reportircia. 915244. 1987-03-20, SWMU-Questionnaire

## CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION REGARDING SOLID WASTE MANAGEMENT UNITS

GENERAL ELECTRIC COMPANY

FACILITY NAME: BUFFALO SERVICE SHOP

FACILITY EPA I.D.: NYD 067539940

NEW YORK

STATE OF:

				_					
COUNTY	OF:	ERIE		-					
request of	t for f my th ar	informat knowledge	enclosed ion are t and belie e and auth	rue, c	complete that an	e and a ly docu	accurat ments s	e to submi	the .tted
•									d 7.33/19/8
					Repres	of ch 2019		ŧу	
			•		Date				
					Doug	glas J. 1	woods		,
					Printe	d Name	of Sig	nee	
					Gen	eral Man	ager ·		

Title of Signee

# GENERAL @ ELECTRIC

### APPARATUS AND ENGINEERING SERVICES GENERAL ELECTRIC COMPANY ● 1 RIVER ROAD ● SCHENECTADY, NEW YORK 12345

I, Clyde D. Keaton, am a Vice President of General Electric Company and have management responsibility for the General Electric Apparatus Service Shops. As authorized by 40 CFR 122.22(b), I hereby delegate to Douglas J. Woods, Department General Manager of the Apparatus Service Department, the authority to sign, on behalf of the Company, all reports, permit applications and other information requested by the U. S. Environmental Protection Agency pursuant to 42 USCA \$6927 with respect to the Apparatus Service Department.

Clyde D. Keaton

Date 3/13/87

CKD: AEC: cma

114

## CHECKLIST



The following is a checklist that identifies a completed questionnaire response package. Each box indicates a required portion of the submittal. Note that Part 2, the facility characterization form, the facility site plan (with SWMU code), and questionnaire certification forms are required. The number of Part 3 sections submitted will be facility-specific. The lines corresponding to 3-1 through 3-8 should indicate the number of units at your facility within each SWMU category and should correspond to the number of questionnaire packets submitted for these sections. Please return a copy of this checklist with your responses.

PART	2. FACILITY CHARACTERIZATION	х	
FACI	LITY SITE PLAN WITH SWMU CODE	X	
PART	3. SWMU IDENTIFICATION/RELEASE/REMEDIATION	N X	
		Active	Inactive
3-2	CSAs AND TRANSFER STATIONS LAND DISPOSAL (excluding land application and injection wells)		
3-3 3-4	and injection wells) WASTEWATER TREATMENT/RECYCLING UNITS STORAGE/TREATMENT TANKS (excluding 3-3 units)	2	1
3-6	LAND APPLICATION AREAS INJECTION WELLS INCINERATOR AND THERMAL TREATMENT UNITS OTHER		
		<del></del>	

QUESTIONNAIRE CERTIFICATION

RESPONSE CHECKLIST

## GENERAL ELECTRIC COMPANY

BUFFALO SERVICE SHOP

## ADDITIONAL SOLID WASTE MANAGEMENT UNITS (NOT IDENTIFIED SEPARATELY)

SWMU TYPE	WASTE ACCUMULATED	NUMBER ON-SITE	REASONS FOR NOT IDENTIFYING SEPARATELY
Trash Dumpsters	Factory Trash	4	Not Hazardous Waste
Trash Cans	Factory Trash	6	Not Hazardous Waste
Scrap Metal Dumpsters	Scrap Metal	2	Not Hazardous Waste
Used Abrasive Blast Material	Used Abrasive Blast Media	17 Drums	EP Toxicity Test Data Indicates No Hazardous Waste Charac- teristics

## PART 2. FACILITY CHARACTERIZATION FORM

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## 2-1. FACILITY IDEN'11FICATION AND LOCATION

			1726
	1.	Facility Name: GENERAL ELECTRIC COMPANY	(121
	2.	EPA I.D. No.: NYD 067539940	1/
	3.	SIC Code: 7699	V
	4.	Location: Street 175 MILENS ROAD	
	•	City TONAWANDA State NY County ERIE	
	5.	Telephone No.: (716) 876-1200	
	6.	Check: Owner X Operator	
-2.		ILITY PROCESS DESCRIPTION The above facility is involved in t	
	1.	Raw Materials Used:  of industrial equipment including electric transformers, turbines, pumps, etc. Informance of those repair estimates materials.	ic moto
	<b>4</b> •	Products. N/A formance of these repair activities mate	itais
	3.	Byproducts: N/A such as copper wire, insulating materials ormer oil, thinners and solvents, and pai	, trans
	•	Recycled? N/A Specify: being used.	ints are
		Treated? N/A Specify:	
-3.	FAC	ILITY ENVIRONS	
	Plea	ase provide the following information if available:	
	$\sqrt{1.}$	Distance to nearest drinking water source (well or	
(		aquifer): Unknown	
1	2	Depth to uppermost aquifer: Unknown	•
		Distance to nearest surface water body: .75 miles (Tonawanda	Creek)
		Surface water use: N/A	,
		Distance to nearest offsite building: 150 Feet	•
(		Distance to nearest sensitive environment (e.g., wet-	•
,		preserved areas, or critical habitat: Unknown	
	(1.)	Percent of facility lying within 100 year	•
		floodplain: 0% (acres oftotal acres =%	)
	8.	Land use/zoning:	•
	•	completely remote	
		agricultural	
		<del></del>	
		commercial or industrial X	
	_	residential	
	9.	Net annual precipitation (estimate): 37.52 inches	•
/	10.7	Soil permeability (e.g., clay, sand; particle size):	
	/		
		Compact grass clayey silt	

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

Page 1 of 25

UNIT ID:

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

#### 3-1.1 WASTE CHARACTERISTICS

in Fart 1 DEFINITIONS of this questionnaire.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit. If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

	U TYPE/	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	CS-1	11 ft x 30 ft	ACTIVE Yes YEAR START: 1980	<u>s01</u>	D001	4,000 lbs	No
		VOLUME DRUMS 36 drums x 55	INACTIVE INCLUSIVE YEARS:	#1	D002 F001	1,200 1bs 1,000 1bs	
	.*	NUMBER DRUMS36 drums (max	imum)				
			·				•
1	UNIT ID as cod	led on your facility	site map.				
2	EPA Process Co from Subparts	des, EPA Hazardous W C and D and criteria regulated under KCKA	aste Codes consti-				

UNIT ID: CS-1

Page  $\frac{2}{2}$  of  $\frac{25}{2}$ 

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

#### 3-1.2 WASTE MANAGEMENT PRACTICES

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

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

	<u>Fxcellent</u>	Good	Pair	NK	Comment
		X			Materials of construction - steel
	N <sub>1</sub>				
2.	What was/is t	he average	residence	time of chemi	icals in the transfer station/CSA?
	NK	Chem	ical R	esidence Time	(units)/COMMENT
		DC	001	6 - 9 mont	ths average residence time
	<del></del>		102 ( -	y	
		F0	(		
	•		·		
3.	Were/are reac	tive, ignit	able, or i	ncompatible w	wastes placed in the unit?
	<u>Yes</u>	No	NK		Description/COMMENT
	<u>x</u> _			Igni	itable waste (EPA haz. waste No. D001)

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

Yes	No	NK	If yes, mitigative treatement?	Comment
X				Containers are kept closed during storage and
	-	<b>,</b>		stored 50 feet from the facility's property line.

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

UNIT ID: CS-1

Page <u>3</u> of <u>25</u>

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

3-1.2 (Cont'd)

4. Was/is the unit surrounded by a containment system? What was/is the capacity of the containment	system?
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Ye	28_	No	NK_	Capacity(units)/COMMENT
	X.			36 drums
				ted indoors or outdoors. If located outdoors, indicate if the area is/was protected
INDOORS	OUTDUO		NK.	COMMENT
PROTECTED	UNPR	OTECTED	NK_	COMMENT
Please des	scribed	any preca	utionary m	asures that are/were taken (e.g., roofed area, tarp graded).
PRECAUTION	VARY MEA	SURES		

CS-l area is located	on concrete floor	enclosed by a concrete	curb and protected	from the weather
by roof and siding.				

