



October 17 2002,

Ms. Lynn M. Winterberger  
New York State Department of Environmental Conservation  
Division of Solid Waste and Hazardous Materials  
Bureau of Solid Waste and Corrective Action, 8<sup>th</sup> Floor  
625 Broadway  
Albany, New York 12233-8646

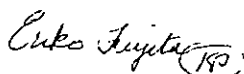
Re: SWMU Questionnaire  
Former Tenneco Packaging/Pactiv Macedon, New York Facility


Dear Ms. Winterberger:

On Pactiv's behalf, URS Corporation is pleased to provide you with the completed SWMU Questionnaire for the former Tenneco Packaging/Pactiv Macedon, New York facility. This submittal is provided in accordance with the revised schedule for submittals summarized in our letter, dated August 16, 2002 and is the second of three submittals that had been requested by you in your letter, dated July 22, 2002, which was sent to Mr. James Wakeman of Pactiv.

If you have any questions or require additional information regarding this submittal please do not hesitate to contact us at the number below or Mr. Richard St. James of Pactiv at 585 393-5062.

Very truly yours,  
**URS Corporation**

  
Eriko Fujita  
Project Geologist

  
Don Porterfield, P.E.  
Manager – Clifton Park

Attachment

cc: J. Wakeman, Pactiv  
R. St. James, Pactiv  
G. Casper, NYSDEC  
R. Murphy, NYSDEC  
R. Reott, Law Offices of Raymond T. Reott  
N. DelForte, Tyco Plastics  
J. Bruzzi, ExxonMobil Environmental Remediation

URS Corporation  
646 Plank Road, Suite 202  
Clifton Park, NY 12065  
Tel: 518.688.0015  
Fax: 518.688.0022

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

FACILITY NAME: FORMER TENNECO PACKAGING / INACTIVE  
MACEDON PLANT

FACILITY EPA I.D.: NYR000016923

STATE OF: NEW YORK

COUNTY OF: WAYNE

I certify that the enclosed answers to the USEPA Region II request for information are true, complete and accurate to the best of my knowledge and belief and that any documents submitted herewith are complete and authentic to the best of my knowledge and belief.

Richard J. St. James  
Signature of Facility  
Representative

10/14/02  
Date

RICHARD J. ST. JAMES  
Printed Name of Signee

ENVIRONMENTAL MANAGER  
Title of Signee

PART 2. FACILITY CHARACTERIZATION FORM

2-1. FACILITY IDENTIFICATION AND LOCATION

1. Facility Name: FORMER TENNECO PACKAGING / PACTIV
2. EPA I.D. No.: NYRC00016923
3. SIC Code: 2673
4. Location: Street 200 MAIN ST  
City MACEIXN State NY County WAYNE
5. Telephone No.: \_\_\_\_\_
6. Check: Owner  - FORMER Operator  - FORMER

2-2. FACILITY PROCESS DESCRIPTION

1. Raw Materials Used: POLYETHYLENE RESIN PELLETS, WATER-BASED INKS
2. Products: FLEXIBLE PACKAGING PRODUCTS
3. Byproducts: SCRAP POLYETHYLENE FILM  
Recycled? YES Specify: PRE-EXTRUDED INTO PELLETS & REUSED  
Treated? \_\_\_\_\_ Specify: \_\_\_\_\_

2-3. FACILITY ENVIRONS

Please provide the following information if available:

1. Distance to nearest drinking water source (well or aquifer): OVER 8 MILES TO WELL
2. Depth to uppermost aquifer: WATER TABLE WITHIN 5'
3. Distance to nearest surface water body: NORTHERN BOUNDARY IS NEW YORK STATE BARGE CANAL
4. Surface water use: NEW YORK STATE BARGE CANAL
5. Distance to nearest offsite building: WITHIN 200 FEET
6. Distance to nearest sensitive environment (e.g., wet-preserved areas, or critical habitat): NK
7. Percent of facility lying within 100 year floodplain: 95% (6.6 acres of 6.95 total acres = 95%)
8. Land use/zoning:  
completely remote \_\_\_\_\_  
agricultural \_\_\_\_\_  
commercial or industrial   
residential
9. Net annual precipitation (estimate): 32 INCHES / YEAR
10. Soil permeability (e.g., clay, sand; particle size):  
SAND, TRACES SILT AND GRAVEL

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

FACILITY SITE PLAN WITH SWMU CODE

SEE FIGURE 1  
AND TABLE 1

PART 3. SWMU IDENTIFICATION/RELEASE/REMEDICATION

	<u>Active</u>	<u>Inactive</u>
3-1 CSAs AND TRANSFER STATIONS	<u>4</u>	<u>2</u>
3-2 LAND DISPOSAL (excluding land application and injection wells)	<u>      </u>	<u>      </u>
3-3 WASTEWATER TREATMENT/RECYCLING UNITS	<u>      </u>	<u>      </u>
3-4 STORAGE/TREATMENT TANKS (excluding 3-3 units)	<u>1</u>	<u>5</u>
3-5 LAND APPLICATION AREAS	<u>      </u>	<u>      </u>
3-6 INJECTION WELLS	<u>      </u>	<u>      </u>
3-7. INCINERATOR AND THERMAL TREATMENT UNITS	<u>      </u>	<u>      </u>
3-8 OTHER	<u>2</u>	<u>1</u>

QUESTIONNAIRE CERTIFICATION

RESPONSE CHECKLIST

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

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

WASTE CHARACTERISTICS

the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit to your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit.<sup>2</sup> If you handle/handled hazardous wastes 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 units of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide descriptions.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measurement, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or other waste constituents was/is associated with the unit described.

TYPE/ IDENTIFIER <sup>1</sup>	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS ACTIVE <u>X</u> INACTIVE _____ YEAR START: <u>DEC-1991</u>	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIY UNITS)	ASSOCIATED RELEASE?
<u>C-1</u>	<u>15' x 20'</u>	<u>SOL</u>		<u>WASTE OIL</u>	<u>&lt; 10 DRUMS</u>	<u>NO</u>
				<u>SAND BLASTING BEADS-(LEAD)</u>	<u>&lt; 1 DRUM</u>	
				<u>OIL DRAINED FROM CHILLERS</u>	<u>&lt; 1 DRUM</u>	
				<u>WASTE COOLANT -(LEAD)</u>	<u>&lt; 1 DRUM</u>	
				<u>MEDICAL WASTES</u>	<u>&lt; 3 BOXES (24" x 18")</u>	
				<u>AEROSOL CANS -</u>	<u>&lt; 1 DRUM</u>	
				<u>LAMP BATTERIES (POB)</u>	<u>&lt; 1 DRUM</u>	
				<u>LEAD-CADMIUM BATTERIES</u>	<u>NK</u>	
				<u>DEVELOPER SOLUTION</u>	<u>&lt; 1 DRUM</u>	
				<u>(SILVER) FROM</u>		
				<u>MOBILE FILMS DIVISION</u>		

<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 as follows:  
 A = Acute  
 B = Extremely Toxic  
 C = Chronic  
 D = Dermal Irritant/Corrosive  
 E = Explosive  
 F = Fungus Toxic  
 G = Flammable  
 H = Irritant/Corrosive  
 I = Inhalation Toxic  
 J = Incombustible  
 K = Oxidizing  
 L = Organic Peroxide  
 M = Organic Solvent  
 N = Not Otherwise Regulated  
 P = Persistent and Bioaccumulative  
 R = Radioactive  
 S = Solid  
 T = Toxic  
 U = Unknown  
 V = Volatile Organic Compound  
 W = Water Insoluble  
 X = Acute Corrosive  
 Y = Extreme Toxicity  
 Z = Volatile Organic Compound

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

WASTE MANAGEMENT PRACTICES

Answer the following questions concerning waste management practices associated with 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 Good Fair NK Comment  
✓ 55-GALLON DRUMS OR CARDBOARD BOXES (MEDICAL WASTES ONLY)

What was/is the average residence time of chemicals in the transfer station/CSA?

