECTING PIPES, WHERE 10% OR MORE OF THE VOLUME IS BENEATH THE SURFACE OF THE GROUND.

3-4.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code.² Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from-to] for units presently inactive. Include the hazardous waste code from 6NYCRR371.4 for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in Part 371.4,² enter the code(s) from 6NYCRR371.3 that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.² For any wastes which do not have a corresponding DEC hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under Part 371 and provide waste descriptions.² For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

<u>SWMU TYPE/ UNIT IDENTIFIER</u> ¹	<u>SIZE</u>	<u>OPERATIONAL STATUS</u>	<u>EPA PROCESS CODE</u>	<u>DEC HAZARDOUS WASTE NO. OR WASTE DESCRIPTION</u> ²	<u>ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)</u>	<u>ASSOCIATED RELEASE?</u>
<u>3069</u>	<u>50 gal.</u>	ACTIVE <u>X</u> YEAR START: <u>1987</u>	<u>S02</u>	<u>Fluoride / Heavy Metals</u>	<u>SEE NOTE</u>	
		INACTIVE _____ INCLUSIVE YEARS: _____ - _____		<u>Treated Wastewater</u>		
				<u>D002</u>		
				<u>May Contain:</u>		
				<u>Arsenic & Compounds</u>	<u>Trace</u>	
				<u>Chlorofluorocarbons</u>	<u>Trace</u>	
				<u>Phenols</u>	<u>Trace</u>	
				<u>Lead & Compounds</u>	<u>Trace</u>	
				<u>Methyl Ethyl Ketone</u>	<u>Trace</u>	
				<u>Trichloroethylene</u>	<u>Trace</u>	
				<u>Chromium & Compounds</u>	<u>Trace</u>	

NOTE: This unit is part of the Bldg. 386 treatment plant which processes approximately 46.5 million gal. of Fluoride/Heavy Metal wastewater and 3.6 million gal. of Silicon wastewater annually. Tank designated as effluent monitoring tank T-22.

1 UNIT ID as coded on your facility site map.
2 EPA Process Codes, DEC Hazardous Waste Codes and criteria constituting wastes are defined in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS3-4.2 WASTE MANAGEMENT PRACTICES

Please answer the following questions concerning waste management practices associated with the SWMU identified on the preceding page.

1. Was/is the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>Above Ground</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>B/386 D-3, Vertical, Polyethylene, 1'10" Diam. x 2'6" Ht.</u>
			<u>This tank is within an inground sump (unit 3071).</u>

Is/was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u>X</u>			<u>This tank has a flat, non-watertight cover.</u>

2. Describe inspection procedures for tanks and ancillary equipment (e.g., ultrasound, tank tightness tests, etc) and provide date of latest inspection.

<u>Date of Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
<u>Daily</u>		<u>A visual inspection of the tank system is performed daily.</u>
		<u>A tank integrity check is also performed weekly.</u>

3. If the tank is/was uncovered, are/were procedures in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

<u>Yes</u>	<u>No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>X</u>			<u>Manual</u>
				<u>Automatic <u>X</u></u>
				<u>The tank is equipped with a liquid level controlled pump.</u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

4. If the tank is/was uncovered, are/were devices or procedures in place to monitor releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Monitoring Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

- If the tank is/was uncovered, are/were devices or procedures in place to control releases to the atmosphere? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>Control Description/COMMENT</u>
<u> </u>	<u> </u>	<u> </u>	<u> X </u>	<u>This is a covered tank.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

5. Was/is the tank equipped with a secondary containment structure (e.g., dike or trench)? Please describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>This tank is located within unit 3071, which is an epoxy-coated, inground sump</u>
<u> </u>	<u> </u>	<u> </u>	<u>with dimensions of 4' L. x 3' W. x 3' Ht.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

6. Was/is the tank equipped with a drainage control system or a diversion structure (e.g., standby tank)? Describe.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u>Drainage control is achieved using the tank sump.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

7. If hazardous waste was/is continuously fed into the tank, was/is the tank equipped with a means to stop inflow (e.g., waste cutoff or by-pass to a standby tank)? Please specify.

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>NA</u>	<u>COMMENT</u>
<u> X </u>	<u> </u>	<u> </u>	<u> </u>	<u>Flow into the tank may be stopped by closing influent valve.</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

8. Was/is there evidence of external corrosion? If yes, briefly describe the extent of the problem.
If no, describe corrosion protection provided (e.g., corrosion resistant coatings or liners, or cathodic protection systems).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>X</u>		<u>The tank is constructed of polyethylene.</u>

9. If the tank was/is used for waste treatment, briefly describe the treatment process.

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<u>X</u>		<u>This tank is used to monitor Fluoride, Chrome +6, pH, and turbidity before flowing to the</u>
		<u>Fluoride/Heavy Metal Effluent Tanks 3056 and 3057.</u>

10. If the tank was/is used for storage of hazardous waste, what was/is average residence time?

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
		<u>Less than 1 hour.</u>	

1 UNIT ID as coded on your facility map.

3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

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_____	_____	_____	_____

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

<u>Previously Implemented</u>			<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>NO</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Currently Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Planned to be Implemented</u>			<u>Start Date</u>	<u>Description/COMMENT</u>
<u>Yes</u>	<u>No</u>	<u>NK</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1 UNIT ID as coded on your facility map.