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

T ID: \_\_\_\_\_

Page 4 of 25

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

3-1.3 EVIDENCE OF RELEASE/REMEDIATION
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N/A

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

D. 4	dence	of.		معجما
EV I	cence	or	Ke1	lease

None Indirect*		Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	pescription/Comment		
	•			*e.g., discoloration of surrounding soil, dead vegetation		
Characte	eristics of Rel	ease				
	ardous Waste   e Description 2	Estimated Quantity Volume Released (Un		Nature of Release		
		<del></del>				
<del> </del>						
			<del></del>			
			<del></del>			

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

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

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

#### 3-1.3 (Cont'd)

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

GW Mon Data A	itoring ttached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached	
	<del></del>					
For the	e prior/c	ırrent	release documented abo	ve please describe rele	evant remediation implemented or planned.	
Previous Implem						
Yes	<u>No</u>	<u>NK</u>	Inclusive Dates	Description/COMMENT		
						_
						_
Ourren Implem Yes		NK.	Starting Dates	Description/COMMENT		
Planne	d to		·			_
	<u>lemented</u>					
Yes	<u>No</u>	<u></u>	Starting Date	Description/COMMENT		_
				***************************************		

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

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

UNIT ID: CS-2 1

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

#### 3-1.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit. If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

	MU TYPE/ IT IDENTIFIES	DIMENSIONS STORAGE AREA	(PERATIONAL STATUS	EPA PROCESS <sup>2</sup> CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
	CS-2 24	4 ft 6 in x 21	ACTIVE Yes ft YEAR START: 1978	S01	РСВ	545 Drums	No
		6 in VOLUME DRUMS 75 drums x	INACTIVE INCLUSIVE YEARS:				29775
	÷	NUMBER DRUMS 75 drums	(maximum)				
•		••					· •
1	UNIT ID as o	coded on your fact	lity site map.				
2	from Subpart tuting waste	Codes, EPA Hazard as C and D and cri as regulated under CFINITIONS of this	teria consti- - RCIA are defin <mark>ed</mark>	,			

UNIT ID: CS-2 1

Page  $\frac{7}{25}$  of  $\frac{25}{25}$ 

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

#### 3-1.2 WASTE MANAGEMENT PRACTICES

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

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

	Excellent	Goo	<u>xd</u> <u>Fa</u>	<u>ir</u>	NK	Comment		
	X					Materials of	construction - steel	
						•		
2.	What was/is	the ave	erage resid	lence ti	ime of chem	icals in the transfer	station/CSA?	
	NK_		Chemical	Res	idence Time	e (units)/COMMENT		
			PCB		Average	l month		
					-			
3.	Were/are re	active,	ignitable,	or inc	compatible v	wastes placed in the u	mit?	
	Yes	No	NK		•	Description/COMMENT		
		X						
							nt it no longer poses/posed a hazard?	
	<u>Yes</u>	No	<u> NK</u>	1E y	es, mitigat	ive treatement?	Comment	

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

UNIT ID: CS-2 1

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

3-1.2 (Cont'd)

4.	Was/is the unit	surrounded by	a containment syste	m? What was	s/is the c	capacity	of the	e containment	system?
----	-----------------	---------------	---------------------	-------------	------------	----------	--------	---------------	---------

Yes	<u>s_</u>	No	NK	Capacity(units)/COMMENT
<u> </u>		<del></del>		Capacity of containment system = 5,200 gal.
			is/was loca in, snow].	ted indoors or outdoors. If located outdoors, indicate if the area is/was protected
	OUTDUC	<u>rs</u>	NK_	COMMENT
X			<del></del>	
PROTECTED	UNPR	OTECTED	NK_	COMMENT
Please desc	cribed	any preca	utionary me	asures that are/were taken [e.g., roofed area, tarp graded].
PRECAUTION			-	
CS-2 ar	ea is	locate	d indoors	s, on concrete floor, and enclosed by a 16 inch high x 9 inch thick concrete
				ntainment for 5,200 gallons.
				·

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

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

#### 3-1.3 EVIDENCE OF RELEASE/REMEDIATION

N/A

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

EV	i	dence	0	f I	Rel	ease

None	Indirect*	Positive Proof from Direct Observation	Positive Proof fro Laboratory Analyse	
	<del></del>	<del></del>		
	N <sub>e</sub>			
				*e.g., discoloration of surrounding soil, dead vegetation
Characte	ristics of Rele	ease .		
EPA Haza or Waste	rdous Waste   Description 2	Estimated Quantity of Volume Released (Uni		Nature of Release
			<u> </u>	
		<del></del>		
	<del></del>		<del></del>	
		<del></del>	<del></del>	
	· · · · · · · · · · · · · · · · · · ·			
			<del></del>	

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

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

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

3-	1.	3	(Cont'd	۱
., –			(Wile w	,

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

OW Mo Data	nitoring Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
For t	he prior/	urrent	release documented at	mye please describe rel	evant remediation implemented or planned.
Previ					evalue Londotad Inframenca at Francisca.
Yes	No	NK	Inclusive Dates	Description/COMMENT	
Curre	nt I v				
	mented				
Yes	No	<u>NK</u>	Starting Dates	Description/COMMENT	
Plann					
	plemented	NW	Starting Date	Description/COMENT	
Yes	No	NK ·	Starting Date	Description/COMMENT	
			,		
				·	

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

·/31	
3/10	

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

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 POR EACH INDIVIDUAL TRANSPER STATION & CONTAINER STORAGE AREA (CSA)

#### 3-1.1 WASTE CHARACTERISTICS

in Fart 1 DEPINITIONS of this questionnaire.

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CPR, Subpart D for each listed hazardous waste handled at the unit. If you handle/handled hazardous wastes which are not cited in 40 CPR, Subpart D, enter the code(s) from 40 CPR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCPA and provide waste descriptions. Por each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of massure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

UNIT IDENTIFIER AREA OPERATIONAL STATUS CODE NO. OR WASTE DESCRIPTION QUANTITY (SPECIFY UNITS) RELEASE ACTIVE Yes		DIMENSIONS	(Waste accumulation cont	2			:
CS-3 3 ft x 15 ft YEAR START: 1980 S01 D001 1,500 lbs No D002 400 lbs  VOLUME INACTIVE 3 F001 1,000 lbs  DRUMS INCLUSIVE YEARS:			OPERATIONAL STATUS				ASSOCIATED RELEASE?
WOLUME INACTIVE 3 D002 400 1bs  DRUMS INCLUSIVE YEARS:			ACTIVE Yes_				
FOOI 1,000 lbs  DRUMS INCLUSIVE YEARS:  4 drums x 55 gal/drum  2 plastic containers - 55 gal/container  1 plastic container - 30 gal  DRUMS  4 drums	CS-	3 ft x 15 ft	YEAR START: 1980	S01	D001	1,500 lbs	No
4 drums x 55 gal/drum  2 plastic containers - 55 gal/container  1 plastic container - 30 gal  DRUMS  4 drums					D002	400 1bs	
A drums x 55 gal/drum  2 plastic containers - 55 gal/container  1 plastic container - 30 gal  DRUMS  4 drums		VOLUME	INACTIVE	ک	F001	1,000 lbs	
4 drums x 55 gal/drum  2 plastic containers - 55 gal/container  1 plastic container - 30 gal  DRUMS  4 drums		DRUMS	<del></del>				
2 plastic containers - 55 gal/container 1 plastic container - 30 gal NIMBER  DRUMS 4 drums		4 drums x		<del></del>			
DRUMS		2 plactic	containers - 55 gal/conta	iner			
DRUMS		<u>l pl</u> astic	container - 30 gal				
4 drums							
		<del></del>				<del></del>	
3 plastic containers							
		3 plastic	containers				
		•					4
						<del></del>	•
	•					<del></del>	•
					Ť		
1 UNIT ID as coded on your facility site map.	1 UNI	T ID as coded on your fac	ility site map.				
2 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCKA are defined	fro	m Subports C and D and cr	iteria consti-				

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

## 3-1.2 WASTE MANAGEMENT PRACTICES

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

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

<u>Proellent</u>	Good	<u>Pair</u>	NK	Comment
	<u> </u>			Material of construction: Steel
				Plastic
N				
What was/is t	:he average r	esidenc	e time of chem	icals in the transfer station/CSA?
NK_	Chemi	cal	Residence Tim	e (units)/COMENT
			3-6 mor	aths
<del></del>		<del></del>		
	<del>- نین پیشت</del>			
•	<del></del>			
Were/are read	tive, ignital	— ble, or	incompatible	wastes placed in the unit?
Yes	No	NK		Description/COMPENT
x				Ignitable waste (EPA haz code No. D001)
If so, are/M	re the waste	s store	d, treat <b>ed, re</b>	ndered or mixed so that it no longer poses/posed a hazard?
Yes	No NK		If yes, mitiga	tive treatement? Comment
X				Containers are kept closed, except when it is
<del></del>				necessary to add waste.
				necessary to the world

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

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

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.5 -	-1.	. 2	(Co	mt	- 0	,,

4. Was/i	is the unit surr	counded by a c	containment system? What was/is the capacity of the containment system?	
Ye	es No	NK C	apacity(units)/COMMENT	
	<u> </u>			
3		_		
	mether the unit weather (e.g., r		ed indoors or outdoors. If located outdoors, indicate if the area is/was protected	
INDOORS	OUTDUORS	NK	COMMENT	
			·	· · · · · · · · · · · · · · · · · · ·
PROTECTED	UNPROTECTED	NK	COMMENT	
		cautionary mea	sures that are/were taken [e.g., roofed area, tarp graded].	
PRECAUTION	NARY MEASURES			
	· · · · · · · · · · · · · · · · · · ·			<del></del>
<del></del>	·			

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

UNIT	D: _	1
Dama	1.4	me 25

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

3-1.3	EVIDENCE	OF RELEASE	/REMEDIATION
			y

N/A

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

Evidence	e of Release			·
<u>Hone</u>	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	Description/Comment
	` <u>`</u>		:	
				*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of Re	lease		
EPA Haz or Wast	e Description	2 <u>Volume Released (Ur</u>	or Date(s) of hits) Release	Nature of Release
				• • • • • • • • • • • • • • • • • • •

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

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

ONIT ID: \_\_\_\_\_\_\_\_.

