



JAN 18 1977

INDUSTRIAL CHEMICAL SURVEY

PART I

on (6)  
3351

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS, ATTENTION: INDUSTRIAL CHEMICAL SURVEY.

COMPANY NAME (If different from above) Camden Wire Company, Inc.		SIC CODE (If known) 347, 335, 493	OFFICE USE ONLY 3088006
COMPANY MAILING ADDRESS 12 Masonic Ave.	CITY Camden	STATE N. Y.	ZIP CODE 13316
PLANT NAME (If different)	CONTACT NAME R. W. Tindal, Development Eng.	TELEPHONE Area 315-245-2000	
PLANT ADDRESS (If different) Street	CITY	STATE	ZIP CODE
PRINCIPAL BUSINESS OF PLANT Fabricated Copper Wire			

NOTE: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in New York State. A separate questionnaire is to be completed and submitted for each.)

PART II  
Discharge Information

WATER	1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? Name of System <u>Village of Camden Waste Water Treatment Plant</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? Permit Number <u>0001490</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	3. Do you discharge liquid wastes in any other manner? Explain <u>Soap type cleaning solutions - Collected by Waste Collector</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If any of the above are "Yes": a. Do you discharge process or chemical wastes - (i.e. water used in manufacturing including direct contact cooling water and scrubber water)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b. Do you discharge non-contact cooling water? c. Do you discharge collected storm drainage only? d. Do you discharge sanitary wastes only?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

AIR	1. Does your facility have sources of possible emissions to the atmosphere?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (If applicable) <u>303001 29</u>	

SOLID & LIQUID WASTES	1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.																								
	<table border="1"> <tr> <td>Name</td> <td colspan="3">Hurlbut Septic Tank Service</td> </tr> <tr> <td>Address</td> <td>7149 Hurlbut Lane,</td> <td>City</td> <td>Rome N. Y.</td> </tr> <tr> <td></td> <td></td> <td>State</td> <td>13440</td> </tr> <tr> <td>Name</td> <td colspan="3">Pollution Abatement Services</td> </tr> <tr> <td>Address</td> <td>East Seneca St.,</td> <td>City</td> <td>Oswego, N. Y.</td> </tr> <tr> <td></td> <td></td> <td>State</td> <td>13126</td> </tr> </table>	Name	Hurlbut Septic Tank Service			Address	7149 Hurlbut Lane,	City	Rome N. Y.			State	13440	Name	Pollution Abatement Services			Address	East Seneca St.,	City	Oswego, N. Y.			State	13126
Name	Hurlbut Septic Tank Service																								
Address	7149 Hurlbut Lane,	City	Rome N. Y.																						
		State	13440																						
Name	Pollution Abatement Services																								
Address	East Seneca St.,	City	Oswego, N. Y.																						
		State	13126																						
	2. List Location(s) of Landfill(s) owned and used by your facility.																								
	1 <u>Blakesley Rd., &amp; Wesseldine Property, Camden, N.Y.</u>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive																							
	2 <u>McKearn Rd., Town of Floyd, N. Y.</u>	<input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive																							

PESTICIDES	1. Does this facility:	
	Manufacture Pesticides or Pesticide Product Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Produce Pesticides or Pesticide Product Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Formulate Pesticides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackage Pesticides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	2. EPA Establishment Number	<input type="text"/> - <input type="text"/> - <input type="text"/>

PART III

SUBSTANCES OF CONCERN  
(Refer to attached TABLE I)

Complete all information for those substances your facility has used, produced, stored, distributed or otherwise disposed of since January 1, 1971. Do not include chemicals used only in analytical laboratory work. Enter the name and code from Table I. If facility uses a substance in any of the Classes A - F which is not specified in the list, enter it as code class plus 99, e.g. B99 with name, usage, etc.

NAME OF SUBSTANCE	CODE	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	(✓)		PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed, no longer used, etc.)
				GAL.	LB.	

If you use chemicals of unknown composition, list trade name or other identification, name of supplier and complete information.

NAME OF SUBSTANCE	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	(✓)		SUPPLIER	PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed, no longer used, etc.)
			GAL.	LB.		
Bickatol #4	150	30	X		Henry Sanson & Sons	Machine Cleaner
SSD-55	330	75	X		State Chem. & Mfg Co	Diamond Die Cleaner
Varsol 1	1100	250	X		Solvents & Pet. Service	Machine Cleaner
Synasol	2900	540	X		Monarch Chemical	Wire Brazing Torch

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

SIGNATURE (Owner, Partner, or Officer) *Franklin M. Crawford* DATE 1/14/77

NAME (Printed or Typed) Franklin M. Crawford TITLE Executive Vice President

*Chief Operating Officer*