REFERENCE 58

Maxus Energy Corporation
717 North Harwood Street
Dallas, Texas 75201
214 953-2000

US EPA RECORDS CENTER REGION 5
534422

MAXUS

Please Reply To:

23200 Chagrin Blvd.
Four Commerce Park Square
Suite 600
Beachwood, OH 44122

FEDERAL EXPRESS - AIRBILL NO. 8322687166

September 30, 1992

Ohio Environmental Protection Agency
Northeast District Office
2110 E. Aurora Road
Twinsburg, OH 44087

Re: Stormwater Discharge Permit Applications (2)
Painesville, Ohio Sites 1 and 2
Chemical Land Holdings, Inc.

Dear Sir:

Attached are two (2) permit applications for two sites just east of Fairport Harbor, Ohio. Our check for $30 is attached in full payment of both application fees ($15 each). If you have any questions, please call me directly at (216) 292-8226 at the "Please Reply To" address.

Sincerely,

P. J. Dugas
Sr. Environmental Engineer
For: Chemical Land Holdings, Inc.

PJD/sp

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type i.e., 12 characters/inch).

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F OHD981781727 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (*the area to the left of the label space lists the information that should appear*), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (*except VI-B which must be completed regardless*). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (*either existing or proposed*) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		2F	D. Is this a proposed facility (*other than those described in A or B above*) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process; solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP Painesville Site 1

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)		
2 Dugas, P.J. - Sr. Env. Engr.	216	292	8226

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 4 Comm. Pk. Sq. - Ste. 600 - 23200 Chagrin Blvd

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Beachwood	OH	44122

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2000Fairport Nursery Rd.

B. COUNTY NAME

Lake

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 Painesville Township	OH	44077	

NTINUED FROM THE FRONT

I. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify) None - no current mfg. activities	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

III. OPERATOR INFORMATION

A. NAME: Chemical Land Holdings, Inc.

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If Other specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

P (specify)

D. PHONE (area code & no.): C A 216 292 8226

E. STREET OR P.O. BOX: 4 Commerce Pk. Sq. - Ste. 600 - 23200 Chagrin Blvd.

F. CITY OR TOWN: Beachwood

G. STATE: OH

H. ZIP CODE: 44122

IX. INDIAN LAND
Is the facility located on Indian lands? [ ] YES [X] NO

. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	N	D. PSD (Air Emissions from Proposed Sources)	C 9 P
B. UIC (Underground Injection of Fluids)	U	E. OTHER (specify)	C 9 OHD981781727 (specify) U.S. EPA site generator No.
C. RCRA (Hazardous Wastes)	R	E. OTHER (specify)	C 9 (specify)

AP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

No manufacturing operations are currently conducted. This is a capped disposal site closed in accordance with a U.S. EPA Administrative Consent Order, which order was finalized in 1983. There is no rainfall contact with the capped material.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P.J. Dugas Sr. Environmental Engineer		

OMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only

EPA ID Number (copy from item 1 of Form 1)
OHD981781727

Form Approved OMB No. 2040-0086
Approval expires 5-31-92

Form 2F NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
001U	41	45	12	81	14	42	Grand River
002D	41	44	58	81	15	15	Grand River

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req	b. prop
None					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff; materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies that receive storm water discharges from the facility.

Continue on Page 2

ontinued from the Front

V. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001U	None	40 Acres	002D	None	50 Acres

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

No materials are stored or used in a manner which allows exposure to stormwater . Slow-release (coated) fertilizer (N,P and K) is applied twice per year. There are no manufacturing activities or equipment at this facility.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001U and 002D	Both outfalls discharge stormwater from a capped area which is vegetated to prevent erosion. Vegetation is maintained and inspected regularly.	

VI. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
P.J. Dugas Sr. Environmental Engr.		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test

egular site inspection. There are no manufacturing activities anywhere on the site hich could generate non-stormwater discharges.

VII. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

one.