Page  $\frac{15}{25}$  of  $\frac{25}{25}$ 

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

3-1.3 (Cont'd)

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

GN Mo Data	nitoring Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring  Data Attached	
For t	he prior/o	urrent	release documented at	pove please describe rel	evant remediation implemented or planned.	
Previ				•		X.
Yes	No	NK	Inclusive Dates	Description/COMMENT		
	_	<del></del>				
Oirre	nt I v					
	mented					
Yes	No	NK	Starting Dates	Description/COMMENT		
j'				<del></del>		
Plann	ed to					
	plemented					
Yes	No .	NK .	Starting Date	Description/COMMENT		
			· · · · · · · · · · · · · · · · · · ·			

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

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

Page 16 of 25

UNIT ID: CS-4

NOTE: COMPLETE 3-1.1 THROUGH 3-1.3 POR EACH INDIVIDUAL THANSPER STATION & CONTAINER STORAGE AREA (CSA) SHALL WHICH BITHER IS CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

#### 3-1.1 WASTE CHANACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CPR, Subpart D for each listed hazardous waste handled at the unit. If you handle/handled hazardous wastes which are not cited in 40 CPR, Subpart D, enter the code(s) from 40 CPR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCR and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SHOU TYPE/ UNIT IDENTIFIE	DIMENSIONS STORAGE AREA	(Waste Accumulation Conta	iners)  EPA PROCESS  CODE	epa hazardous waste no. Or waste description <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIPY UNITS)	ASSOCIATED RELEASE?
CS-4	2.5 ft x 6	ft YEAR START: 1980	S01	D001	500 1bs	No
	volume prums 3 drums	inactive	<del></del>	Waste motor/lubricat Asbestos	ing oil 200 gal 200 lbs	
	NUMBER DRUMS 3 drums					
	,		·			
·						
1 UNIT ID as	coded on your fa	cility site map.				
from Subper tuting was	rts C and D and c tes regulated und	nrdous Waste Codes criteria consti- der RCHA are defined his questionnaire.				

UNIT ID: \_\_\_\_\_1

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

#### 3-1.2 WASTE MANAGEMENT PRACTICES

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

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

	<u> x</u>			Material of construction - steel
N.				
What was/is	the ave	e <b>rage re</b> sidenc	e time of chemic	icals in the transfer station/CSA?
NK		Chemical	Residence Time	e (units)/COMMENT
		_D001	3-6 months	hs
<del></del>		Waste 0il	4 month	t hs
		Asbestos	6 month	ths
hro/ara ro	active	imitable, or	incompatible was	wastes placed in the unit?
		NK_	Incompactore was	Description/COMMENT
Yes X	No			Ignitable waste (EPA haz waste No. D001)
				Ignitable waste (EIA haz waste No. Boot)
if so, are/	were the	wastes store	d, treat <b>ed, rend</b> e	dered or mixed so that it no longer poses/posed a hazard?
50, 410,				
Yes	No	NK	If yes, mitigativ	Ive treatement? Comment

necessary to add waste.

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

UNIT ID: CS-4 1
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## 3-1 TRANSPER STATIONS & CONTAINER STORAGE AREAS (CSAS)

3-1.	2 (	Cont	'd	)
------	-----	------	----	---

4. Was/is	the unit surrou	inded by a cont	ainment system? What was/is the capacity of the containment system?						
Yes	No	NK Capa	city(units)/COMMENT						
· ·	<u> </u>								
<u>!</u>									
Indicate whe	Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from the weather [e.g., rain, snow].								
INDOORS O	/TOUCRS	NK .	COMMENT						
PROTECTED	UNPROTECTED	NK	COMMENT						
Please described any precautionary measures that are/were taken (e.g., roofed area, tarp graded).  PRECAUTIONARY MEASURES									
LUCYNOTIONAL LENDOUS									
***************************************									
	•								

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

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

#### 3-1.3 EVIDENCE OF RELEASE/REMEDIATION

N/A

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

D. I	dence	of	Dal	
EVI	CENCE	UI	REI	COLD

None	Indirect*	Positive Proof from Direct Observation	Positive Proof ( Laboratory Anal)	
	``			
				*e.g., discoloration of surrounding soil, dead vegetation
Characte	ristics of Rel	ease		
EPA Haza or Waste	rdous Waste ( Description 2	Estimated Quantity Volume Released (U		Of Nature of Release
	<del></del>			
			<del></del>	
		<del></del>	<del></del>	
/		·	· · · · · · · · · · · · · · · · · · ·	

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

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

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

#### 3-1.3 (Cont'd)

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

OH Mon	itoring ttached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
<del></del>	<del></del>				· · · · · · · · · · · · · · · · · · ·
For th	e prior/c	urrent i	elease documented abo	ove please describe rel	evant remediation implemented or planned.
Previo Implem					
Yes	<u>No</u>	<u>NK</u>	Inclusive Dates	Description/COMMENT	
	_			<del></del>	
Outren	_				
Implem Yes	<u>No</u>	<u>NK</u>	Starting Dates	Description/COMMENT	
, of the second					
Planne					
	emented		- · · ·		
Yes	No -	<u>MK</u>	Starting Date	Description/COMMENT	· •
			•		<del>and make the state of the stat</del>

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

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

UNIT ID:  $\frac{\text{CS-5}}{\text{Page}}$  of  $\frac{25}{\text{CS-5}}$ 

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

#### 3-1.1 WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit according to your map identifier code and provide the appropriate EPA process code. Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit. If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit described.

SMMU TYPE/ UNIT IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS <sup>2</sup>	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
CS-5 17 f	t 4 in x 14 ft	ACTIVE Yes YEAR START: 1980	S01	Waste motor/ lubricating oil	20 drums	No
	10 in  VOLUME  DRUMS  15 drums × 55 9	INACTIVE INCLUSIVE YEARS:	5			1100
	NUMBER DRUMS 15 drums	) DRUM				
	15 Ulumo	· .				
						•
1 UNIT ID AS COO	led on your facility	site man.				
2 EPA Process Of from Subparts tuting wastes	odes, EPA Hazardous of and D and criteri regulated under RCM [NIT](NS of this que	Waste Codes a consti- A are defined				

UNIT ID: CS-5

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

#### 3-1.2 WASTE MANAGEMENT PRACTICES

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

excellent	Good i	<u>Fair</u> NK	Comment
	X		Material of construction - steel
V .			
what was/is	the average resi	idence time of chem	micals in the transfer station/CSA?
NK	Chemical	Residence Tim	ne (units)/COMMENT
	Scrap oi	1 1 - 2 1	months
	### W T		
•			
bro/ara raz	rtive imitable	or incompatible	wastes placed in the unit?
Yes	No N	<u>IK</u>	Description/COMMENT
	<u>X</u>		
•			
•	ere the wastes s	stored, treat <b>ed, re</b>	endered or mixed so that it no longer poses/posed a hazard?
f so, are A	ere the wastes s		endered or mixed so that it no longer poses/posed a hazard?  ative treatement? Comment
If so, are A			

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

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

_			
1-	1.2	(Opnt	'd)

				· · · · · · · · · · · · · · · · · · ·
<b>A</b>	Line // a that walk approximated	L	14ba4a // a 4ba aaaaa / 4	
4 -	waszis the unit suffourced	DV A CONEAINMENT SYSTEM?	What Waszis the Cabacit	y of the containment system?

Ye	8	No	NK	Capacity(units)/COMMENT
	<del></del> .			The containment system provides secondary containment for 3,800 gallons.
Indicate w from the w				eated indoors or outdoors. If located outdoors, indicate if the area is/was protected
INDOORS	OUTDUO	RS	NK_	COMMENT
		_		
PROTECTED	UNPR	OTECTED	NK_	COMMENT

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

#### PRECAUTIONARY MEASURES

CS-5 area is located within an interior area 17 ft 4 in x 14 ft 10 in with a 6 inch thick concrete floor enclosed by a 24 inch high x 10 inch thick concrete curb providing secondary containment for 3,800 gallons.

(Within the same diked area, a 2,000 gallon capacity storage tank is also located.)

