GSA No. 12345-XX 860
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/inch) in the shaded area only.

U.S. ENVIRONMENTAL PROTECTION AGENCY

EPA

INSTALLATION'S EPA I.D. NO.: OHD097947097 ~~OHD000266003~~

I. NAME OF INSTALLATION: CORNING GLASS WORKS INC 000266 AUG

II. INSTALLATION MAILING ADDRESS: 31501 SOLON RD ~~CLEVELAND~~ SOLON OH 44139

III. LOCATION OF INSTALLATION: 31501 SOLON RD ~~CLEVELAND, OH 44139~~

Cuy NEDO

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION I.D. NUMBER: F OHD097947097 21 | APPROVED: | DATE RECEIVED (mo., day, & yr.): 8 10 8 18

I. NAME OF INSTALLATION: CORNING GLASS WORKS ZIRCOA PRODUCTS

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 31501 SOLON RD

CITY OR TOWN: 4 SOLON | ST.: OH | ZIP CODE: 44139

US EPA RECORDS CENTER REGION 5
472860

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 31501 SOLON RD

CITY OR TOWN: 6 SOLON | ST.: OH | ZIP CODE: 44139

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 PIGNATO WILLIAM J | PHONE NO. (area code & no.): 6 0 7 9 7 4 - 7 8 4 4

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 7 CORNING GLASS WORKS

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL M = NON-FEDERAL | M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY

57 ☑ A. GENERATION 58 ☐ B. TRANSPORTATION (complete item VII)
59 ☑ C. TREAT/STORE/DISPOSE 60 ☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only)

☐ A. AIR 61 ☐ B. RAIL 62 ☐ C. HIGHWAY 63 ☐ D. WATER 64 ☐ E. OTHER (specify) 65

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. number in the space provided below.

☑ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: C OHD097947097

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (2-80) CONTINUE ON REVERSE

AUG 19 1980

I.D. NO. — FOR OFFICIAL USE ONLY

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DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F017	F001				
7	8	9	10	11	12

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U134					
37	38	39	40	41	42
43	44	45	46	47	48

LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark 'X' in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.20 — 261.23.)

☐ 1. IGNITABLE ☑ 2. CORROSIVE ☐ 3. REACTIVE ☑ 4. TOXIC

CERTIFICATION

ertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all ached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, elieve that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for mitting false information, including the possibility of fine and imprisonment.

NATURE	OFFICIAL TITLE	DATE SIGNED
S. R. Abella	PLANT MANAGER	8/14/80

A Form 6700-12 (2-80) REVERSE

ING CODE 6500-01-C

RECEIVED

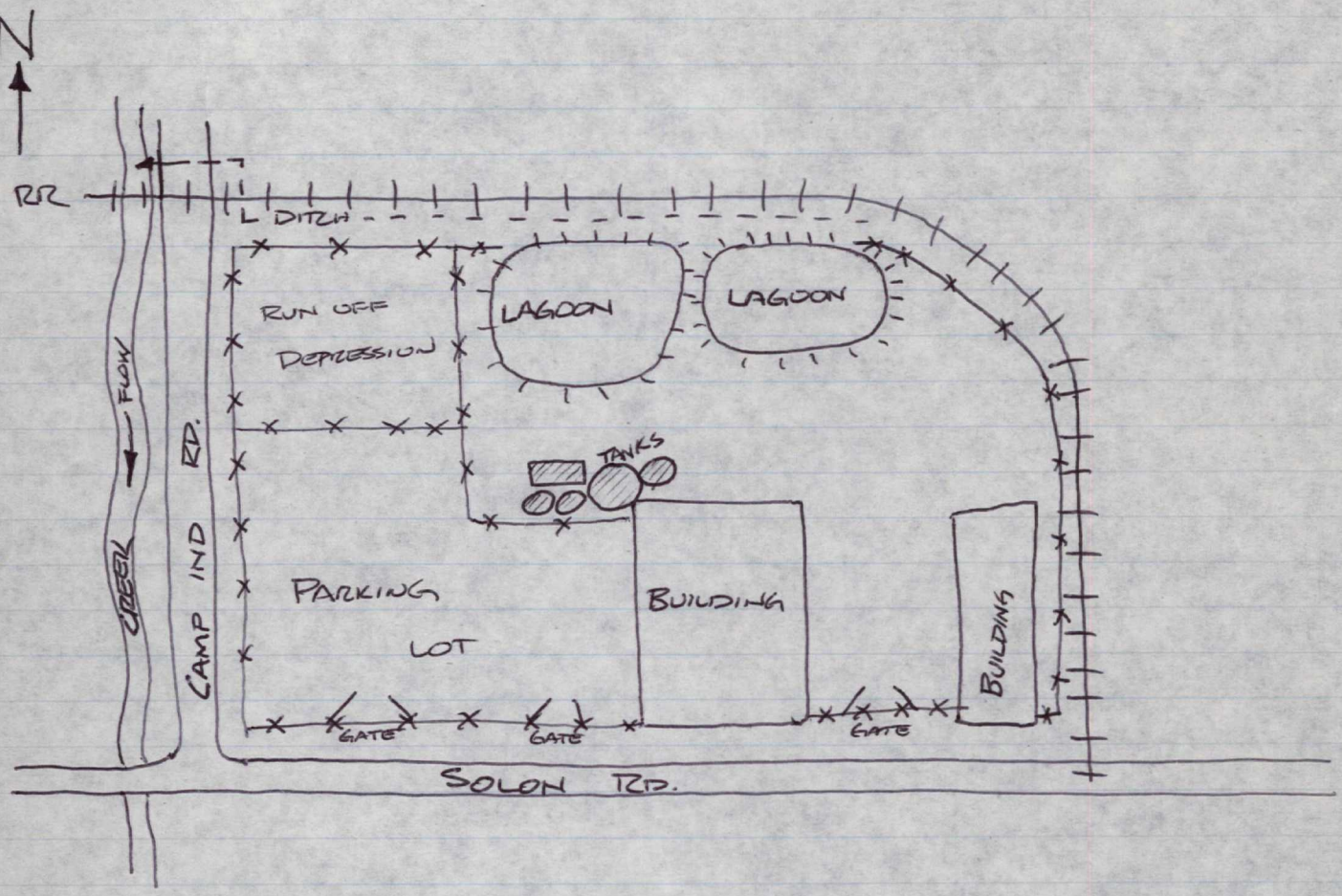
SEP 24 1980

OHIO ENVIRONMENTAL PROTECTION AGENCY N. E. D. O.

WINDSHIELD SURVEY 5/19/87 1:00

BY: DIRK KAISER & TOM O'BRIEN

CORNING GLASS WORKS, ZIRCOA PROD.



THERE IS A DITCH BETWEEN LAGOONS AND RR TRACK, WATER FLOW IN CREEK FLOWS TO THE WEST, CROSSES THE RR TRACK THEN CROSSES CAMP IND. RD AND DUMPS INTO THE CREEK. CREEK FLOWS SOUTH.

LAGOONS ARE <100 YDS SQ. EACH WITH 7' DIKES; WATER LEVEL IN DIKE IS 3' LOWER THAN RIM.

BARB WIRE FENCE AROUND SITE IS OPEN BEHIND LAGOONS ALLOWING ACCESS TO THE SITE.