PA-554

M.2 - SITE MAINTENANCE FORM

ORIGINAL (Red)

EPA ID: PAD067098822

SITE NAME: INDUSTRIAL WASTE REMOVAL INC SOURCE: H

STREET: 550 INDUSTRIAL DR CONG DIST: 19

CITY: LEWISBERRY ZIP: 17339

CNTY NAME: YORK CNTY CODE: 133

LATITUDE: 40/08/06.0 LONGITUDE: 076/51/36.0

SMSA: 9280 HYDRO UNIT: 02050306

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE:

APPROACH: SITE CLASS:

SITE/SPILL IDS:

RPM NAME: RPM PHONE: - -

DIOXIN TIER: REG FLD1: REG FLD2: 3

RESP TERM: PENDING ( ) NO FURTHER ACTION ( )

ENF DISP: NO VIABLE RESP PARTY ( ) VOLUNTARY RESPONSE ( )

ENFORCED RESPONSE ( ) COST RECOVERY ( )

SITE DESCRIPTION:

* ACTION: _

PENDING (_) NO FURTHER ACTION (_)

#9431

REGION: 03
STATE : PA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L A

RUN DATE: 85/05/24
RUN TIME: 08:37:10

M.2 - PROGRAM MAINTENANCE FORM

ORIGINAL (Red)

* ACTION: _ *

SITE: INDUSTRIAL WASTE REMOVAL INC

EPA ID: PAD067098822 PROGRAM CODE: H01 PROGRAM TYPE: * _ *

PROGRAM QUALIFIER: ALIAS LINK : * * *

PROGRAM NAME: SITE EVALUATION * *

DESCRIPTION:

* *
* *
* *
* *

M.2 - EVENT MAINTENANCE FORM

ORIGINAL (Red)

* ACTION: _ *

SITE: INDUSTRIAL WASTE REMOVAL INC
PROGRAM: SITE EVALUATION

EPA ID: PAD067098822 PROGRAM CODE: H01 EVENT TYPE: DSI

FMS CODE: EVENT QUALIFIER: EVENT LEAD: E

EVENT NAME: DISCOVERY STATUS:

DESCRIPTION:

ORIGINAL	CURRENT	ACTUAL
START:	START:	START:
COMP :	COMP :	COMP : 80/08/01

HQ COMMENT:

RG COMMENT:

COOP AGR #	AMENDMENT #	STATUS	STATE %

REGION: 03
STATE : PA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L A

RUN DATE: 85/05/24
RUN TIME: 08:37:10

M.2 - EVENT MAINTENANCE FORM

ORIGINAL
(Red)

* ACTION: _ *

SITE: INDUSTRIAL WASTE REMOVAL INC
PROGRAM: SITE EVALUATION

EPA ID: PAD067096822 PROGRAM CODE: H01 EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER: EVENT LEAD: S * _ __ _ *

EVENT NAME: PRELIMINARY ASSESSMENT STATUS: * _____ _ *

DESCRIPTION:

* _____ *
* _____ *
* _____ *
* _____ *

ORIGINAL	CURRENT	ACTUAL			
START:	START:	START: 84/06/01	__/__/__	__/__/__	__/__/__
COMP :	COMP :	COMP : 84/08/01	__/__/__	__/__/__	__/__/__

HQ COMMENT:

* _____ *

RG COMMENT:

* _____ *

COOP AGR #	AMENDMENT #	STATUS	STATE %
_____	_____	__	__

ORIGINAL (Red)

M.2 - REGIONAL UTILITY MAINTENANCE FORM

SITE: INDUSTRIAL WASTE REMOVAL INC

EPA ID: PAD067098822

REG CODE: 3DSN-01 * ACTION: _ *
DESCRIPTION: DUMPSITE NUMBER * _____ *
* _____ *
DATE1: * __/__/__ *
DATE2: * __/__/__ *
DATE3: * __/__/__ *
FREE FIELD: PA-554 * _____ *

REG CODE: 3RPO-01 * ACTION: _ *
DESCRIPTION: REGIONAL PROJECT OFFICER * _____ *
* _____ *
DATE1: * __/__/__ *
DATE2: * __/__/__ *
DATE3: * __/__/__ *
FREE FIELD: SWANSON * _____ *