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

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

3-1.3 EVIDENCE OF RELEASE/REMEDIATION	3-1	.3	EVIDENCE	OP.	RELEASE/REMEDIATION
---------------------------------------	-----	----	----------	-----	---------------------

N/A

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

Evi	dence	of	Rel	ease
-----	-------	----	-----	------

None	Indirect*	Positive Proof from Direct Observation	Positive F Laboratory		Description/Comment
	\\				
					*e.g., discoloration of surrounding soil, dead vegetation
Characte	ristics of Re	lease			
EPA Haza or Waste	rdous Waste   Description	Estimated Quantity Volume Released (Un		elease	Nature of Release
			<del></del> -		
			-		
				<del></del>	**************************************
<del></del>			<del></del> -		

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

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

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#### 3-1 TRANSPER STATIONS & CONTAINER STORAGE AREAS (CSA8)

#### 3-1.3 (Cont'd)

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

GW Mor Data /	nitoring Attached		SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached	
	<del></del>				•	
For th	ne prior/c	irrent c	elease documented ab	ove please describe relev	ant remediation implemented or planned.	
Previo						
Yes	No	<u>NK</u>	Inclusive Dates	Description/COMMENT	·	
	_					
						_
Our ren Imples Yes	ntly nented No	NK	Starting Dates	Description/COMMENT		
.*						_
Planne be Im Yes	ed to plemented No	NK.	Starting Date	Description/COMMENT		
	,					

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

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## 3-4 STORAGE/THEATMENT TANKS [EXCLUSIVE OF 3-3]

UNIT ID: ST-1 1
Page 1 of 18

NOTE: COMPLETE 3-4.1 THROUGH 3-4.3 FOR EACH INDIVIDUAL STORAGE TREATMENT TANK SWMU WHICH BITHER 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 40 CFR, Subpart D for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions. For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (e.g., tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or hazardous waste constituents was/is associated with the unit identified.

	J TYPE/ P IDENTIFIER <sup>1</sup>	SI ZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	ST-1	2,000 gal	ACTIVE N/A YEAR START:	<u>\$02</u>	РСВ	1,000 gal	Х
			INACTIVE Tank removed INCLUSIVE YEARS: 1977 -				•
		·	·				-
		,					
1 .							· · · · · · · · · · · · · · · · · · ·
2 1	EPA Process Coo from Subparts (	ed on your facili des, EPA Hazardou C and D and crite regulated under R	s Waste Codes ria consti-				•

in Part 1 DEPINITIONS of this questionnaire.

#### 3-4 STORAGE/TREATMENT TANKS

3-4.	2 W	ASTE I	MANA	GEMENT	PRACT	ICES
------	-----	--------	------	--------	-------	------

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.

bove Ground	Below Ground	<u>NK</u>	Description/COMMENT
	<u> </u>	<del></del>	2,000 gallon, carbon steel tank
			·
V			
s/was the unit	t covered or unco	overed? If cove	ered, briefly describe.
overed	Uncovered	NK	Description/COMMENT
X		<del></del>	Tank 3 feet below ground, covered with dirt
		<del></del>	
escribe inspe	ction procedures	for tanks and a	
and provide da Date of	te of latest insp	ection.	nncillary equipment (e.g., ultrasound, tank tightness tests, etc)
and provide data Date of Latest Inspect	te of latest insp ion <u>NK</u> I	nspection Proce	edures/COMMENT
and provide da Date of	te of latest insp ion <u>NK</u> I	nspection Proce	edures/COMMENT  el test: Put tank on "no-use" status and check level of liquid
and provide data Date of Latest Inspect	te of latest insp ion <u>NK</u> I	nspection Proce	edures/COMMENT
and provide date of atest Inspect.  August 19	te of latest insp ion NK I 82	nspection Proce Yearly lev for four d	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).
and provide date of atest Inspect.  August 19	ion NK I 82  - Was uncovered, a	re/were procedu	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and provide date of atest Inspect.  August 19	ion NK I 82  - Was uncovered, a	nspection Proce Yearly lev for four d	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and provide date of atest Inspect.  August 19	te of latest inspinon NK I 82  Awas uncovered, a	re/were procedu	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and provide date of atest Inspect.  August 19	te of latest inspinon NK I 82  Awas uncovered, a K NA D X M	re/were procedu	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and provide date of atest Inspect.  August 19	te of latest inspinon NK I 82  Awas uncovered, a K NA D X M	rection.  Inspection Proce Yearly lev for four description/COMP	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
and provide date of atest Inspect.  August 19	te of latest inspinon NK I 82  Awas uncovered, a K NA D X M	rection.  Inspection Proce Yearly lev for four description/COMP	edures/COMMENT el test: Put tank on "no-use" status and check level of liquid ays (liquid level checked once each day of testing).  eres in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

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

UNIT ID: 51-1 1
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## 3-4 STORAGE/TREATMENT TANKS

3-4.2 (00)	nt	٠,	d)	
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۱.	, If the ta	nk is∕wa	s uncover	ed, ar	e/were devices or procedures in place to monitor releases to the atmosphere? Describe.	
	Yes	No	NK_	N/	Monitoring Description/COMMENT	
				<u> x</u>		
	If the ta	nk is/wa:	s uncover	ed, ar	e/were devices or procedures in place to control releases to the atmosphere? Describe.	
	Yes	No_	NK_	NA.	Control Description/COMMENT	
				X		
			-			
	Wao/io th	o tank o	muinned w	itha	secondary containment structure (e.g., dike or trench)? Please describe.	
••	-				Description/COMMENT	
	Yes	_	No N	<u>~</u>		
		-	<u>x                                    </u>			
				,		N
						· · · · · · · · · · · · · · · · · · ·
5.	Was/is th	e tank e	quipped w		drainage control system or a diversion structure (e.g., standby tank)? Describe.	
	Yes		_NK_		Description/COMMENT	
		<u> </u>		•		
				,		
7.	If hazard to stop i	lous wast nflow (e	e was/is .g., wast	contin e cuto	uously fed into the tank, was/is the tank equipped with a means ff or by-pass to a standby tank)? Please specify.	* * *
	Yes	<u>No</u>	NK	NA	COMMENT	
	<u> X</u>				Cutoff valve	

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

## 3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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

	Yes	No	<u>NK</u>	Description/CUMMENT					
		<u>X</u>				T			
									<u> </u>
							<del></del>		<u> </u>
9.					describe the treatment produce	<b>≫88.</b>	٠.		
	NA (no trea	atment)	NK	Process Description/Co					
0.	If the tan	k was/is	used for a	storage of hazardous was	ste, what was/is average res	idence time?			
	NA (no sto	rage)	NK (Res	dence Time Unknown)	Residence Time (units)	COMMENT			
					Average 1 year			<del></del> -	
								<del></del>	
			•						
		i						•	

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

UNIT ID: \_\_\_\_\_

#### 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.

None	Indirect*		ositive Proof from aboratory Analyses	COMMENT
				*e.g., discoloration of surrounding soil, dead vegetation
Characte	ristics of Rel	ease		
EPA Haza or Waste	rdous Waste # Description 2	Estimated Quantity or Volume Released (Units	Date(s) of Release	Nature of Release
P	СВ	NK	NK	Overfilling tank
<del></del>				

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

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

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#### 3-4 STORAGE/TREATMENT TANKS

3-4.3 (Cont'd)

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

Data Attached	Data Attached	Data Attached Data Attached
Previously Implemented Yes No	NK Inclusive Dates	Description/COMMENT
Currently Implemented Yes No	(In progress) NK Start Date	Description/COMMENT  NY State Department of Environmental Conservation has a partial closure plan. Remedial activities are in progress.
Planned to be Implemented Yes No	NK Start Date	Description/COMMENT

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

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

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

BELOW GROUND TANK IS DEPINED 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.<sup>2</sup> Indicate the operational status of the unit, identifying the first year of operation for active units or the inclusive dates of operation [from - to] for units presently inactive. Include the hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes.<sup>2</sup> For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions.<sup>2</sup> 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.

SW	MU TYPE/ IIT IDENTIFIER <sup>1</sup>	SI ZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUARTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
	ST-2	2 <u>,000 ga</u> 1	YEAR START: 1979  INACTIVE INCLUSIVE YEARS:	# 2 	Waste transformer of (PCB concentration less than 50 ppm)	5,000 gal	No
, ,/							• • • •
	·						• •
1	UNIT ID as code	ed on your facil	ity site map.		1		
2	from Subparts	des, EPA Hazardo C and D and crit regulated under	eria consti-				•
1	EPA Process Co from Subparts (	des, EPA Hazardo C and D and crit	us Waste Codes				

in Part 1 DEPINITIONS 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 SMAU identified on the preceding page.