Continued from Page 2

EPA ID Number (copy from item I of Form 1)
OHD981781727

VII. Discharge Information

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - Is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

[ ] Yes (list all such pollutants below) [X] No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

[ ] Yes (list all such pollutants below) [X] No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

[X] Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) [ ] No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Savannah Labs	900 Lakeside Dr. Mobile, AL 36609	(205) 666-6633	All results reported

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (type or print)	B. Area Code and Phone No
R. Wilson - Vice President	(214) 953-2845
C. Signature	**D. Date Signed**

VII. Discharge Information *(Continued from page 3 of Form 2F)*

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. OUTFALL 001U

Pollutant and CAS Number (if available)	Maximum Values (include units) NG/L		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
l and Grease	<1.0	<1.0			1	Same for all
ological Oxygen mand (BOD5)	16	18			1	Pollutants:
emical Oxygen mand (COD)	130	130			1	capped and
tal Suspended lids (TSS)	14	12			1	vegetated
tal Kjeldahl trogen	5.3	6.9			1	hazardous waste
trate plus rite Nitrogen	3.1	3.0			1	disposed area.
tal osphorus	0.44	0.47			1	
Std. Units	Minimum 6.9	Maximum 6.9	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements. OUTFALL 001U

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
	NONE					

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall. OUTFALL 001U

Pollutant and CAS Number (if available)	Maximum Values (include units) MG/L		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Chromium, Hexavalent	<0.01	<0.01			1	See VII. Part A
Chromium, Total	<0.01	<0.01			1	See VII. Part A

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
10/4/91	About 180	1.38 (measured as below)	72 (measured as below)	Outfall 001U About 2 gal/min.	About 360 gal (outfall continued to flow long after storm event, however)	Fall	Rain

9. Provide a description of the method of flow measurement or estimate.

Rainfall depth: From site entrance guard rainfall gauge, about 0.1 mile from site.
Outfall flow: Measured by timing filling of 1 gallon jug.

EPA ID Number (copy from item 1 of Form 1)
OHD981781727

Form Approved OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)*

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. OUTFALL 002D

Pollutant and CAS Number (if available)	Maximum Values (include units) MG/L		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Oil and Grease	<1.0	<1.0			1	Same as
Biological Oxygen Demand (BOD5)	13	13			1	Outfall 001U
Chemical Oxygen Demand (COD)	140	34			1	
Total Suspended Solids (TSS)	86	78			1	
Total Kjeldahl Nitrogen	8.9	9.2			1	
Nitrate plus Nitrite Nitrogen	1.04	1.06			1	
Total Phosphorus	0.72	0.66			1	
pH Std. Units	Minimum 6.9	Maximum 6.9	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements. OUTFALL 002D