NK Chemical Residence Time (units)/COMMENT  
ALL WASTES WERE REMOVED WITHIN 90 DAYS  
CURRENTLY WASTES ARE REMOVED WITHIN 180 DAYS

Are/are reactive, ignitable, or incompatible wastes placed in the unit?

Yes No NK Description/COMMENT  
✓

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 treatment? Comment  
✓

UNIT ID as coded on your facility site map.

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

(Cont'd)

Is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Yes	<u>NO</u>	<u>NK</u>	<u>Capacity(units)/COMMENT</u>
	<input checked="" type="checkbox"/>		

Indicate whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected from weather (e.g., rain, snow).

<u>IS</u>	<u>OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
	<input checked="" type="checkbox"/>		<u>FORMER SALT BATH ROOM</u>

<u>TYPE</u>	<u>UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
	<input type="checkbox"/>		

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

PRECAUTIONARY MEASURES  
NONE

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

EVIDENCE OF RELEASE/REMEDIATION

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

Date of Release	Positive Proof from Direct Observation	Positive Proof from Laboratory Analyses	Description/Comment
			<u>NO EVIDENCE OF RELEASE - NOT APPLICABLE</u>
			e.g., discoloration of surrounding soil, dead vegetation

ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes from Parts C and D, and criteria constituting wastes regulated by RCRA are defined in Part 1 DEFINITIONS of this manual.



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

Cont'd)

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

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

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

<u>No</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	<u>NOT APPLICABLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	<u>NOT APPLICABLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	<u>NOT APPLICABLE</u>
_____	_____	_____	_____

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

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

WASTE CHARACTERISTICS

At the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit being to your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit.<sup>2</sup> If you handle/handled hazardous wastes 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 ingredients of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide descriptions.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or other waste constituents was/is associated with the unit described.

TYPE/IDENTIFIER <sup>1</sup>	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>C-2</u>		ACTIVE _____ YEAR START: _____	<u>S01</u>	<u>D007 -</u>	<u>&lt; 1 DRUM</u>	<u>No</u>
	VOLUME _____ DRUMS _____	INACTIVE <u>X</u> INCLUSIVE YEARS: <u>NK - 1997</u>				
	<u>55-GAL</u>					
	NUMBER _____ DRUMS _____					
	<u>1</u>					

UNIT ID as coded on your facility site map.  
<sup>1</sup>EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

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

WASTE MANAGEMENT PRACTICES

Answer the following questions concerning waste management practices associated with 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.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
			<input checked="" type="checkbox"/>	<u>55-GALLON DRUM ON CONTAINMENT SKID</u>

What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<input checked="" type="checkbox"/>	<u>D007</u>	<u>SATELLITE ACCUMULATION AREA</u>

Are/are reactive, ignitable, or incompatible wastes placed in the unit?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<input checked="" type="checkbox"/>		

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>			

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

(Cont'd)

Is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Yes	<u>NO</u>	<u>NK</u>	<u>CAPACITY(UNITS)/COMMENT</u>
<input checked="" type="checkbox"/>			<u>CONTAINMENT SKID</u>

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).

<u>IS OUTDOORS</u>	<u>NK</u>	<u>COMMENT</u>
<input checked="" type="checkbox"/>		<u>IN MACHINE SHOP BUILDING 7N - SATELLITE ACCUMULATION AREA</u>

<u>IS UNPROTECTED</u>	<u>NK</u>	<u>COMMENT</u>
<input checked="" type="checkbox"/>		

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

PRECAUTIONARY MEASURES  
NONE

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

EVIDENCE OF RELEASE/REMEDIATION

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

Date of Release

Indirect\* Positive Proof from Direct Observation Positive Proof from Laboratory Analyses

Description/Comment

NO EVIDENCE OF RELEASE - NOT APPLICABLE

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

Statistics of Release

Hazardous Waste #1 Description 2 Estimated Quantity or Volume Released (Units) Date(s) of Release Nature of Release

<u>Hazardous Waste #1 Description 2</u>	<u>Estimated Quantity or Volume Released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes from Parts C and D and criteria constituting wastes regulated by RCRA are defined in Part 1 DEFINITIONS of this Manual.

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

Cont'd

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

Soil Analytical Data Attached	Air Monitoring Data Attached
_____	_____

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

No	NK	Inclusive Dates	Description/COMMENT
_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____

No	NK	Starting Dates	Description/COMMENT
_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____

No	NK	Starting Date	Description/COMMENT
_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____



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

WASTE MANAGEMENT PRACTICES

answer the following questions concerning waste management practices associated with 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.

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>			<u>WAS 55-GALLON DRUMS</u>
				<u>CURRENTLY TWO 150-GALLON "BUMBLE-BEES"</u>

What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
	<u>WASTE OIL</u>	<u>ACCUMULATION AREA</u>

Are/are reactive, ignitable, or incompatible wastes placed in the unit?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<input checked="" type="checkbox"/>		

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>			

Unit ID as coded on your facility site map.



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

(Cont'd)

Is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Capacity (units)/COMMENT

Yes NO NK ✓

Is the unit indoors or outdoors? If located outdoors, indicate if the area is/was protected from weather (e.g., rain, snow).

IS OUTDOORS NK COMMENT LIFT TRUCK SHOP ACCUMULATION AREA

Are there any precautionary measures that are/were taken (e.g., roofed area, tarp graded)?

UNPROTECTED NK COMMENT

PRECAUTIONARY MEASURES

NONE

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

EVIDENCE OF RELEASE/REMEDIATION

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

Date of Release

Indirect\* Positive Proof from Direct Observation

Positive Proof from Laboratory Analyses

Description/Treatment

NO EVIDENCE OF RELEASE - NOT APPLICABLE

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

Characteristics of Release

Hazardous Waste #  
Description 2

Estimated Quantity or Volume Released (Units)

Date(s) of Release

Nature of Release

ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes from Parts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this Manual.

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

Cont'd)

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

oring ached	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
_____	_____	_____	_____

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

ily ited	No	NK	Inclusive Dates	Description/COMMENT
_____	_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____	_____

ily nted	No	NK	Starting Dates	Description/COMMENT
_____	_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____	_____

ily nted	No	NK	Starting Date	Description/COMMENT
_____	_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____	_____

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

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

WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit corresponding to your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit.<sup>2</sup> If you handle/handled hazardous wastes 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 elements of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide 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 described.

TYPE/IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>C-4</u>		ACTIVE _____ YEAR START: _____	<u>S01</u>	<u>D002</u>	<u>NK</u>	<u>No</u>
		INACTIVE <u>X</u> INCLUSIVE YEARS: <u>NK - 1991</u>		<u>D007</u>		
	VOLUME DRUMS <u>55-GAL</u>			<u>D008</u>		
	NUMBER DRUMS <u>2</u>					
		<u>ONE 55-GALLON DRUM</u>				
		<u>IN BUILDING 10, AND</u>				
		<u>ONE 55-GALLON DRUM</u>				
		<u>IN BUILDING 1.</u>				

UNIT ID as coded on your facility site map.

EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined as follows:

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

WASTE MANAGEMENT PRACTICES

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

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

<u>Excellent</u>	<u>Good</u>	<u>Poor</u>	<u>NK</u>	<u>Comment</u>
			<input checked="" type="checkbox"/>	<u>55 GALLON DRUMS</u>

What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence Time (units)/COMMENT</u>
<input checked="" type="checkbox"/>		

Are/are reactive, ignitable, or incompatible wastes placed in the unit?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>DESCRIPTION/COMMENT</u>
	<input checked="" type="checkbox"/>		

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>			

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

(Cont'd)

Is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Capacity(units)/COMMENT

Yes NO NK ✓

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).

IS OUTDOORS NK COMMENT INSIDE BUILDINGS 1 AND 10 - SATELLITE ACCUMULATION AREAS

IS UNPROTECTED NK COMMENT

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

PRECAUTIONARY MEASURES

NONE

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

EVIDENCE OF RELEASE/REMEDIATION

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

<u>Date of Release</u>	<u>Indirect* Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>Description/Comment</u>
			<u>NO EVIDENCE OF RELEASE - NOT APPLICABLE</u>
			<u>*e.g., discoloration of surrounding soil, dead vegetation</u>
			<u>Nature of Release</u>

ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes from Parts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this manual.

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

(Cont'd)

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 constituents in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data on groundwater monitoring data) submitted to EPA and/or the State under any other regulatory programs (e.g., Superfund) that concerns continuing releases as described above. If any analytical data are attached for the unit, please indicate below:

Monitoring Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
_____	_____	_____

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

Unit No	Inclusive Dates	Description/COMMENT
_____	_____	NOT APPLICABLE
_____	_____	_____

Unit No	Starting Dates	Description/COMMENT
_____	_____	NOT APPLICABLE
_____	_____	_____

Unit No	Starting Date	Description/COMMENT
_____	_____	NOT APPLICABLE
_____	_____	_____



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

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

WASTE CHARACTERISTICS

As the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit being 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 hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit.<sup>2</sup> If you handle/handled hazardous wastes 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 ingredients of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide descriptions.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (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.

TYPE/IDENTIFIER <sup>1</sup>	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>C-5</u>		ACTIVE <u>X</u> YEAR START: <u>PK-1991</u>	<u>S01</u>	<u>SODA-LIME GLASS</u> <u>SANDBLASTING</u> <u>BEADS (LEAD)</u>	<u>&lt; 1 DRUM</u>	<u>NO</u>
	VOLUME	INACTIVE				
	DRUMS	INCLUSIVE YEARS: _____				
	<u>55-GALLON</u>					
	NUMBER					
	DRUMS					
	<u>1</u>					

UNIT ID as coded on your facility site map.  
 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

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

WASTE MANAGEMENT PRACTICES

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

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

<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>NK</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>			<u>55-GALLON DRUM</u>

What was/is the average residence time of chemicals in the transfer station/CSA?

<u>NK</u>	<u>Chemical</u>	<u>Residence time (units)/COMMENT</u>
<input checked="" type="checkbox"/>		<u>SATELLITE ACCUMULATION AREA</u>

Are/are reactive, ignitable, or incompatible wastes placed in the unit?

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<input checked="" type="checkbox"/>		

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>If yes, mitigative treatment?</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>			

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

(Cont'd)

Was/is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Yes    No    NK    Capacity(unita)/COMMENT

site whether the unit is/was located indoors or outdoors. If located outdoors, indicate if the area is/was protected by the weather (e.g., rain, snow).

IS OUTDOORS    NK    COMMENT

IN BUILDING FS

CITED UNPROTECTED    NK    COMMENT

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

ADDITIONAL MEASURES

NONE

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

EVIDENCE OF RELEASE/REMEDIATION

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

Type of Release

Indirect      Positive Proof from Direct Observation      Positive Proof from Laboratory Analyses

Description/Comment

NO EVIDENCE OF RELEASE - NOT APPLICABLE

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

Characteristics of Release

Hazardous Waste #  
Description 2

Estimated Quantity or Volume Released (Units)

Date(s) of Release

Nature of Release

ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes from Parts C and D and criteria constituting wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this Manual.

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

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

oring acked	SW Analytical Data Attached	Soil Analytical Data Attached	Air Monitoring Data Attached
_____	_____	_____	_____

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

ly ited	NK	Inclusive Dates	Description/COMMENT
_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____

ly nted	NK	Starting Dates	Description/COMMENT
_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____

ly nted	NK	Starting Date	Description/COMMENT
_____	_____	_____	NOT APPLICABLE
_____	_____	_____	_____

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

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

WASTE CHARACTERISTICS

As the following information regarding the wastes that are/were stored in each transfer station/CSA on your site. Identify the unit being to your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at the unit.<sup>2</sup> If you handle/handled hazardous wastes 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 ingredients of those hazardous wastes. For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as best as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide descriptions.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure, tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or toxic waste constituents was/is associated with the unit described.

TYPE/IDENTIFIER	DIMENSIONS STORAGE AREA	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>C-6</u>		ACTIVE <u>X</u> YEAR START: <u>1997</u>	<u>S01</u>	<u>TEMPERINH SOLUTION</u> <u>(Chromium)</u>	<u>&lt; 1 DRUM</u>	<u>No</u>
	VOLUME	INACTIVE				
	DRUMS	INCLUSIVE YEARS: _____				
	<u>55-GALLON</u>					
	NUMBER					
	DRUMS					
	<u>1</u>					

NIT ID as coded on your facility site map.  
 EPA Process Codes, EPA Hazardous Waste Codes  
 from Subparts C and D and criteria consti-  
 tuting wastes regulated under RCRA are defined

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

WASTE MANAGEMENT PRACTICES

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

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

Excellent Good ✓ Fair NK Comment  
55-GALLON DRUM ON CONTAINMENT SKID

What was/is the average residence time of chemicals in the transfer station/CSA?

NK Chemical Residence time (units)/COMMENT  
✓ SATECITE ACCUMULATION AREA

Are/are reactive, ignitable, or incompatible wastes placed in the unit?

Yes No ✓ NK Description/COMMENT

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 treatment? Comment

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

(Cont'd)

Is the unit surrounded by a containment system? What was/is the capacity of the containment system?

Capacity (units)/COMMENT

Yes NO NK

CONTAINMENT SKID FOR INCIDENTAL SPILLS

Is the unit located indoors or outdoors. If located outdoors, indicate if the area is/was protected from weather (e.g., rain, snow).

Is OUTDOORS NK

COMMENT IN BUILDING FS

Is the unit UNPROTECTED NK

COMMENT

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

PRECAUTIONARY MEASURES

NONE



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

EVIDENCE OF RELEASE/REMEDIATION

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

Type of Release

Indirect  
Positive Proof from Direct Observation

Positive Proof from Laboratory Analyses

Description/Comment

NO EVIDENCE OF RELEASE

NOT APPLICABLE

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

Characteristics of Release

Hazardous Waste 1 Description 2

Estimated Quantity or Volume Released (Units)

Date(s) of Release

Nature of Release

ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes from Parts C and D and Criteria Constituting Wastes regulated under RCRA are defined in Part 1 DEFINITIONS of this Manual.