REG CODE: 3TSD-01 * ACTION: _ *
DESCRIPTION: TREATMENT STORAGE & DISPOSAL FACILITY * _____ *
* _____ *
DATE1: * __/__/__ *
DATE2: * __/__/__ *
DATE3: * __/__/__ *
FREE FIELD: * _____ *

ATC FILES

EPA POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
III	PA-554

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspections. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

(Red)

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (*Preliminary Assessment*). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Industrial Waste Removal

B. STREET (*or other identifier*): 550 Industrial Drive

C. CITY: Lewisberry

D. STATE: PA

E. ZIP CODE: 17339

F. COUNTY NAME: York

G. OWNER/OPERATOR (*if known*)
1. NAME: James Kohr, President
2. TELEPHONE NUMBER: (717) 938-6745

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: Storage of hazardous waste (mostly ignitable) in mound buried tanks.

J. HOW IDENTIFIED (*i.e., citizen's complaints, OSHA citations, etc.*): Erris list

K. DATE IDENTIFIED (*mo., day, & yr.*): 8/80

L. PRINCIPAL STATE CONTACT
1. NAME: Lori Davis
2. TELEPHONE NUMBER: (717) 787-9697

II. PRELIMINARY ASSESSMENT (*complete this section last*)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION
☒ 1. NO ACTION NEEDED (*no hazard*)
☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☐ 4. SITE INSPECTION NEEDED (*low priority*)

C. PREPARER INFORMATION
1. NAME: Lori Davis
2. TELEPHONE NUMBER: (717) 787-9697
3. DATE (*mo., day, & yr.*): 6/25/84

III. SITE INFORMATION

A. SITE STATUS
☒ 1. ACTIVE (*Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.*)
☐ 2. INACTIVE (*Those sites which no longer receive wastes.*)
☐ 3. OTHER (*specify*): (*Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.*)

B. IS GENERATOR ON SITE? Majority of waste stored on-site is generated off-site.
☒ 1. NO
☒ 2. YES (*specify generator's four-digit SIC Code*): 8999

C. AREA OF SITE (*in acres*): est. 4 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (*deg.—min.—sec.*): 40° 10' 07"
2. LONGITUDE (*deg.—min.—sec.*): 76° 50' 12"

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (*specify*): office/garage building

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

ORIGINAL (Red)

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
X	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND	X	5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):	X	6. OTHER (specify): Mound buried tanks and roll-off containers.		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Site has garage facility for maintenance of hazardous waste transportation vehicles. Various hazardous waste transport vehicles parked on-site. Storage of hazardous waste in 5 mound buried tanks, total volume of 90,000 gal. Solidification of sludges with lime treatment and storage in roll-off containers.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1. UNKNOWN [X] 2. LIQUID [ ] 3. SOLID [X] 4. SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

[ ] 1. UNKNOWN [ ] 2. CORROSIVE [X] 3. IGNITABLE [ ] 4. RADIOACTIVE [ ] 5 HIGHLY VOLATILE
[X] 6. TOXIC [ ] 7 REACTIVE [ ] 8. INERT [ ] 9 FLAMMABLE

[ ] 10. OTHER (specify): See other wastes approved on Part A attached.

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. Hazardous waste manifest quarterly reports, Part A Hazardous Waste Permit Application.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT 185	AMOUNT	AMOUNT 104	AMOUNT	AMOUNT 7	AMOUNT 10
UNIT OF MEASURE tons/year	UNIT OF MEASURE	UNIT OF MEASURE tons/year	UNIT OF MEASURE	UNIT OF MEASURE tons/year	UNIT OF MEASURE tons/year
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): Liquid tank bottoms, ignitable			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (specify): Various wastewaters.
			(6) CYANIDE	X (6) OTHER (specify): Ignitable solids.	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

Continue On Page 3

V. WASTE RELATED INFORMATION (continued)

LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

ORIGINAL (Red)