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
		NONE				

Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall. OUTFALL 002D

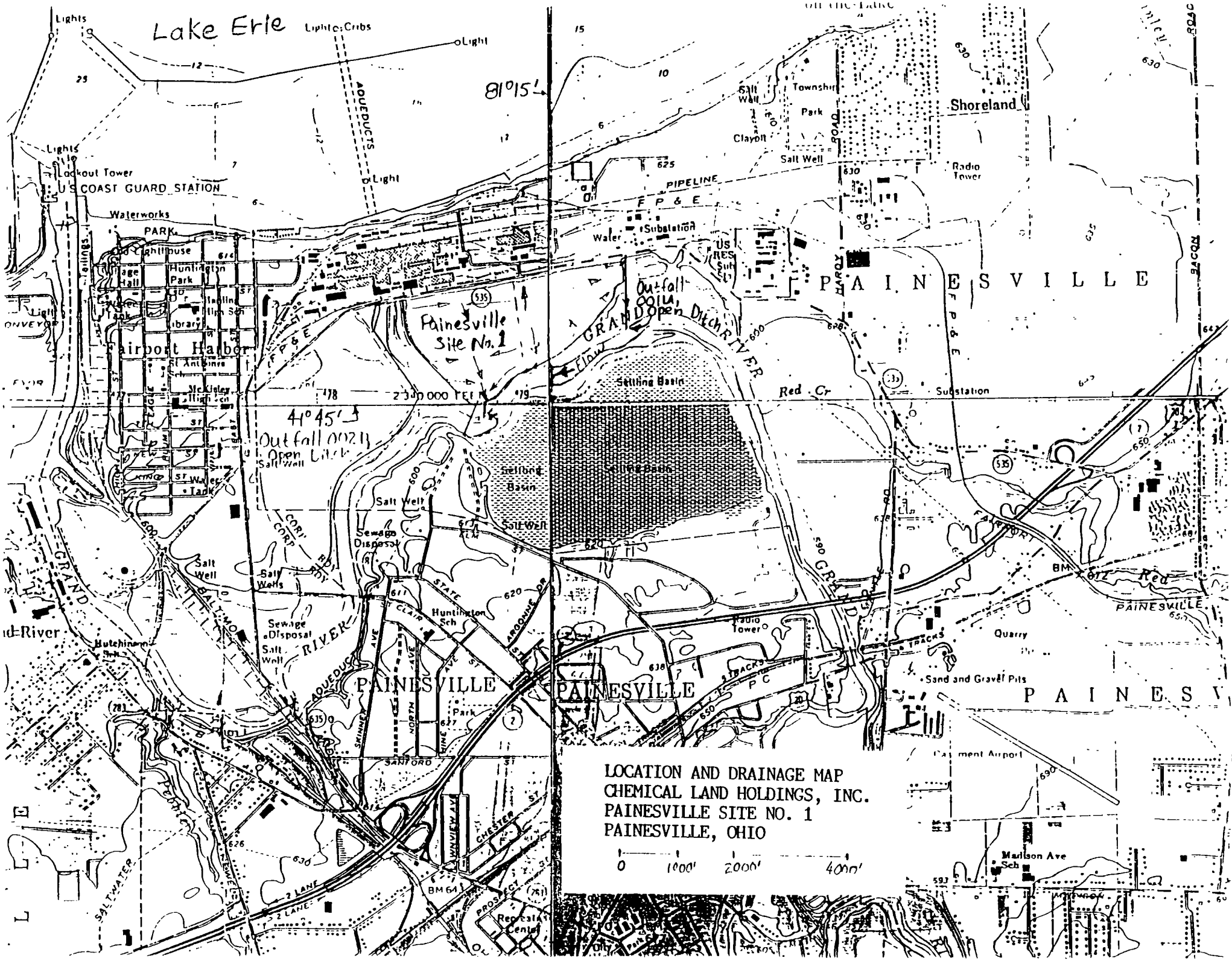
Pollutant and CAS Number (if available)	Maximum Values (include units) MG/L: Grab Sample Taken During First 30 Minutes	Maximum Values: Flow-weighted Composite	Average Values (include units): Grab Sample Taken During First 30 Minutes	Average Values: Flow-weighted Composite	Number of Storm Events Sampled	Sources of Pollutants
Chromium, Hexavalent	<0.01	<0.01			1	See VII. Part A
Chromium, Total	<0.01	<0.01			1	See VII. Part A

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
10/4/91	About 180	1.38 (measured as below)	72 (measured as below)	Outfall 002D: About 5 gal/min	About 900 gal (outfall continued to flow long after storm event however)	Fall	Rain

9. Provide a description of the method of flow measurement or estimate.

Rainfall Depth: From site entrance guard rainfall gauge, about 0.1 mile from site.
Outfall Flow: Measured by timing filling of 1 gallon jug.


Lake Erie
Lights
Light Cribs
Light
81°15'
AQUEDUCTS
Lights
Lookout Tower
U.S. COAST GUARD STATION
Waterworks
PARK
Old Lighthouse
Village Hall
Huntington Park
Fairport Harbor
Tailings
Tailings Sch
Library
St Antoinne Sch
McKinley Sch
Water Tank
KING ST
EAGLE AVE
Lights
CONVEYOR
Township Park
Shoreland
Salt Well
Clayoil
Radio Tower
PIPELINE
F P & E
Water
Substation
US RES Sub St
HARDY ROAD
BACON ROAD
PAINESVILLE
Outfall 001A, Open Ditch
GRAND RIVER
Flow
Painesville Site No. 1
Settling Basin
Red Cr
Substation
41°45'
Outfall 002B
Open Ditch
Salt Well
Water Tank
Sewage Disposal
Salt Wells
CORP
Huntington Sch
STATE
CLAIR AVE
ARCHDALE DR
Radio Tower
TRACKS
Quarry
Sand and Gravel Pits
BM 612
Red
PAINESVILLE
Hutchinson Sch
SALTMOUTH
RIVER
AQUEDUCTS
SKINNER AVE
NORTH AVE
PINE ST
SANFORD
Park
Cement Airport
Madison Ave Sch
WINVIEW AVE
CHESTER ST
PROSPECT ST
BM 641
Recreation Center
2 LANE
SALTWATER
Pennsylvania
LOCATION AND DRAINAGE MAP
CHEMICAL LAND HOLDINGS, INC.
PAINESVILLE SITE NO. 1
PAINESVILLE, OHIO
0 1000' 2000' 4000'