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

Cont'd)

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

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

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

<u>Unit No.</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	<u>NOT APPLICABLE</u>

<u>Monitoring Activity</u>	<u>Starting Dates</u>	<u>Description/COMMENT</u>
_____	_____	<u>NOT APPLICABLE</u>

<u>Monitoring Activity</u>	<u>Starting Date</u>	<u>Description/COMMENT</u>
_____	_____	<u>NOT APPLICABLE</u>

3-4 STORAGE/TREATMENT TANKS  
(EXCLUSIVE OF 3-3)

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

BELCH 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.

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 hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes 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 you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide a description.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (i.e., 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.

TYPE/ IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
T-1	FIVE - 4,000 gal tanks	ACTIVE	S02	LACOLENE ISOPROPYL ALCOHOL VMP NAPHTHA	NK NK NK	YES

INACTIVE  X  
INCLUSIVE YEARS: 1969 - 1987

UNIT ID as coded on your facility site map.  
EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituent wastes regulated under RCRA are defined

3-4 STORAGE/TREATMENT TANKS

WASTE MANAGEMENT PRACTICES

answer the following questions concerning waste management practices associated with the SMMU identified on the preceding page.  
 s/is the tank above or below ground? Please describe basic design parameters and materials of construction.

above Ground Below Ground NK Description/COMMENT  
✓ ✓ --- FIVE 4,000 - GALLON UNDERGROUND STORAGE TANKS. NO OTHER RECORDS AVAILABLE

Was the unit covered or uncovered? If covered, briefly describe.  
covered Uncovered NK Description/COMMENT  
--- --- ✓ NO RECORDS AVAILABLE

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

date of test Inspection NK Inspection Procedures/COMMENT  
--- --- ✓ NO RECORDS AVAILABLE

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

es. No. NK NA Description/COMMENT  
--- ✓ --- Manual Automatic  
--- --- --- --- --- NO RECORDS AVAILABLE

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
		<input checked="" type="checkbox"/>		<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	NA	Control Description/COMMENT
		<input checked="" type="checkbox"/>		<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	Description/COMMENT
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	Description/COMMENT
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	NA	COMMENT
			<input checked="" type="checkbox"/>	<u>NOT USED FOR HAZARDOUS WASTE</u>

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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 linings, or cathodic protection systems).

Yes	No	NK	Description/COMMENT
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

IA (no treatment)	NK	Process Description/COMMENT
<input checked="" type="checkbox"/>		<u>NOT USED FOR WASTE TREATMENT</u>

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

IA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
<input checked="" type="checkbox"/>			<u>NOT USED FOR STORAGE OF HAZARDOUS WASTE</u>



3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

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

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

<u>ly</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NK</u>	<u>1982 - 1996</u>	<u>1982 - TWO RECOVERY WELLS INSTALLED</u>
_____	_____	<u>1993 - 1996 MULTI-PHASE EXTRACTION SYSTEM</u>
_____	_____	<u>REFER TO ENVIRONMENTAL AUDIT TENNECO PREPARING</u>
_____	_____	<u>SPECIALLY PRODUCTS MORETON, NY, APRIL 17, 1997</u>
_____	_____	<u>PREPARED BY CH2M HILL FOR ANALYTICAL DATA</u>

<u>ly</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>ly</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





3-4 STORAGE/TREATMENT TANKS

WASTE MANAGEMENT PRACTICES

answer the following questions concerning waste management practices associated with the SMU identified on the preceding page.  
is/is the tank above or below ground? Please describe basic design parameters and materials of construction.

above Ground      Below Ground   ✓   NK      Description/COMMENT 4,000 - 4 GALLON UNDERGROUND STORAGE TANK

Was the unit covered or uncovered? If covered, briefly describe.

covered      Uncovered      NK   ✓   Description/COMMENT NO RECORDS AVAILABLE

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

type of test Inspection NK   ✓   Inspection Procedures/COMMENT NO RECORDS AVAILABLE

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

ES No.      NK   ✓   NA      Description/COMMENT       
Manual      Automatic      NK      Description/COMMENT NO RECORDS AVAILABLE

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

Monitoring Description/COMMENT

Yes NO NK NA

NO RECORDS AVAILABLE

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

Control Description/COMMENT

Yes NO NK NA

NO RECORDS AVAILABLE

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

Description/COMMENT

Yes NO NK NA

NO RECORDS AVAILABLE

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

Description/COMMENT

Yes NO NK NA

NO RECORDS AVAILABLE

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

COMMENT

Yes NO NK NA

NO RECORDS AVAILABLE

3-4 STORAGE/TREATMENT TANKS

(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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

<u>Y</u>	<u>N</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<input checked="" type="checkbox"/>			<u>NOT USED FOR WASTE TREATMENT</u>

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

<u>Y</u>	<u>N</u>	<u>NK</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
	<input checked="" type="checkbox"/>			<u>NO RECORDS AVAILABLE</u>

3-4 STORAGE/TREATMENT TANKS

EVIDENCE OF RELEASE/REMEDIATION

Provide the following information on any prior or current release of hazardous waste or hazardous waste elements associated with the SMTU described in the preceding pages.

<u>Date of Release</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>Comment</u>
			NONE
			*e.g., discoloration of surrounding soil, dead vegetation
<u>Characteristics of Release</u>	<u>Estimated Quantity or Volume Released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>

UNIT ID as coded on your facility site map.  
Process Codes, EPA Hazardous Waste Codes  
Subparts C and D and criteria constitu-  
ents regulated under RCRA are defined  
in the DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

<u>Monitoring Data Attached</u>	<u>SH Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Analytically Monitored</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Analytically Monitored</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Analytically Monitored</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3-4 STORAGE/TREATMENT TANKS  
 (EXCLUSIVE OF 3-3)

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

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

1 WASTE CHARACTERISTICS

Identify the following information regarding the wastes that are/have been stored in each storage tank on your site. Identify the unit ruling to your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include 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 you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide a description.<sup>2</sup> For each waste, indicate the quantity that was/lb 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/lb associated with the unit identified.

TYPE/IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>7-3</u>	<u>6,000-gallon</u>	ACTIVE <input checked="" type="checkbox"/> YEAR START: <u>1987</u>	<u>S02</u>	<u>Solvent-based water inks</u>	<u>8,000 - 12,000 gallons</u>	<u>YES</u>
		INACTIVE <input type="checkbox"/> INCLUSIVE YEARS: _____		<u>water-based WASTE INKS SINCE 1991</u>	<u>1,000-gallons</u>	

RCRA - permitted storage  
 UNTIL 1991

UNIT ID as coded on your facility site map.  
 EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituents and wastes regulated under RCRA are defined

3-4 STORAGE/TREATMENT TANKS

WASTE MANAGEMENT PRACTICES

answer the following questions concerning waste management practices associated with the SMAU identified on the preceding page.  
is/is the tank above or below ground? Please describe basic design parameters and materials of construction.

above Ground	Below Ground	NK	Description/COMMENT
	<input checked="" type="checkbox"/>		<u>STEEL WITH CORROCOOTE II WITH CATHODIC PROTECTION</u>

Was the unit covered or uncovered? If covered, briefly describe.

covered	Uncovered	NK	Description/COMMENT
<input checked="" type="checkbox"/>			<u>CONCRETE</u>

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

Date of latest inspection	NK	Inspection Procedures/COMMENT
		<u>POLLULERT FD103 LEAK DETECTION SYSTEM - LEAK DETECTION PROBES - INSPECTED ON WEEKLY BASIS</u>

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

is	NK	NA	Description/COMMENT
		<input checked="" type="checkbox"/>	
Manual			
Automatic			<u>COVERED</u>