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

	Above Ground	Below Ground	NK	Description/COMMENT
	X			Horizontal, top filling, 2,000 gallons capacity steel storage tank
1			<del></del>	
	*			
	Is/was the unit	covered or un	covered? If covere	ed, briefly describe.
	Covered	Uncovered	NK	Description/COMMENT
	X			Closed tank with top filling opening which is covered when tank
				is not being filled.
2.	Describe Issues		a for books and an	
2.	and provide dat	e of latest in	spection.	cillary equipment (e.g., ultrasound, tank tightness tests, etc)
	Date of			
	Latest Inspecti	<del></del> . <del></del>	Inspection Proced	
,	February 10	1987	Weekly vis	sual inspections
3.	If the tank is,	was uncovered,	are/were procedure	es in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
	Yes No. N	C NA	Description/COMPE	<b>vr</b>
		<u> </u>	Manual	<del>-</del>
			Automatic	-

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

### 3-4 STORAGE/TREATHENT TANKS

3-4	1.2	(Con	•	41

	No	<u>NK</u>	X	Monitoring Description/COMMENT
f the t	ank is/was			e devices or procedures in place to control releases to the atmosphere? Describe.
Yes	No	<u>NK</u>	NA X	Control Description/COMMENT
<del></del>			<u>.</u>	
ıs/is t	he tank ed	juipped wi	ith a second	lary containment structure (e.g., dike or trench)? Please describe.
Yes		<u>No</u> <u>N</u>		ption/COMMENT
<u> X</u>	<del>-</del> -	<del></del>		ST-2 tank is located within an interior area 17 ft 4 in x 10 in with a 6
				ck concrete floor enclosed by a 24 inch high x 10 inch thick concrete curb
				viding second containment for 3,800 gallons.
as/is t	he tank ed	juipped wi		ge control system or a diversion structure (e.g., standby tank)? Describe.
_Yes	<u>No</u>	NK	<u>Deacr i</u>	ption/COMPLENT
	<u>X</u> _		<del></del>	
			<del></del>	
			<del></del>	
f hazar	dous waste	was/is o	continuously	fed into the tank, was/is the tank equipped with a means
			i	by-pass to a standby tank)? Please specify.
	_ <u>No</u> _	NK _	NA COMM	<u>ENT</u>
Yes				
Yes			<u>x</u>	

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

### 3-4 STORAGE/TREATMENT TANKS

3-4.2 IUDAC'O)	-4.	.2	(Cont'd)	
----------------	-----	----	----------	--

<u>Yes</u>	No	NK	Description/CUMMENT			
	<u>X</u>					
				·		
(no trea		used for NK	waste treatment, briefly Process Description/C	y describe the treatment prod	Cess.	\$
the tank \(\frac{1}{X}\)				-		
(no trea				-		
X (no trea	tment)	<u>NK</u>	Process Description/C	-		
X  the tank	was/is	NK	Process Description/C	OMMENT:		
X  the tank	was/is	NK	Process Description/O	OMMENT  Ste, what was/is average resi	idence time?	
X (no trea	was/is	NK	Process Description/O	Bte, what was/is average resi	idence time?	

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

#### 3-4 STORAGE/THEATMENT TANKS

### 3-4.3 EVIDENCE OF RELEASE/REMEDIATION

N/A

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.

Evi	i den:	ce o	f Re	:lease	

None	Indirect*	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
	· · · · · · · · · · · · · · · · · · ·			
			•	*e.g., discoloration of surrounding soil, dead vegetation
Charact	teristics of Re	lease		
EPA Has or Mast	zardous Waste ( te Description	2 <u>Volume Released (U</u>	or Date(s) of Release	Nature of Release
,				
		· · · · · · · · · · · · · · · · · · ·		
	<del></del>			
		•		

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

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

#### 3-4 STORAGE/TREATMENT TANKS

#### 3-4.3 (Cont'd)

For the SNMU 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:

CM Monitoria Data Attache	<u>ed</u>	SW Analytical Data Attached	Data Attached	Data Attached
	or/current r	elease documented abo	ve please describe rele	evant remediation implemented or planned.
Previously Implemented Yes No	NK	Inclusive Dates	Description/COMMENT	
Currently Implemented Yes No	NK_	Start Date	Description/COMMENT	
		Statt Pate		
<i>;</i>	•			
Planned to be Implement Yes No	ted NK	Start Date	Description/COMMENT	·
	_			

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

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 8/10

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

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UNIT ID:

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

BELOW GROUND TANK IS DEPINED 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 40 CFR, Subpart D for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describe(s) the characteristics and/or the toxic constituents of those hazardous wastes. Por any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide waste descriptions. Por 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.

SMMU TYPE/ UNIT IDENTIFIER	SI ZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
ST-3	275 gal	ACTIVE X YEAR START: 1979	S02	РСВ	275 gal	No
(Used for temp storage; util frequency app once/year)	ization	INACTIVE	#3 _ <del></del>			•
						•
	,					!
1 UNIT ID as coded	l on your facilit	y site map.				
2 EPA Process Code from Subparts C tuting wastes re	es, EPA Hazardous and D and criter egulated under RC	ia consti-				

in Part 1 DEPINITIONS of this questionnaire.

### 3-4 STORAGE/TREATMENT TANKS

3-4.2 MAS	TE MANAGEME	NT 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.

<b>Above Ground</b>	Below Ground	<u>NK</u>	Description/COMMENT
X			Welded low carbon steel construction with an oval configuration
1			44 inches x 27 inches x 60 inches in length with a 14 gauge wall
			thickness.
	· ·		
Is/was the un	nit covered or unc	overed? If covered	d, briefly describe.
Covered	Uncovered	NK_	Description/COMMENT
X			Closed unit, with top filling opening which is plugged when the
			tank is not being filled.
and provide d	pection procedures late of latest ins		illary equipment (e.g., ultrasound, tank tightness tests, etc)
and provide d Date of Latest Inspec	date of latest ins	Inspection Procedu	res/COMENT
and provide d	date of latest ins	Inspection Procedu	res/COMENT
and provide d Date of Latest Inspec	date of latest ins	Inspection Procedu	res/COMENT
and provide d Date of Latest Inspec	date of latest ins	Inspection Procedu	res/COMENT
Date of Latest Inspec	tate of latest ins	Inspection Procedur Weekly vi	res/COMENT
Date of Latest Inspec	etion NK 1987	Inspection Procedur Weekly vi	sual inspection  s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection February  If the tank in the control of	etion NK 1987  La/was uncovered,	Inspection Procedure  Weekly vi	sual inspection  s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection February  If the tank in the control of	tate of latest ins	Inspection Procedure Weekly vi are/were procedures Description/COMMENT	sual inspection  s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection February  If the tank in the control of	tate of latest ins	Inspection Procedure  Weekly vi  are/were procedures  Description/COMMENT	sual inspection  s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection February  If the tank in the control of	tate of latest ins	Inspection Procedure Weekly vi are/were procedures Description/COMMENT	sual inspection  s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.
Date of Latest Inspection February  If the tank in the control of	tate of latest ins	Inspection Procedure Weekly vi are/were procedures Description/COMMENT	sual inspection  s in place to maintain at least 2 feet (60 cm) freeboard? Describe the procedures.

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

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### 3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

	<u>No</u>	NK	_NA_	Monitoring Description/COMMENT
			X	
<del></del>				
tne ta	nk 18/Was	uncovere	ed, are/were	devices or procedures in place to control releases to the atmosphere? Describe.
<u>es</u> 、	No	NK	NA_	Control Description/COMMENT
			X	
			•	
s/is th	e tank eq	juipped wi	th a seconda	ary containment structure (e.g., dike or trench)? Please describe.
Yes	. <u>N</u>	lo Ni	<u>Descri</u>	ption/CONMENT_
X			ST-	3 tank is located in a diked area.
	-			J tulk 15 located in a disco died.
•				
s/is th	e t <b>an</b> k eg	uipped wi	th a drainag	ge control system or a diversion structure (e.g., standby tank)? Describe.
s/is th		uipped wi		ge control system or a diversion structure (e.g., standby tank)? Describe.
	No			
	No			otion/COMMENT
	No			Dt.ion/COMPRENT
Yes	X	<u>MK</u>	Descrip	otion/COMMENT
Yes	No X	NK	Descrip	fed into the tank, was/is the tank equipped with a means
Yes	No X	NK	Descrip	ot ion/COMMENT
Yes	No X  Ous wastenflow (e.	NK	Description time to the cutoff or the cutoff	fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
Yes hazard stop i	No X  Ous wastenflow (e.	was/is o	Description tinuously cutoff or t	fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.
Yes hazard stop i	No X  Ous wastenflow (e.	was/is o	Description time to the cutoff or the cutoff	fed into the tank, was/is the tank equipped with a means by-pass to a standby tank)? Please specify.