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F OHD986974681 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit applications to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		2F	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process; solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP Painesville Site 2

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 Dugas, P.J. - Sr. Env. Engr.	216 292 8226

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 4 Comm. Pk. Sq. - Ste. 600- 23200 Chagrin Blvd.

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 Beachwood	OH	44122

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2000 Fairport Nursery Rd.

B. COUNTY NAME

Lake

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 Painesville Township	OH	44077	

TINUED FROM THE FRONT

SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
(specify) None - no current mfg. activities	7 (specify)
C. THIRD	**D. FOURTH**
(specify)	7 (specify)

OPERATOR INFORMATION

A. NAME: Chemical Land Holdings, Inc.

B. Is the name listed in Item VIII-A also the owner? ☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other" specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)
Answer: P (specify)

D. PHONE (area code & no.): A 216 292 8226

E. STREET OR P.O. BOX: 4 Comm. Pk. Sq. - Ste. 600 - 23200 Chagrin Blvd.

F. CITY OR TOWN: Beachwood

G. STATE: OH

H. ZIP CODE: 44122

IX. INDIAN LAND
Is the facility located on Indian lands? ☐ YES ☒ NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N	D. PSD (Air Emissions from Proposed Sources) 9 P
B. UIC (Underground Injection of Fluids) U	E. OTHER (specify) 9 OHD986974681 (specify) U.S. EPA Generator No.
C. RCRA (Hazardous Wastes) R	E. OTHER (specify) 9 (specify)

MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

I. NATURE OF BUSINESS (provide a brief description)

No manufacturing operations are currently conducted. This is a capped waste disposal area, surrounded by a slurry wall which extends to bedrock. There is no rainfall contact with the capped material.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
P.J. Dugas Sr. Environmental Engineer		

COMMENTS FOR OFFICIAL USE ONLY

EPA ID Number (copy from item 1 of Form 1) OHD986974681

Please print or type in the unshaded areas only

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

Form 2F NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
001	41	45	45	81	14	42	Lake Erie

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req	b. prop
None					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff; materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies that receive storm water discharges from the facility.

Continue on Page 2

ontinued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	None	13 Acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

No materials are stored or used in a manner which allows exposure to stormwater. Slow-release (coated) fertilizer (N,P and K) is applied twice per year. There are no manufacturing activities or equipment at this facility. Adjacent to the capped area is a natural gas production well.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	One outfall discharges stormwater from a capped area which is vegetated to prevent erosion. The capped are is maintained and inspected regularly.	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
P.J. Dugas Sr. Environmental Engr.		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Regular site inspection is done. There are no manufacturing activities anywhere on the site which could generate non-stormwater discharges except the natural gas production well in the southwest section.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

About January 5, 1990 a net loss of about 15 barrels of liquid hydrocarbons from the natural gas well seperator storage tank occurred. There was no discharge to Lake Erie, as the material was contained in and then collected from the stormwater collection ditch leading to the outfall 001.

Continued from Page 2

EPA ID Number (copy from item I of Form 1)
OHD986974681

VII. Discharge Information

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) ☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Savannah Labs	900 Lakeside Dr. Mobile, AL 36609	(205) 666-6633	All results reported

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (type or print)	B. Area Code and Phone No
R. Wilson - vice President	(214) 953-2845
C. Signature	D. Date Signed

EPA ID Number (copy from item 1 of Form 1)
OHD986974681

Please print or type in the unshaded areas only

Form Approved OMB No 2040-0086
Approval expires 5-31-92

Form 2F NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

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A. Outfall Number (list)	B. Latitude			C. Longitude			D. Receiving Water (name)
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A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. required	b. proposed
None					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff; materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies that receive storm water discharges from the facility.