3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

Yes	No	NK	NA	Monitoring Description/COMMENT
			<input checked="" type="checkbox"/>	<u>COVERED</u>

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

Yes	No	NK	NA	Control Description/COMMENT
			<input checked="" type="checkbox"/>	<u>COVERED</u>

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

Yes	No	NK	Description/COMMENT
<input checked="" type="checkbox"/>			<u>DOUBLE-WALLED TANK IN CONCRETE VAULT</u>

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

Yes	No	NK	Description/COMMENT
	<input checked="" type="checkbox"/>		

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

Yes	No	NK	NA	COMMENT
	<input checked="" type="checkbox"/>			<u>(NOT CONTINUOUSLY FED), THERE IS A SHUT-OFF VALVE</u>

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

Was 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	NK	Description/COMMENT
	<input checked="" type="checkbox"/>		<u>CORROSION II CATHODIC PROTECTION</u>

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

NA (no treatment)	NK	Process Description/COMMENT
<input checked="" type="checkbox"/>		<u>NOT USED FOR TREATMENT</u>

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
		<u>90 DAYS</u>	<u>REMOVED EVERY 90 DAYS UNTIL 1991</u>

3-4 STORAGE/TREATMENT TANKS

EVIDENCE OF RELEASE/REMEDIATION

Provide the following information on any prior or current release of hazardous waste or hazardous waste tanks associated with the SMU described in the preceding pages.

Date of Release

Positive Proof from  
Direct Observation

✓

Positive Proof from  
Laboratory Analyses

COMMENT

1987 - LEAK IN CLEANOUT LINE FROM  
SUMP IN INK TRAY WASHROOM

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

Nature of Release

HAZARDOUS WASTE 1  
Description 2

Estimated Quantity or  
Volume Released (Units)

Date(s) of  
Release

1987

SOLVENT-BASED  
SITE INK

NK

LEAK IN 3-INCH CLEANOUT LINE  
FROM SUMP

T ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes  
on Subparts C and D and Criteria consti-  
ing wastes regulated under RCRA are defined  
Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

As 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 elements in contaminated soil, groundwater (GW), surface water (SW) or air should be attached. Include any information/data (including water monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or later releases as described above. If any analytical data are attached for the unit, please indicate below:

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

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

<u>Unit No.</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NK</u>	<u>1987</u> <u>AND</u> <u>1996</u>	<u>SUMP AND CONTAMINATED SOILS REMOVED</u> <u>IN 1987. ALSO TANK WAS REMOVED AND REPLACED</u> <u>WITH ANOTHER 6,000-GALLON TANK.</u> <u>REFER TO ENVIRONMENTAL AUDIT TENNECO PAC/AIN/MS</u> <u>SPECIALTY PRODUCTS MACEDON, NY, APRIL 17, 1997 PREPARED</u> <u>BY CH2M HILL FOR ANALYTICAL DATA</u>

<u>Unit No.</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Unit No.</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3-4 STORAGE/TREATMENT TANKS  
(EXCLUSIVE OF 3-3)

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

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

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, tank or tank system and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, and identify the first year of operation or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes that 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 you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide a description.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (i.e., 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.

TYPE/IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY(SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>T-4</u>	<u>two 1,000-gallon</u>	<u>ACTIVE</u>	<u>S02</u>	<u>FUEL OIL</u>	<u>NK</u>	<u>YES</u>

UNIT ID as coded on your facility site map.  
EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituents/wastes regulated under RCRA are defined

3-4 STORAGE/TREATMENT TANKS

WASTE MANAGEMENT PRACTICES

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

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

Above Ground     Below Ground     NK    DESCRIPTION/COMMENT  
UNKNOWN MATERIALS

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Was the unit covered or uncovered? If covered, briefly describe.

Covered     Uncovered     NK     DESCRIPTION/COMMENT  
NO RECORDS AVAILABLE

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

DATE OF TEST INSPECTION     NK     INSPECTION PROCEDURES/COMMENT  
NO RECORDS AVAILABLE

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

ES NO.     NK     DESCRIPTION/COMMENT  
 Manual     Automatic    NO RECORDS AVAILABLE

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3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

Monitoring Description/COMMENT

Yes No NK NA

NO RECORDS AVAILABLE

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

Control Description/COMMENT

Yes No NK NA

NO RECORDS AVAILABLE

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

Description/COMMENT

Yes No NK

NO RECORDS AVAILABLE

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

Description/COMMENT

Yes No NK

NO RECORDS AVAILABLE

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

COMMENT

Yes No NK NA

NOT HAZARDOUS WASTE

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<input checked="" type="checkbox"/>		<u>NOT USED FOR TREATMENT</u>

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<input checked="" type="checkbox"/>			<u>NOT USED FOR STORAGE OF HAZARDOUS WASTE</u>



3-4 STORAGE/TREATMENT TANKS

EVIDENCE OF RELEASE/REMEDIATION

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

Date of Release

Positive Proof from Direct Observation ✓

Positive Proof from Laboratory Analyses

COMMENT

CONTAMINATED SOIL REMOVED

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

Characteristics of Release

Hazardous Waste 1  
or Description 2

Estimated Quantity or  
Volume Released (Units)

Date(s) of  
Release

Nature of Release

FUEL OIL

NK

1972-1973

LEAK IN UNDERGROUND PIPING

UNIT ID as coded on your facility site map.

Process Codes, EPA Hazardous Waste Codes  
in Subparts C and D and criteria consti-  
tuting wastes regulated under RCRA are defined  
in Part 1 DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

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

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

<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NK</u> <u>1972-1973</u> <u>AND 1996</u>	<u>CONTAMINATED SOIL REMOVED UNDERGROUND PIPING REPLACED BY ABOVEGROUND PIPING REFER TO ENVIRONMENTAL ABIT TENNECO PACKAGING SPECIMITY PRODUCTS MACEDON, NY APRIL 17, 1997 PREPARED BY CH2M HILL FOR ANALYTICAL DATA.</u>

<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____
_____	_____
_____	_____

<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____
_____	_____
_____	_____

3-4 STORAGE/TREATMENT TANKS  
(EXCLUSIVE OF 3-3)

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

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

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, including your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit. If you handle/handled hazardous wastes that 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 you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide descriptions.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure (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.

TYPE/ IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE NO. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY(SPECIFY UNITS)	ASSOCIATED RELEASE <sup>2</sup>
T-5	2,000-GALLON	ACTIVE	502	METHYL AMYL ALCOHOL	NK	Y
		INACTIVE				
INCLUSIVE YEARS: <u>1967/69-1987</u>						

UNIT ID as coded on your facility site map.  
EPA Process Codes, EPA Hazardous Waste Codes from Subparts C and D and criteria constituting wastes regulated under RCRA are defined

3-4 STORAGE/TREATMENT TANKS

WASTE MANAGEMENT PRACTICES

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

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

<u>Above Ground</u>	<u>Below Ground</u>	<u>DK</u>	<u>Description/COMMENT</u>
	<input checked="" type="checkbox"/>		<u>2,000 GALLON UNDERGROUND STORAGE TANK</u>
			<u>NO OTHER RECORDS AVAILABLE</u>

Was the unit covered or uncovered? If covered, briefly describe.