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

### 3-4 STORAGE/TREATMENT TANKS

3-4.2 (Cont'd)

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)

	Yes	No X	NK	Description/COMPENT				
					·			
	\							
	`.					····		
				•	· · · · · · · · · · · · · · · · · · ·	<del></del>		· · · · · · · · · · · · · · · · · · ·
						· · · · · · · · · · · · · · · · · · ·		
9.	If the tand			Process Description/O	y describe the treatment proc	ress.	1:	
		<del></del>		A - A - A - A - A - A - A - A - A - A -				
0.	If the tan	k was/is	used for	storage of hazardous wa	ste, what was/is average resi	idence time?		
	NA (no sto	rage)	NK (Res	idence Time Unknown)	Residence Time (units)	COMMENT		
					1 month			
		,						

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

#### 3-4 STORAGE/THEATHENT TANKS

-4.3	<b>EVIDENCE</b>	OP RELEASE	/REMEDIATION

N/A

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

<b>Evidence</b>	of	Rel	ease
-----------------	----	-----	------

None	<u>Indirect</u> •	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	COMMENT
	<del></del>			
	V.			
			• •	*e.g., discoloration of surrounding soil, dead vegetation
Charact	eristics of Re	lease		
EPA Haz or Wast	eardous Waste # e Description	Estimated Quantity or Volume Released (Unit		Nature of Release

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

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

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#### 3-4 STORAGE/TREATMENT TANKS

#### 3-4.3 (Cont'd)

For the SNMU 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 (GN), 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:

Data Attached		Data Attached	Data Attached	Data Attached
For the prior/o	current	release documented abo	ve please describe rele	evant remediation implemented or planned.
Yes No	NK -	Inclusive Dates		
Currently Implemented Yes No	NK	Start Date	Description/COMMENT	
	٠		*************************	
Planned to be Implemented Yes No	MK	Start Date	Description/COMMENT	
			***************************************	

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

#### FACILITY DESCRIPTION

The General Electric Buffalo Service Shop is a 69,000 sq. ft. single building located on 5.3 acres of land at 175 Milens Road, Tonawanda, New York. (FACILITY DESCRIPTION - EXHIBIT I). The site location is above the 100 year flood water elevation. The facility consists of approximately 63,000 sq. ft. of one story manufacturing/service area and 6,000 sq. ft. of office area.

The General Electric Buffalo Service Shop is involved in the repair of industrial equipment including electric motors, transformers, turbines, pumps, compressors, etc.

In the performance of these repair activities, the facility generates hazardous wastes (on-site generated wastes) as defined in the applicable State and Federal Environmental Regulations.

The General Electric Buffalo Service Shop also receives PCB liquids, solids and articles (New York DEC Hazardous Waste Numbers B001 through B007) from customers and other General Electric Repair facilities for storage prior to shipment to qualified sites.

#### On-Site Generated Waste

The hazardous wastes generated on-site are:

- Shop process wastes, generated by shop processes, such as:
  steam cleaning, painting, metalizing, abrasive blasting, manual
  cleaning of parts with rags and solvents, insulating varnish,
  collection of used lubricants and motor oil; PCB contaminated
  solvents and solids.
- Discarded stock materials (mostly paints and varnishes) that exhibit characteristics of hazardous waste (this amount is minimal due to strict enforcement of the Hazardous Waste Minimization Program).

The following summary shows the waste material, the process generating the waste, and waste generation point. (SEE EXH/B/T 2)

WASTE MATERIAL	PROCESS GENERATING WASTE	WASTE GENERATION POINT- SHOP LOCATION
Sludge - Cleaning Pits	Steam Cleaning Operation	Steam cleaning booths (Facility Description - Exhibit 2, Loc. 1,2,3
Sludge - Oil/Water Separator	Steam Cleaning Operation	Oil/Water Separators (Facility Description - Exhibit 2, Loc. 4,5
Sludge - Water Wash Paint Booth	Painting	Water wash paint booth (Facility Description - Exhibit 2, Loc. 6
Sludge - Water Wash Metalizing Booth	Metalizing Process	Metalizing booth (Facility Description - Exhibit 2, Loc. 7
Abrasive Blasting Fines	Abrasive Blasting	Abrasive blast cabinet (Facility Description - Exhibit 2, Loc. 8
Waste Motor/ Lubricant Oil	Oil drainage from various equipment/ collection of used lubricating oil	Various locations.
Rags, used brushes other debris soaked with flammable solvent thinners	Manual cleaning	Various locations.
Paint and Varnish	Painting/Varnish treating	Paint booth (Facility Description - Exhibit 2, Loc. 9 Varnish tank (Facility Description - Exhibit 2, Loc. 10
Flammable Solvent & Thinners	Paint Thinning	Paint booth (Facility Description - Exhibit 2, Loc. 11
<del>2</del>	Manual Cleaning	Various Locations.
PCB Contaminated Solvents and Solids	Flushing PCB contaminated transformers/ repair work.	PCB area.

The Buffalo Service Shop has established specifically designated locations as collection areas in which frequently disposed of hazardous waste materials are accumulated. Collection containers, with covers, are placed in these areas. Collection containers are properly labeled, stating the type of hazardous waste they contain and the proper category of hazardous waste material. Collection containers used for ignitable wastes are Factory Mutual approved. Sizes of the collection containers are 30 gallons and 55 gallons. Location of the collection containers is shown in the Facility Description - Exhibit 3.

Hazardous waste materials that are frequently discarded are sent directly to the designated hazardous waste storage area as they are generated. Hazardous wastes are stored in containers that are compatible with the wastes and are in good condition. The size of the storage containers is 55 gallons. Transportation of containers to the designated hazardous waste storage area is performed with skids and fork lifts.

### Off-Site Waste (Wastes received from off-site)

The Buffalo Service Shop receives PCB liquids, solids, and articles (New York DEC Hazardous Waste Numbers B001 thru B007) for storage prior to disposal. These materials are also generated by the Buffalo Service Shop from service and repair activities at the facility and at customer's locations. PCB items received by the Buffalo Service Shop consist of drummed liquids and solids, and PCB articles.

All service operations at the Buffalo Service Shop which involve PCB liquids, solids, articles, are conducted in accordance with Federal EPA Regulations 40CFR761 and New York State Hazardous Waste Regulations 6NYCRR Part 370 through 373.

The certified PCB supervisor receives and dates the PCB item and signs the hazardous waste manifest. The manifest copies are sent to the PCB Specialist for review and distribution and the material is moved to the PCB work area. The PCB Specialist issues the job planning as required, and maintains records of the material received and generated by decontamination. The PCB items are then placed in the PCB storage area or shipped to a qualified disposal site.

All items shipped for disposal are manifested as PCB items unless tests are obtained to verify that PCB concentrations are below 50 ppm. The PCB Specialist is responsible for obtaining PCB test analysis and maintaining test reports. The manifests are prepared and distributed by the PCB Specialist who also arranges for shipment and disposal with qualified transporters and disposal sites. The PCB Specialist maintains records of PCB materials received, shipped, and in inventory. These records are maintained in the facility's file for five years.

Transportation of the PCB items, received by the Buffalo Service Shop is done by qualified transporters using flat-bed or closed trucks. Unloading of wastes received is done in the unloading area, southeast corner of facility under direct supervision of a certified PCB supervisor, using overhead cranes or fork trucks with barrel lifting device attachment.

Detailed traffic information is discussed in the traffic section.

The estimated annual quantity of wastes handled in Buffalo Service Shop are:

### ° On-Site Generated Waste

WASTE MATERIAL	QUANTITY	UNITS	HAZARDOUS WASTE NO.
Sludge (Oil/Water Separator, Cleaning Pits)	1,500	Pounds	(Varies) D001; D002, D004-D011
Sludge/Waste Water (Water Wash Paint Booth)	1,500	Pounds	(Varies) D001; D004-D011
Sludge (Metalizing Booth)	100	Pounds	(Varies) D004-D011
Abrasive Blasting Fines	500	Pounds	(Varies) D004-D011
Waste Oil (Motor/Lubricating Oil)	1,000	Gallons	(Varies) D004-D011
Rags, Used Brushes, Other Debris Soaked with Flammable Solvent and Thinners	500	Pounds	D001
Paint and Varnish Residue	1,500	Pounds	D001
Flammable Solvent & Thinners	1,000	Gallons	D001
Scrap Varnishes	1,500	Pounds	D001
PCB Contaminated Solvents (From Flushing PCB Contaminated Transformers)	135,700	Pounds	B002; B003
PCB Contaminated Solids (Generated During PCB Related Work Activities)	7,500	Pounds	в007

## Off-Site Waste (PCB Wastes Received from Off-Site)

WASTE MATERIAL	<b>QUANTITY</b>	UNITS	HAZARDOUS WASTE NO.
PCB Liquids	602,000	Pounds	B001-B003
PCB Solids (Capacitors, Transformer Carcasses, Debris)	1,367,000	Pounds	B004-B007

### PCB Work Area/PCB and RCRA Storage Areas

Located within the facility's manufacturing/service area are the following designated hazardous waste work and storage areas: PCB work area, PCB storage area and RCRA storage area (locations shown in the Facility Description - Exhibit 3).