Continue on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

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Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	None	13 Acres			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

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C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	One outfall discharges stormwater from a capped area which is vegetated to prevent erosion. The capped are is maintained and inspected regularly.	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
P.J. Dugas Sr. Environmental Engr.		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Regular site inspection is done. There are no manufacturing activities anywhere on the site which could generate non-stormwater discharges except the natural gas production well in the southwest section.

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Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

About January 5, 1990 a net loss of about 15 barrels of liquid hydrocarbons from the natural gas well seperator storage tank occurred. There was no discharge to Lake Erie, as the material was contained in and then collected from the stormwater collection ditch leading to the outfall 001.

Continued from Page 2

EPA ID Number (copy from item I of Form 1)
OHD986974681

VII. Discharge Information

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - Is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

IX. Contract Analysis Information

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) ☐ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Savannah Labs	900 Lakeside Dr. Mobile, AL 36609	(205) 666-6633	All results reported

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (type or print)	B. Area Code and Phone No
R. Wilson - vice President	(214) 953-2845
C. Signature	D. Date Signed

VII. Discharge Information *(Continued from page 3 of Form 2F)*

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units) MG/L		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Oil and Grease	< 1.0	< 1.0			1	Rainfall runoff
Biological Oxygen Demand (BOD5)	8.6	8.4			1	from closed
Chemical Oxygen Demand (COD)	91	57			1	capped, vegetated
Total Suspended Solids (TSS)	84	160			1	hazardous waste
Total Kjeldahl Nitrogen	2.9	2.3			1	disposal area, and
Nitrate plus Nitrite Nitrogen	0.83	0.76			1	from vicinity of
Total Phosphorus	0.15	0.19			1	natural gas well.
pH Std. units	Minimum 7.3	Maximum 7.4	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
		none				

Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
See attached sheets for U.S. EPA Priority Pollutant volatile, Base Neutral, Acid extractable and Pesticide / PCB fraction results (Savannah Labs Report pages 3 through 8). Note that columns correspond to the columns on this page: Parameter, Grab Sample results, Composite Sample results. Note that all values for all parameters are less than detectable at the indicated detection limits.					1	See VII, Part A

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)	7. Season sample was taken	8. Form of Precipitation (rainfall, snowmelt)
10/4/91	About 180	1.375	72+	About 25 gal/min	2160 (although outfall continued to flow long after storm event)	Fall	Rain

9. Provide a description of the method of flow measurement or estimate.

Rainfall Depth: From site guard rainfall gauge, located about 0.1 mile from site.
Outfall Flow: Measured by timing filling of one gallon jug. Only about half the outfall flow was measured, and results shown above factored up by two.

SL SAVANNAH LABORATORIES
& ENVIRONMENTAL SERVICES, INC.

900 Lakeside Drive • Mobile, Alabama 36693-5118 • (205) 666-6633 • Fax (205) 666-6696

LOG NO: M1-22737

Received: 05 OCT 91

Mr. Paul J. Dugas
Maxus Energy Corporation
Four Commerce Park Square, 23200 Chagrin Blvd.
Beachwood, Ohio 44122

Project: Chemical Land Holding
Sampled By: Client

REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
22737-5	GAC001 Grab	10-04-91
22737-6	CAC001 Composite	10-04-91