<u>Covered</u>	<u>Uncovered</u>	<u>DK</u>	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

<u>Date of latest Inspection</u>	<u>DK</u>	<u>Inspection Procedures/COMMENT</u>
	<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

<u>Yes</u>	<u>No</u>	<u>DK</u>	<u>NA</u>	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>		<u>Manual</u>
				<u>Automatic</u>
				<u>NO RECORDS AVAILABLE</u>

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

Yes	No	NK	NA	<u>Monitoring Description/COMMENT</u>
		<input checked="" type="checkbox"/>		<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	NA	<u>Control Description/COMMENT</u>
		<input checked="" type="checkbox"/>		<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

Yes	No	NK	NA	<u>COMMENT</u>
			<input checked="" type="checkbox"/>	<u>NOT USED FOR HAZARDOUS WASTE</u>

3-4 STORAGE/TREATMENT TANKS

(Unit'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	NK	Description/COMMENT
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

NA (no treatment)	NK	Process Description/COMMENT
<input checked="" type="checkbox"/>		<u>NOT USED FOR WASTE TREATMENT</u>

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

NA (no storage)	NK (Residence Time Unknown)	Residence Time (units)	COMMENT
<input checked="" type="checkbox"/>			<u>NOT USED FOR HAZARDOUS WASTE</u>

3-4 STORAGE/TREATMENT TANKS

EVIDENCE OF RELEASE/REMEDIATION

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

<u>Date of Release</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>Nature of Release</u>
	X		1983 FAILED PETRO-TITE TEST
			1988 CONTAMINATED SOIL AND TANK REMOVED
			e.g., discoloration of surrounding soil, dead vegetation
<u>Characteristics of Release</u>	<u>Estimated Quantity or Volume Released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
Hazardous Waste # 1 Description <u>167-N AMYL ALCOHOL</u>	<u>NK</u>	<u>1983</u>	<u>FAILED PETRO-TITE TEST</u>

UNIT ID as coded on your facility site map.  
Process Codes, EPA Hazardous Waste Codes  
on Subparts C and D and Criteria consti-  
tuting wastes regulated under RCRA are defined  
in Part I DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

<u>Monitoring Data Attached</u>	<u>SH Analytical Data Attached</u>	<u>Soil Analytical Data Attached</u>	<u>Air Monitoring Data Attached</u>
_____	_____	_____	_____

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

<u>Unit No.</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NK</u>	<u>1996</u>	<u>REFER TO ENVIRONMENTAL AUDIT TENNECO PACKAGING SPECIALLY PRODUCED MACEDON, NY, APRIL 17, 1997 PREPARED BY CHAZMILL FOR ANALYTICAL DATA.</u>
_____	_____	_____
_____	_____	_____

<u>Unit No.</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____

<u>Unit No.</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____
_____	_____	_____





3-4 STORAGE/TREATMENT TANKS

WASTE MANAGEMENT PRACTICES

answer the following questions concerning waste management practices associated with the SMU identified on the preceding page.  
Is/are the tank above or below ground? Please describe basic design parameters and materials of construction.

<u>✓</u>	<u>Below Ground</u>	<u>NK</u>	<u>Description/COMMENT</u>
			<u>TWO ABOVEGROUND STORAGE TANKS FOR DIESEL FUEL</u>
			<u>AND TWO UNDERGROUND STORAGE TANKS FOR GASOLINE</u>

Was the unit covered or uncovered? If covered, briefly describe.

<u>Uncovered</u>	<u>NK</u>	<u>Description/COMMENT</u>
	<u>✓</u>	<u>NO RECORDS AVAILABLE</u>

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

<u>Latest Inspection</u>	<u>NK</u>	<u>Inspection Procedures/COMMENT</u>
	<u>✓</u>	<u>NO RECORDS AVAILABLE</u>

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

<u>Yes No.</u>	<u>NK</u>	<u>NA</u>	<u>Description/COMMENT</u>
	<u>✓</u>		<u>Manual</u>
			<u>Automatic</u>
			<u>NO RECORDS AVAILABLE</u>

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

Monitoring Description/COMMENT

Yes No NK NA  
✓

NO RECORDS AVAILABLE

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

Control Description/COMMENT

Yes No NK NA  
✓

NO RECORDS AVAILABLE

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

Description/COMMENT

Yes No NK NA  
✓

NO RECORDS AVAILABLE

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

Description/COMMENT

Yes No NK NA  
✓

NO RECORDS AVAILABLE

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

COMMENT

Yes No NK NA  
✓

NOT USED FOR HAZARDOUS WASTE

3-4 STORAGE/TREATMENT TANKS

(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).

<u>Yes</u>	<u>No</u>	<u>NK</u>	<u>Description/COMMENT</u>
		<input checked="" type="checkbox"/>	<u>NO RECORDS AVAILABLE</u>

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

<u>NA (no treatment)</u>	<u>NK</u>	<u>Process Description/COMMENT</u>
<input checked="" type="checkbox"/>		<u>NOT USED FOR WASTE TREATMENT</u>

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

<u>NA (no storage)</u>	<u>NK (Residence Time Unknown)</u>	<u>Residence Time (units)</u>	<u>COMMENT</u>
<input checked="" type="checkbox"/>			<u>NOT USED FOR HAZARDOUS WASTE STORAGE</u>

3-4 STORAGE/TREATMENT TANKS

EVIDENCE OF RELEASE/REMEDIATION

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

<u>Date of Release</u>	<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>Comment</u>
	<input checked="" type="checkbox"/>		<u>1978. CONTAMINATED SOILS REMOVED TO A DEPTH OF APPROXIMATELY 10 FEET</u>
			<u>*e.g., discoloration of surrounding soil, dead vegetation</u>
<u>Characteristics of Release</u>	<u>Estimated Quantity or Volume Released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u>Diesel Fuel</u>	<u>NK</u>	<u>1970s</u>	<u>LEAKING DIESEL FUEL ABOVEGROUND</u>
<u>Gasoline</u>	<u>NK</u>	<u>1970s</u>	<u>STORAGE TANKS AND GASOLINE UNDERGROUND STORAGE TANKS</u>

UNIT ID as coded on your facility site map.  
 Process Codes, EPA Hazardous Waste Codes  
 in Subparts C and D and criteria consti-  
 ting wastes regulated under RCRA are defined  
 in Part I DEFINITIONS of this questionnaire.

3-4 STORAGE/TREATMENT TANKS

(Cont'd)

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

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

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

<u>Unit No.</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NK</u>	<u>1996</u>	<u>REFER TO ENVIRONMENTAL AUDIT TENNESSEE PACKAGING FACILITY PRODUCTS MANEERON NY APRIL 17, 1997 PREPARED BY CARM HILL FOR ANALYTICAL DATA</u>
_____	_____	_____

<u>Unit No.</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____

<u>Unit No.</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NK</u>	_____	_____
_____	_____	_____

3-8 OTHER  
ANY SHMUS NOT INCLUDED IN PREVIOUS SHMU CATEGORIES

COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SHMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

WASTE CHARACTERISTICS

do the following information regarding the wastes that are/were stored, treated, or disposed of in each 'other' unit. Identify unit  
ding to your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit,  
ifying the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include  
azardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.<sup>2</sup> If you handle/handled hazardous  
s which are not cited in 40 CFR, Subpart D, enter the code(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic  
minants of those hazardous wastes.<sup>2</sup> For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as  
you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide  
descriptions.<sup>2</sup> For each waste, indicate the quantity that was/is handled on an ANNUAL basis. Provide the appropriate unit of measure  
, tons, cubic yards, drums or gallons). Please indicate (x) in last column if any prior or current release of hazardous waste or  
ous waste constituents was/is associated with the unit identified.