- PCB Work Area an interior area 37 feet 3 inches x 13 feet 10 inches with a 6 inch thick concrete floor enclosed by an 8 inch high x 9 inch thick concrete curb providing secondary containment for 2500 gallons. The PCB work area is used for storage during receiving of PCB items at the facility, in-process storage of PCB items during repair operations, and storage of PCB items used for repair operations. Three portable 275 gallon capacity tanks used for the storage of PCB oil (B001) while performing repairs are also stored in this area. The 275 gallon tanks are of welded low carbon steel construction with an oval configuration 44 inches x 27 inches x 60 inches in length with a 14 gauge wall thickness.
- PCB Storage Area an interior area 24 feet x 20 feet with an impervious, free of cracks, 6 inch concrete floor enclosed by a 16 inch high x 9 inch thick concrete curb. The PCB storage area has separate secured access only from the exterior of the facility and is used for PCB items prior to shipment to qualified disposal sites.
- RCRA Hazardous Waste Storage Area an exterior 11 feet x 32 feet area with an impervious, free of cracks, 6 inch concrete floor enclosed by an 8 inch high x 6 inch thick concrete curb. Run-on into the containment area is prevented due to roofing and side walls.

  Design of the containment system and containment system capacity calculation for the above PCB Storage Area and RCRA Hazardous Waste Storage Area are given in detail on the Indoor PCB work area/
  Container storage drawing and Outdoor RCRA storage area/Container storage drawing (drawings attached under "Drawings" section).

### Proposed Additions

The proposed additions to existing storage, planned to be installed at the General Electric facility, are shown in the indoor PCB work area/PCB container storage area drawing (drawing attached under "Drawings" section). The proposed additions are as follows:

### 1. Above-Ground Indoor Storage Tanks

Four (4) new storage tanks and associated pumps and piping are planned to be installed in the southeast corner of the facility, as shown in detail in the Liquid Waste Storage Facilities drawings (two detailed drawings are attached under "Drawings" section).

CAPACITY	MATERIAL STORED	FILL POINT	REFERENCE
5,000 Gal.	Pyranol, PCB-greater than 25,000 ppm	Тор	T-1
5,000 Gal.	10C 0il, PCB-less than 25,000 ppm	Тор	T-2
3,000 Gal.	Waste Kerosene w/PCBs	Тор	T-3
1,000 Gal.	Kerosene	Tank Fitting	g T-4

Each tank will be fabricated of heavy gauge steel in accordance with Underwriters' Laboratories, Inc., Subject No. 142, standard for steel above ground tanks for flammable and combustible liquids, and installed in accordance with national Fire Protection Association, No. 31.

Design criteria and other applicable requirements are discussed in the tank storage section.

### Proposed Additions

#### 2. Expanded PCB Work Area

The existing PCB work area (37 feet 3 inches x 13 feet 10 inches) with a 6 inch thick concrete floor enclosed by an 8 inch high x 9 inch thick concrete curb) will be enlarged by increasing the diked area as shown in the Indoor PCB work area/PCB container storage area drawing. (Attached under "Drawings" section.)

The proposed addition will provide secondary containment for 13,077 gallons. The PCB work area will be used for storage during receiving of PCB items at the facility, in-process storage of PCB items during repair operations and storage of PCB items used for repair operations.

In addition to the existing and proposed storage facilities, Buffalo Service Shop has the following storage facilities for material which is not hazardous:

- \* Two (2) 6000-gallon above-ground storage tanks outside the east wall of the facility. They store uncontaminated 10C oil. The tanks are on a concrete pad and are contained by a dike.
- One (1) 2000-gallon above-ground storage tank inside of the building. It stores used 10C oil (PCB concentration less than 50 ppm). The tank is on a concrete pad and contained by a dike.

The General Electric Company, Buffalo Service Shop, has the following environmental permits:

### NYSDEC, Division of Air:

ID - 146489 - 1587 - 00013

ID - 146489 - 1587 - 00011

ID - 146489 - 1587 - 00201

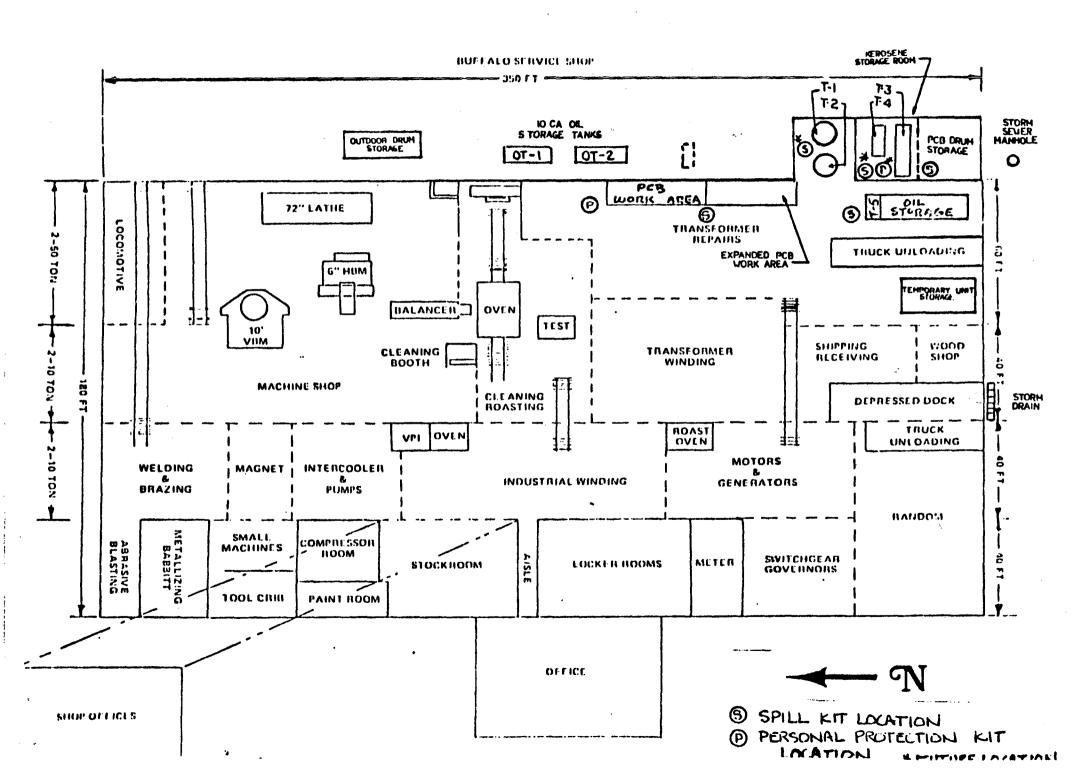
ID - 146489 - 1587 - 00241

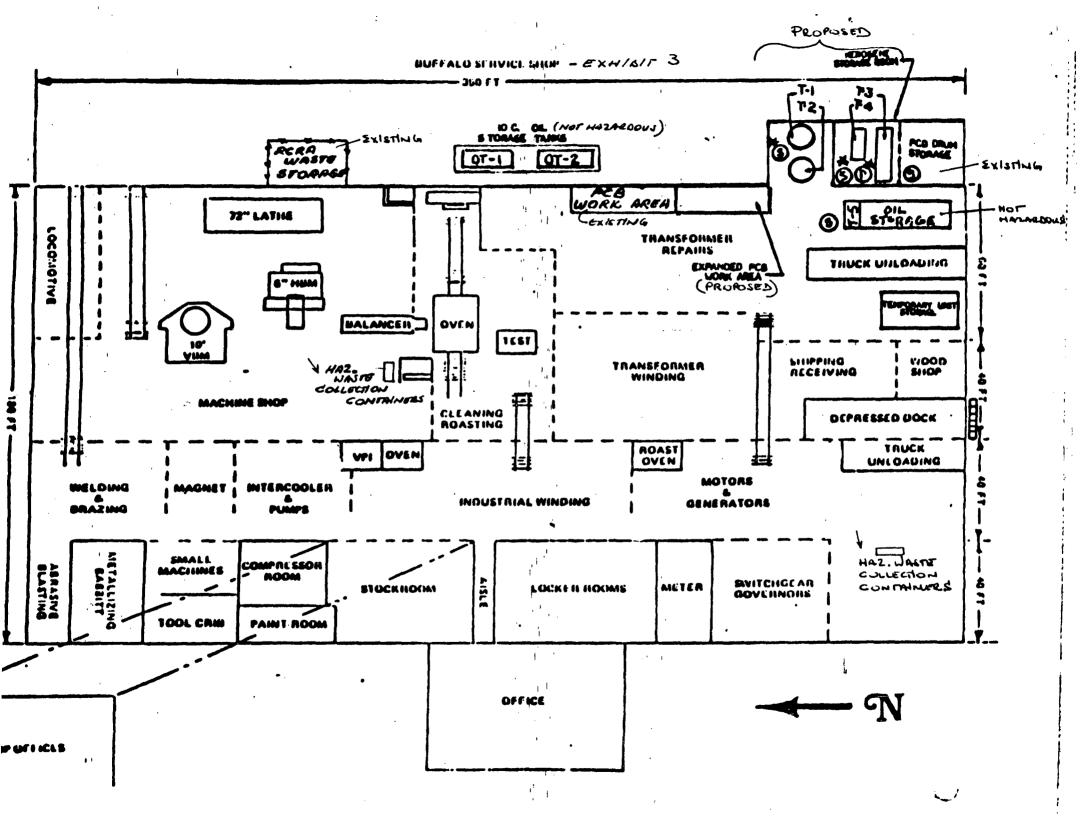
ID - 146489 - 1587 - 00627

NYSDEC, Division of Solid and Hazardous Waste:

6NYCRR Part 364, Waste Transporter Permit No. 9A-105

EPA Hazardous Waste Activity Permit NYD 067539940





E ( alrocground) storage laries. I U.g. PCB stor tank which willing closed (George Herrsmann Information Regarding Potential Hazardous Waste and Hazardous Waste

Constituent Releases From Solid Waste Management Units

Facility Name: G	General Electric Company	
EPA I.D. No.: N	IYD 0677539 <b>940</b>	
Location: Street_	175 Milens Road	
City & State	Tonawanda, N.Y. 14150	<del>-</del>
Check: owner (x)	operator	··· • · · ·

Please review the following definitions prior to proceeding to page 2.

- Under the Resource Conservation and Recovery Act (RCRA) amendments of 1984, the term "solid waste" means any garbage, refuse, sludge, from a waste treatment plant, water supply treatment plant, or air pollution control facility and other discarded material, including solid, liquid, semisolid, or contained gaseous material resulting from industrial, commercial, mining, and agricultural operations, and from community activities, but does not include solid or dissolved material in domestic sewage, or solid or dissolved materials in irrigation return flows or industrial discharges which are point sources subject to permits under section 402 of the Federal Water Pollution Control Act, or byproduct material as defined by the Atomic Energy Act of 1954.
- II. A hazardous waste is a solid waste that is either listed in 40 CFR; Part 2 Subpart D ("List of Hazardous Wastes") or possesses one or more of the cha acteristics identified in 40 CFR; Part 261; Subpart C ("Characteristics of Hazardous Waste") and is not excluded in 40 CFR 261.4.
- A Hazardous Waste Constituent represents the basis for a specific hazardou waste being listed in 40 CER; Part 261; Subpart D. The Hazardous Waste Constituents are listedigm 40 CFR; Part 261; Appendix VIII (Hazardous Waste Constituents).
- The term "solid waste management unit" (SWMU) applies to any landfill. surface impoundment, land farm, waste pile, incinerator, tank, imjection well, transfer station, waste recycling operation, tank or container storage area that currently or formerly was used to manage a solid waste.
- V. Under the requirements of the Hazardous and Solid Waste Act Amendments of 1984. Section 3004U of the RCRA amendments mandates that EPA address contamination caused by prior releases of hazardous wastes and hazardous waste constituents from solid waste management units, regardless of the time when the waste was placed in the unit or when the unit was closed.
- VI. The term "tank" includes wastewater treatment units, -elementary meutralization units and short-term accumulation units that are exempted from RCRA permit requirements.
- The term "release" includes any spilling, leaking, pumping, pouring, VII. emitting, emptying, discharging, injecting, escaping, leaching, dumping or disposing into the environment, but excluding releases otherwise permitted under law (e.g., NPDES permitted discharges).

### SPECIFIC INFORMATION

1.	Are there	any of the following solid waste management units existing
•	or closed	at your facility? Include any units you are aware of that
	were used	by previous owners. Do not include hazardous waste units
	currently	shown in your B application.

	Yes	No
Landfill  Surface Impoundment  Dump-pit or Leach Field  Land Farm  Waste Pile Incinerator Storage Tank (above ground) Storage Tank (below ground) Container Storage Area Injection Wells, Sink Holes Wastewater Treatment Units Transfer Stations  Waste Recycling Operations Other (specify)		X X X X X X X X X X X X X X X X X X X
•	The state of the s	

(For items 2-4, if the space provided is not sufficient, use additional sheets as necessary and specify the item being answered.)

- 2.) If there are "Yes" answers to any of the items in number one above, please provide the following:
  - A. A description of the wastes that were stored, treated or dispose of in each unit.

1. Waste Polychlorinate Biphenyls ORM-E UN2315.

2. Waste 1,1,1 - Trichloroethane ORM-E NA9189

3. Waste Paint/Varnish UN1263

4. Waste Corrosive Liquid UN1760

B. Determine, as best you can, if the particular waste would be considered a hazardous waste or hazardous waste constituent under RCRA (See definitions on page one)

Waste in Storage Hazard Class

		1 BOO1 THRU BOO7	
		2. U226	·
		3. D001	•
· ·	****	4. D002	*
	<b>c.</b>	Figure 1 tion of each unit including its capacity, period operation, location at facility including if available.	dimensions, a site pla
		See Attachment A (3 Pages)	
		Storage Areas:	
	٠	PCB Work/Storage	
		PCB Container Storage	
		Hazardous Waste Storage	
		•	`
3.)	units i	tch unit noted in number one and also those hazardous identification, please providing the ation on any prior or current release of hor hazargous waste constituents.	le the
		curce of information that has led to the possibility release has occured (i.e. discoloration of surroundi	that a ng soil)
	gra 1	ite(s) of release roundwater monitoring data for units not identified i Part B	n your
	gro typ qua nat	coundwater monitoring data for units not identified i	nk or pipe-
	gro typ qua nat	coundwater monitoring data for units not identified in Part B  /pe of waste/material released  /antity or volume of waste/material released  iture of release (i.e., spill, overflow, ruptured tar	nk or pipe-

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•			Birthangey or the Viscoli				· · ·
		The state of the s	VI				
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	please availademental additional any or hazardous veater or surfa data (includia State under au toxics, etc.)	information waste constace water song groundwany other re	n unit) and continuous the exists on on the cituents particulate the cituents and cituen	y analytice nature as a result concentration attached. coring dataprograms	cal data and/or ex tion of l contamin Include a) submit (i.e. Su	that may xtent of the release hazardous hated so: any ini tted to B perfund,	y be environ ses. In s waste il, grou formatio EPA and In place
	above.				-		
	NONE			•		·	
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	If you do not evidence from water monitor; would indicate waste or hazas type of activ;	soil boring results the presentation of the pr	gs, drill s, explora ence of a e constitu	ing of gratory pits SAMU or the pent has o	oundwate: or any ( hat a re coured ()	r wells, excavation lease of Please do	ground- ons that hazardo escribe
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### STORAGE UNIT DESCRIPTION

### Facility Description

The General Electric Buffalo Service Shop is a 69,000 square foot single building located on 5.3 acres of land at 175 Milens Road, Tonawanda, New York (Exhibit 1). The site location is above the 100 year flood water elevation. The facility consists of approximately 63,000 square feet of one story manufacture area and 6,000 square feet of office area. Located within the building's manufacturing/service area are the following designated storage areas: PCB work and storage areas, RCRA storage area, Waste Oil storage area and above ground new electrical oil storage area.

PCB Work Area - an interior area 37 ft. 3 in. x 13 ft. 10 in. with a 6 inch thick concrete floor enclosed by a 8 inch high x 9 inch thick concrete curb providing secondary containment for 2500 gallons. The PCB work area is used for storage during receiving of PCB items at the facility, in-process storage of PCB items during repair operations, a prage of PCB items used for repair operations. Three portable 275 gallon capacity tanks used for the storage of PCB oil (8001) while performing repairs are also stored in this area. The 275 gallon tanks are of welded low carbon steel construction with an oval configuration 44 inches x 27 inches x 60 inches in length with a 14 gauge wall thickness.

### STORAGE UNIT DESCRIPTION

PCB Storage Area - An interior area 24 ft. 6 in. x 21 ft. 6 in. with a 6 inch concrete floor enclosed by a 16 inch high x 9 inch thick concrete curb providing secondary containment for 5,200 gallons.

PCB storage area has separate secured access only from the exterior of the facility and is used for PCB items prior to shipment to qualified disposal sites.

Hazardous Waste Storage Area - An exterior 11 ft. x 30 ft. fenced, curbed, covered area on a concrete pad. Curbing is 6 in. x 9½ in. high. Providing containment for 1950 gallons.