PARAMETER	22737-5	22737-6
Volatile Organic Compounds		
Acrolein, ug/l	<50	<50
Acrylonitrile, ug/l	<50	<50
Benzene, ug/l	<5.0	<5.0
Bromoform, ug/l	<5.0	<5.0
Carbon Tetrachloride, ug/l	<5.0	<5.0
Chlorobenzene, ug/l	<5.0	<5.0
Dibromochloromethane, ug/l	<5.0	<5.0
Chloroethane, ug/l	<10	<10
2-Chloroethylvinyl Ether, ug/l	<10	<10
Chloroform, ug/l	<5.0	<5.0
Dichlorobromomethane, ug/l	<5.0	<5.0
Dichlorodifluoromethane, ug/l	<5.0	<5.0
1,1-Dichloroethane, ug/l	<5.0	<5.0
1,2-Dichloroethane, ug/l	<5.0	<5.0
1,1-Dichloroethene, ug/l	<5.0	<5.0
1,2-Dichloropropane, ug/l	<5.0	<5.0
1,3-Dichloropropylene, ug/l	<5.0	<5.0
Ethylbenzene, ug/l	<5.0	<5.0
Bromomethane, ug/l	<10	<10
Chloromethane, ug/l	<10	<10
Methylene Chloride, ug/l	<5.0	<5.0
1,1,2,2-Tetrachloroethane, ug/l	<5.0	<5.0
Tetrachloroethene, ug/l	<5.0	<5.0
Toluene, ug/l	<5.0	<5.0

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22737-5	GAC001 Grab	10-04-91
22737-6	CAC001 Composite	10-04-91

PARAMETER	22737-5	22737-6
Trans-1,2-Dichloroethene, ug/l	<5.0	<5.0
1,1,1-Trichloroethane, ug/l	<5.0	<5.0
1,1,2-Trichloroethane, ug/l	<5.0	<5.0
Trichloroethene, ug/l	<5.0	<5.0
Trichlorofluoromethane, ug/l	<5.0	<5.0
Vinyl Chloride, ug/l	<10	<10
Xylenes, ug/l	<5.0	<5.0

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22737-6	CAC001 Composite	10-04-91

PARAMETER	22737-5	22737-6
Base Neutral Compounds		
Acenaphthene, ug/l	<10	<10
Acenaphthylene, ug/l	<10	<10
Anthracene, ug/l	<10	<10
Benzidine, ug/l	<80	<80
Benzo(a)Anthracene, ug/l	<10	<10
Benzo(a)pyrene, ug/l	<10	<10
3,4-Benzofluoranthene, ug/l	<10	<10
Benzo(g,h,i)perylene, ug/l	<10	<10
Benzo (k) Fluoranthene, ug/l	<10	<10
bis(2-Chloroethoxy) methane, ug/l	<10	<10
bis(2-Chloroethyl) ether, ug/l	<10	<10
Bis(2-chloroisopropyl)ether, ug/l	<10	<10
bis(2-Ethylhexyl) phthalate, ug/l	<10	<10
4-Bromophenyl-phenyl-ether, ug/l	<10	<10
Butylbenzylphthalate, ug/l	<10	<10
2-Chloronaphthalene, ug/l	<10	<10
4-Chlorophenyl-phenyl ether, ug/l	<10	<10
Chrysene, ug/l	<10	<10
Dibenzo(a,h)anthracene, ug/l	<10	<10
1,2-Dichlorobenzene, ug/l	<10	<10
1,3-Dichlorobenzene, ug/l	<10	<10
1,4-Dichlorobenzene, ug/l	<10	<10
3,3'-Dichlorobenzidine, ug/l	<20	<20
Diethylphthalate, ug/l	<10	<10

SL SAVANNAH LABORATORIES
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22737-6	CAC001 Composite	10-04-91

PARAMETER	22737-5	22737-6
Dimethylphthalate, ug/l	<10	<10
Di-n-butylphthalate, ug/l	<10	<10
2,4-Dinitrotoluene, ug/l	<10	<10
2,6-Dinitrotoluene, ug/l	<10	<10
Di-n-octylphthalate, ug/l	<10	<10
1,2-Diphenylhydrazine, ug/l	<10	<10
Fluoranthene, ug/l	<10	<10
Fluorene, ug/l	<10	<10
Hexachlorobenzene, ug/l	<10	<10
Hexachlorobutadiene, ug/l	<10	<10
Hexachlorocyclopentadiene, ug/l	<10	<10
Hexachloroethane, ug/l	<10	<10
Indeno (1,2,3-cd)pyrene, ug/l	<10	<10
Isophorone, ug/l	<10	<10
Naphthalene, ug/l	<10	<10
Nitrobenzene, ug/l	<10	<10
N-Nitrosodimethylamine, ug/l	<10	<10
N-Nitrosodi-N-Propylamine, ug/l	<10	<10
N-Nitrosodiphenylamine/Diphenylamine, ug/l	<10	<10
Phenanthrene, ug/l	<10	<10
Pyrene, ug/l	<10	<10
1,2,4-Trichlorobenzene, ug/l	<10	<10