TYPE/ IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE ID. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>0-1</u>	<u>40 yards</u>	ACTIVE <input checked="" type="checkbox"/>	<u>T04</u>	<u>MISCELLANEOUS</u> <u>SOLID DEBRIS,</u> <u>INCENDIES</u> <u>CAFETERIA WASTE</u>	<u>NK</u>	<u>Y</u>
		INACTIVE <input type="checkbox"/>				
		INCLUSIVE YEARS: _____				
	<u>40 yard TRASH COMPACTOR</u>					

UNIT ID as coded on your facility site map.

EPA Process Codes, EPA Hazardous Waste Codes  
from Subparts C and D and criteria consti-  
tuting wastes regulated under RCRA are defined  
in Part 1 APPENDICES of this questionnaire.

3-0 OTHER

WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SMU identified on the preceding page. In addition, provide a description of inspection and monitoring procedures implemented.

MANAGEMENT DESCRIPTION

WASTE MANAGEMENT DOES PICK-UP OF TRASH TWICE A WEEK

COMMENT

INSPECTION/CONTROL SYSTEM DESCRIPTION

NONE

INSPECTION/MONITORING PROCEDURES/RESULTS



3-8 OTHER

EVIDENCE OF RELEASE/REMEDIATION

Provide the following information on any prior or current release of hazardous waste or toxic waste constituents associated with the SMU described in the preceding pages.

Nature of Release

Positive Proof from Direct Observation  Positive Proof from Laboratory Analyses

COMMENT  
1999 - HYDRAULIC LINE LEAKED OIL

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

Characteristics of Release

Hazardous Waste # & Site Description 2

HYDRAULIC OIL

Estimated Quantity or Volume Released (Units)

NK

Date(s) of Release

1999

Nature of Release

HYDRAULIC LINE LEAKED OIL

UNIT ID as coded on your facility site map.

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.

3-8 OTHER

(Cont'd)

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

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

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

<u>Release No</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	<u>1999</u>	<u>LINE WAS REPAIRED AND OIL LEAKS CLEANED UP BY SITE PERSONNEL</u>
_____	_____	_____

<u>Release No</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____
_____	_____	_____

<u>Release No</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
_____	_____	_____
_____	_____	_____

3-8 OTHER  
ANY SHIMS NOT INCLUDED IN PREVIOUS SHMU CATEGORIES

COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SHMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

WASTE CHARACTERISTICS

Do the following information regarding the wastes that are/were stored, treated, or disposed of in each 'other' unit. Identify unit using your map identifier code and provide the appropriate EPA process code.<sup>2</sup> Indicate the operational status of the unit, including the first year of operation for active units or the inclusive dates of operation (from - to) for units presently inactive. Include hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.<sup>2</sup> 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 describes the characteristics and/or the toxic elements of those hazardous wastes.<sup>2</sup> For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide a description.<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.

TYPE/IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE ID. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>0-2</u>	<u>Not Applicable</u>	ACTIVE YEAR START: _____	<u>T04</u>	<u>RESIN DUST (POLYETHYLENE)</u>	<u>NK</u>	<u>N</u>
		INACTIVE INCLUSIVE YEARS: _____				
				<u>PARTICULATE CONTROL DEVICES INCLUDING CYCLONES, CENTRIFUGAL, AND FABRIC COLLECTORS INSTALLED BETWEEN 1977 AND 1988 IN BUILDINGS 1, 2, 6, 8, 7N, 21, 21A AND 22 DEVICES IN BUILDINGS 21, 21A, AND 22 REMOVED IN 1994.</u>		

UNIT ID as coded on your facility site map.

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.

3-0 OTHER

WASTE MANAGEMENT PRACTICES

space below, please provide a description of the waste management practices associated with the SMU identified on the preceding page. In addition, provide a description of inspection and monitoring procedures implemented.

MANAGEMENT DESCRIPTION

DUST COLLECTED FROM CYCLONES AND FABRIC FILTERS INTO CARDBOARD BOXES (PLASTIC LINED) FOR RE-USE OR OFF-SITE DISPOSAL.

COMMENT

INHERENT/CONTROL SYSTEM DESCRIPTION

SERIES OF SCREENS TO CONTAIN RESIN. ALSO, CONCRETE CURBING IN PLACE (OUTSIDE) AROUND DUST COLLECTORS TO CONTAIN RESIN

INSPECTION/MONITORING PROCEDURES/RESULTS

3-8 OTHER

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 SMU described in the preceding pages.

<u>Nature of Release</u>		<u>Positive Proof from Direct Observation</u>	<u>Positive Proof from Laboratory Analyses</u>	<u>COMMENT</u>
<u>Indirect</u>				
				*e.g., discoloration of surrounding soil, dead vegetation

<u>Characteristics of Release</u>	<u>Estimated Quantity or Volume Released (Units)</u>	<u>Date(s) of Release</u>	<u>Nature of Release</u>
<u>Hazardous Waste #</u>			
<u>Site Description</u>			

UNIT ID as coded on your facility site map.  
 EPA Process Codes, EPA Hazardous Waste Codes  
 from Subparts C and D and criteria consti-  
 tuting wastes regulated under RCRA are defined  
 in Part 1 DEFINITIONS of this questionnaire.

3-8 OTHER

(Cont'd)

See SMU described above, please provide any analytical data that may be available which would describe the nature and/or extent of potential 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 water monitoring data) submitted to EPA and the State under any other regulatory programs (e.g., Superfund) that concerns prior or ongoing releases as described above. If any analytical data are attached for the unit, please indicate below:

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

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

<u>Remediation No</u>	<u>NK</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

3-8 OTHER  
ANY SHMUS NOT INCLUDED IN PREVIOUS SHMU CATEGORIES

COMPLETE 3-8.1 THROUGH 3-8.3 FOR EACH INDIVIDUAL 'OTHER' SHMU WHICH IS EITHER CURRENTLY OR HAS PREVIOUSLY BEEN OPERATED ON YOUR SITE.

WASTE CHARACTERISTICS

Provide the following information regarding the wastes that are/were stored, treated, or disposed of in each 'other' unit. Identify 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 hazardous waste code from 40 CFR, Subpart D for each listed hazardous waste handled at each unit.<sup>2</sup> 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 describes the characteristics and/or the toxic elements of those hazardous wastes.<sup>2</sup> For any wastes which do not have a corresponding EPA hazardous waste number, please determine, as you can, if the particular waste would be considered a hazardous waste or to contain hazardous waste constituent(s) under RCRA and provide a description.<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.

TYPE/ IDENTIFIER <sup>1</sup>	SIZE	OPERATIONAL STATUS	EPA PROCESS CODE	EPA HAZARDOUS WASTE ID. OR WASTE DESCRIPTION <sup>2</sup>	ESTIMATED ANNUAL QUANTITY (SPECIFY UNITS)	ASSOCIATED RELEASE?
<u>0-3</u>		<u>ACTIVE</u> <input checked="" type="checkbox"/>	<u>T04</u>	<u>PETROLEUM NAPHTHA</u>	<u>80 GALLONS</u>	<u>N</u>

UNIT ID as coded on your facility site map.  
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.

3-0 OTHER

WASTE MANAGEMENT PRACTICES

In the space below, please provide a description of the waste management practices associated with the SMU identified on the preceding page. In addition, provide a description of inspection and monitoring procedures implemented.

MANAGEMENT DESCRIPTION

SAFETY - KLEEN PARTS WASHER EMPTIED EVERY 90 - DAYS AND RE-FILLED.