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PARAMETER	22737-5	22737-6
Acid Extractable Organics		
2-Chlorophenol, ug/l	<10	<10
2,4-Dichlorophenol, ug/l	<10	<10
2,4-Dimethylphenol, ug/l	<10	<10
4,6-Dinitro-2-methylphenol, ug/l	<50	<50
2,4-Dinitrophenol, ug/l	<50	<50
2-Nitrophenol, ug/l	<10	<10
4-Nitrophenol, ug/l	<50	<50
p-Chloro-m-cresol, ug/l	<10	<10
Pentachlorophenol, ug/l	<50	<50
Phenol, ug/l	<10	<10
2,4,6-Trichlorophenol, ug/l	<10	<10

SL SAVANNAH LABORATORIES
& ENVIRONMENTAL SERVICES, INC.

900 Lakeside Drive • Mobile, Alabama 36693-5118 • (205) 666-6633 • Fax (205) 666-6696

LOG NO: M1-22737

Received: 05 OCT 91

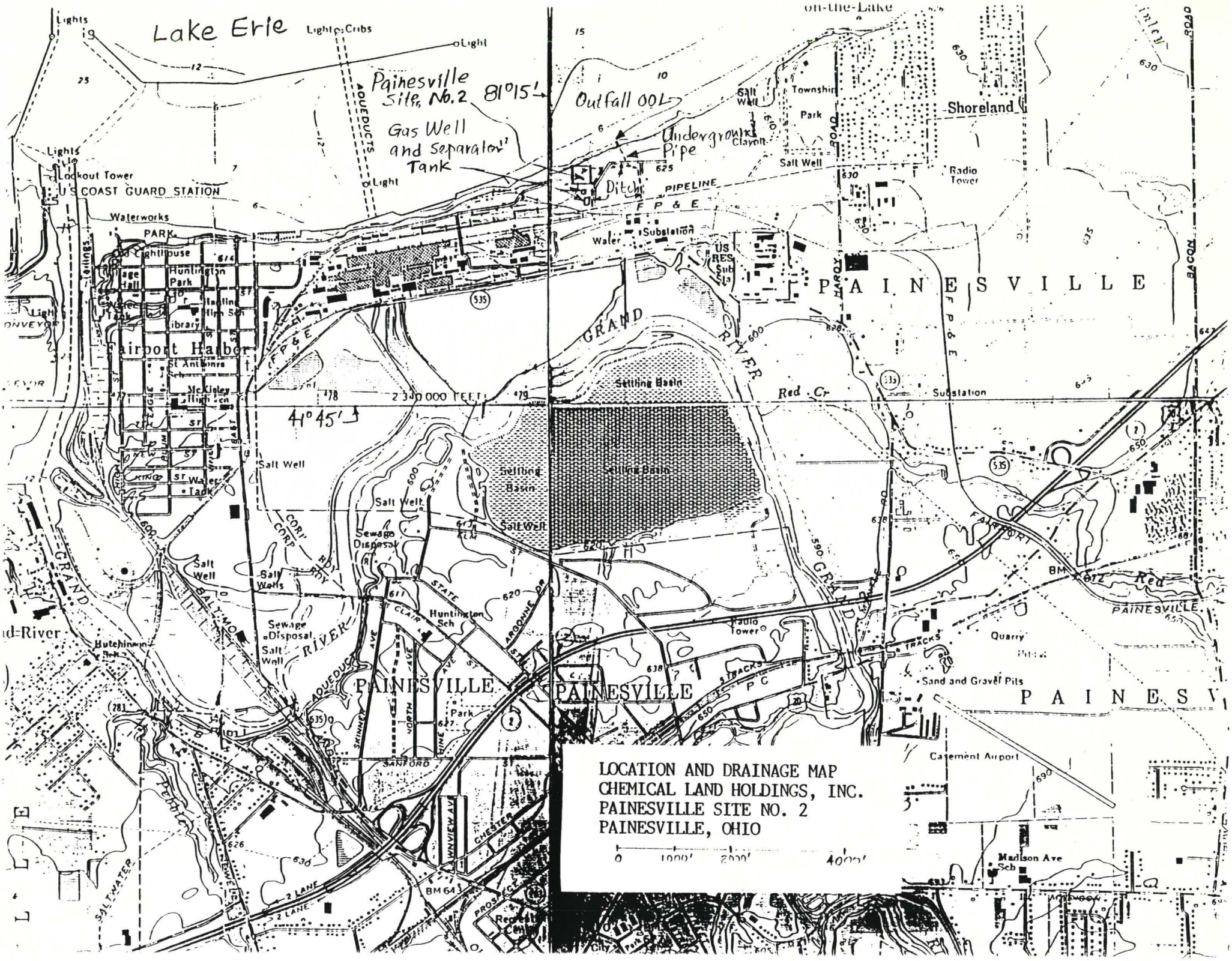
Mr. Paul J. Dugas
Maxus Energy Corporation
Four Commerce Park Square, 23200 Chagrin Blvd.
Beachwood, Ohio 44122