COMMENT

INSPECTION/CONTROL SYSTEM DESCRIPTION

NONE

INSPECTION/MONITORING PROCEDURES/RESULTS

VISUAL INSPECTION DAILY



3-B OTHER

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 SMU described in the preceding pages.

Nature of Release

Positive Proof from  
Direct Observation

Positive Proof from  
Laboratory Analyses

COMMENT

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

Characteristics of Release

Hazardous Waste # 1  
Waste Description 2

Estimated Quantity or  
Volume Released (Units)

Date(s) of  
Release

Nature of Release

UNIT ID as coded on your facility site map.

EPA Process Codes, EPA Hazardous Waste Codes from Culparts C and D and criteria constituting wastes regulated under RCRA are defined in Part I DEFINITIONS of this questionnaire.

(Cont'd)

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

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

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

<u>By</u>	<u>Requested</u>	<u>Inclusive Dates</u>	<u>Description/COMMENT</u>
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>By</u>	<u>Requested</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>By</u>	<u>Requested</u>	<u>Start Date</u>	<u>Description/COMMENT</u>
<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TABLE 1**  
**LIST OF SOLID WASTE MANAGEMENT UNITS**  
**FORMER TENNECO PACKAGING/PACTIV PLANT**  
**MACEDON, NEW YORK**

<b>SWMU ID</b>	<b>SWMU Type</b>	<b>Description</b>
C-1	CSA	Hazardous waste storage area
C-2	CSA	Satellite accumulation area for coolant residue
C-3	CSA	Accumulation area for waste oil
C-4	CSA	Satellite accumulation area for floor mop residue
C-5	CSA	Satellite accumulation area for sandblasting beads
C-6	CSA	Satellite accumulation area for tempering solution
T-1	T	Five 4,000-gallon USTs for lacolene, isopropyl alcohol, and VMP naphtha
T-2	T	6,000-gallon hazardous waste storage UST for solvent-based ink wash water
T-3	T	6,000-gallon hazardous waste storage UST for solvent-based and water-based waste ink
T-4	T	Two 1,000-gallon fuel oil ASTs
T-5	T	2,000-gallon methyl amyl alcohol UST
T-6	T	Leaking diesel fuel ASTs and gasoline USTs area
O-1	O	40-yard trash compactor
O-2	O	Particulate control devices
O-3	O	Safety-Kleen parts washer

**Notes:**

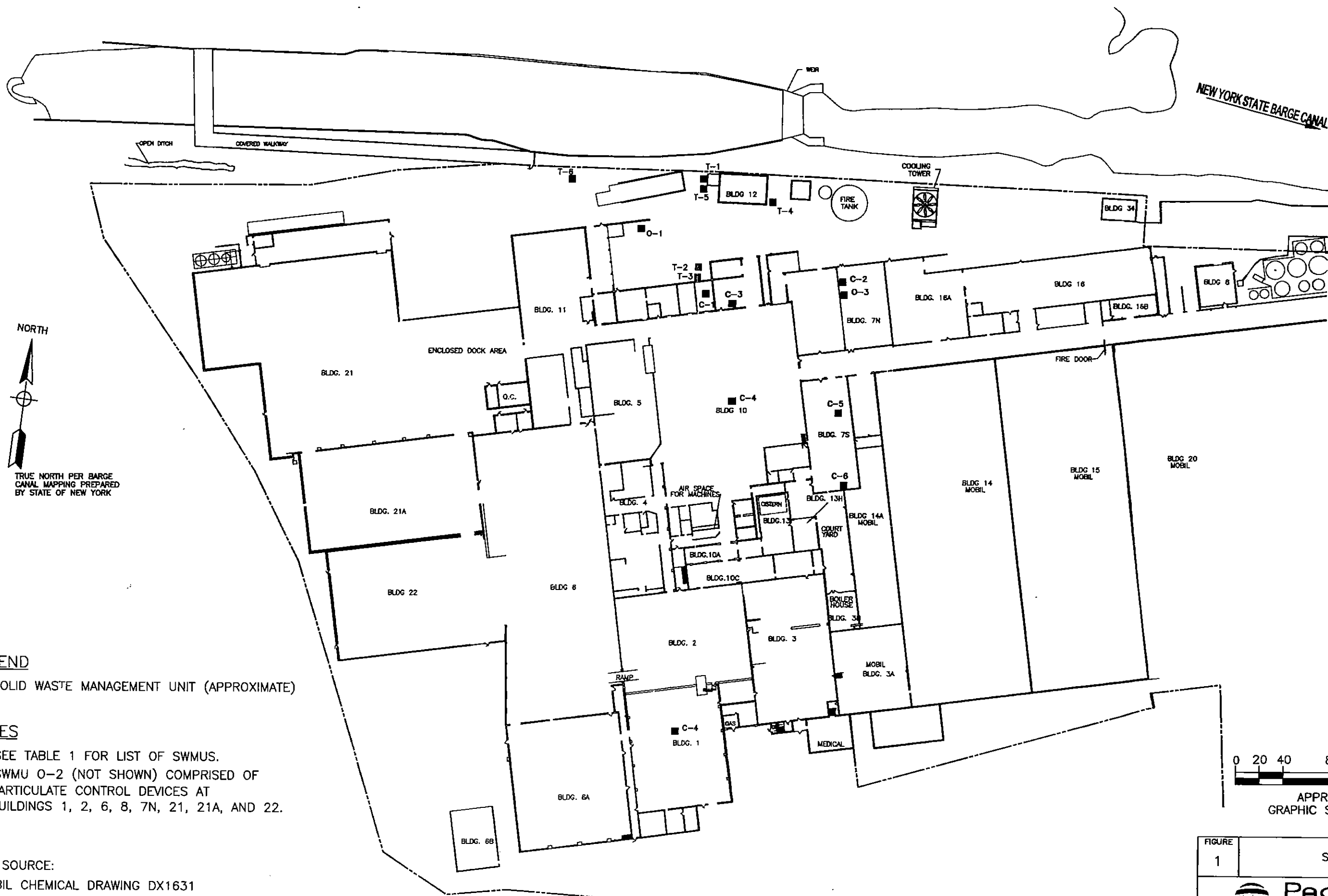
CSAs - Container Storage Areas and Transfer Stations

T - Storage/Treatment Tanks

O - Other

AST - aboveground storage tank

UST - underground storage tank



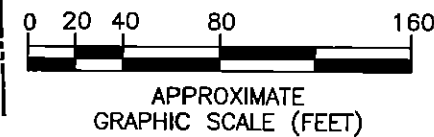
NORTH  
 TRUE NORTH PER BARGE CANAL MAPPING PREPARED BY STATE OF NEW YORK

**LEGEND**

■ SOLID WASTE MANAGEMENT UNIT (APPROXIMATE)

**NOTES**

1. SEE TABLE 1 FOR LIST OF SWMUS.
2. SWMU 0-2 (NOT SHOWN) COMPRISED OF PARTICULATE CONTROL DEVICES AT BUILDINGS 1, 2, 6, 8, 7N, 21, 21A, AND 22.



DRAWING SOURCE:  
 MOBIL CHEMICAL DRAWING DX1631  
 (SPCC DRAWING) 3/94

FIGURE	SITE PLAN
1	
 <b>PACTIV</b> Advanced Packaging Solutions Macedon, New York	
 646 PLANK ROAD, SUITE 202 CLIFTON PARK, NEW YORK 12065	