Project: Chemical Land Holding
Sampled By: Client

REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
22737-5	GAC001 Grab	10-04-91
22737-6	CAC001 Composite	10-04-91

PARAMETER	22737-5	22737-6
Pesticides/PCB's		
Aldrin, ug/l	<0.010	<0.010
alpha-BHC, ug/l	<0.010	<0.010
beta-BHC, ug/l	<0.010	<0.010
gamma-BHC, ug/l	<0.010	<0.010
delta-BHC, ug/l	<0.010	<0.010
Chlordane, ug/l	<0.10	<0.10
4,4'-DDT, ug/l	<0.050	<0.050
4,4'-DDE, ug/l	<0.020	<0.020
4,4'-DDD, ug/l	<0.020	<0.020
Dieldrin, ug/l	<0.020	<0.020
Alpha-Endosulfan, ug/l	<0.020	<0.020
Beta-Endosulfan, ug/l	<0.050	<0.050
Endosulfan sulfate, ug/l	<0.10	<0.10
Endrin, ug/l	<0.020	<0.020
Endrin Aldehyde, ug/l	<0.10	<0.10
Heptachlor, ug/l	<0.010	<0.010
Heptachlor epoxide, ug/l	<0.020	<0.020
Aroclor-1242, ug/l	<0.50	<0.50
Aroclor-1254, ug/l	<0.50	<0.50
Aroclor-1221, ug/l	<0.50	<0.50
Aroclor-1232, ug/l	<0.50	<0.50
Aroclor-1248, ug/l	<0.50	<0.50
Aroclor-1260, ug/l	<0.50	<0.50
Aroclor-1016, ug/l	<0.50	<0.50
Toxaphene, ug/l	<1.0	<1.0


Lake Erie
Lights
Light
Cribs
Painesville Site No. 2
81°15'
Gas Well and Separator Tank
Outfall 001
Underground Pipe
Ditch
PIPELINE
F P & E
Lookout Tower
U.S. COAST GUARD STATION
Waterworks
PARK
Old Lighthouse
Huntington Park
Fairport Harbor
St Anthonys Sch
Mc Kinley
Library
Salt Well
Water Tank
Substation
US RES Sub
Township Park
Shoreland
Radio Tower
Clayott
PAINESVILLE
GRAND RIVER
Settling Basin
Red Cr
41°45'
2 340 000 FEET
Sewage Disposal
Salt Wells
Huntington Sch
Hutchinson Park
AQUEDUCTS
STATE
ST CLAIR
ARGONNE DR
SKINNER AVE
NORTH AVE
SANFORD
Park
TRACKS
Quarry
Sand and Gravel Pits
Cassement Airport
Madison Ave Sch
Red
BM 612
BM 641
SALTWATER
2 LANE
CHESTER
WINVIEW AVE
PROSPECT
Rockefeller Center
LOCATION AND DRAINAGE MAP
CHEMICAL LAND HOLDINGS, INC.
PAINESVILLE SITE NO. 2
PAINESVILLE, OHIO
0 1000' 2000' 4000'