- Solvents
- Tank Bottoms
- Miscellaneous wastes, including reactive and EP toxic wastes - see attached Part A Permit Application

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

See Attached Page 3a of 4

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	X			
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY	X			
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	X			
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES	X			
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continue On Reverse

ORIGINAL
(Red)

V. WASTE RELATED INFORMATION (continued)

4. Additional Comments

This facility is a commercial hazardous waste storage and treatment facility inspected routinely under the Pennsylvania Hazardous Waste Management Regulations. Although the Department is having difficulty resolving IWR Part B Hazardous Waste Management Permit Application concerns, it appears the site is currently operated in a manner which does not cause release of hazardous wastes to the environment. No past practice of on-site disposal or spills is known or reported to exist at this site.

VII. PERMIT INFORMATION

INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

ORIGINAL (Red)

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [ ] 3. STATE PERMIT (specify):
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [x] 7. RCRA STORER *
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER

*(Interim status - Part B under review)

- [ ] 10. OTHER (specify):

B. IN COMPLIANCE?

- [ ] 1. YES
- [x] 2. NO
- [ ] 3. UNKNOWN

(See Item V.4. above and attached inspection reports)

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- [x] A. NONE
- [ ] B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	9/7/83	State	Routine hazardous waste inspection
Inspection	12/8/83	State	Routine hazardous waste inspection
Inspection	6/27/84	State	Routine hazardous waste inspection

X. REMEDIAL ACTIVITY (past or on-going)

- [x] A. NONE
- [ ] B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment *(Section II)* information on the first page of this form.

ORIGINAL
(Red)

FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site Industrial Waste Removal

EPA Case Number PA-554

I. If site is active, has owner/operator notified EPA in accordance with Section 3010 of RCRA. Yes x No

If Yes: a) Note EPA I.D. No. PAD 067098822

b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE).

II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).

III. Please list site contacts and accompanying inspectors; include name, title and phone numbers.

Patricia Myers, Operations assistant

James Kohr, President

IV. Site observations: (attach a topo map).

A. Population within 1000 ft. of the site is (CHECK ONE)

1. 0-10 people
2. 10-100 people
3. greater than 100 people

B. List surrounding land use: (woodlot, agricultrual, playground, industrial,etc.)

North: Industrial

South: Open Field, Agriculture

East: Industrial

West: Open Field, Private Recreation

#9431

ORIGINAL (Red)

C. Water supply for area. (CHECK ONE)

1. Surface intakes (locate on attached map)
2. Municipal wells (locate on attached map)
3. Domestic wells:

a. Approximate number within ¼ mile. 10

b. Locate a minimum of 3 wells on attached map and list below:

Property owner	Industrial Waste Removal	Capital Lubricants	Beman Manufacturing
Address	550 Industrial Drive	569 Industrial Drive	P.O. Box 370 New Cumberland, PA
Phone No.	(717) 938-6745	(717) 938-1838	(717) 938-1451
Well records	YES___ NO___	YES___ NO___	YES___ NO___
Odor problems	YES___ NO x	YES___ NO x	YES x NO___
Taste problems	YES___ NO x	YES___ NO x	YES x NO___

c. If odor or taste problems are reported please elaborate:

See attached analyses - contamination of Beman well apparently from activities at Beman.

D. Are surface or subsurface, (leachate), drainage areas from site apparent? YES___ NO x . If yes:

1. Were unusual odors or stains noted? YES___ NO___
2. Was stressed vegetation noted? YES___ NO___

a. If yes please note area on map.

E. Are streams or receiving waters adjacent to site? YES x NO___
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.).

None noted

F. Site topography: (i.e.-plateau, strip mine ravines, etc.).

Rolling hills

G. Other observations: (i.e.-erosion, located in flood plain, etc.).

ORIGINAL (Red)

V. Were photographs taken? YES ____ NO x
If yes: Who has custody of photos?

Name: _____

Agency: _____

Phone No.: _____

VI. Is a hydrogeological survey for this site attached? YES ____ NO x
If no, Section III D of EPA Form T2070-2 must be completed.

VII. Please attach pertinent copies of reports or data reviewed by inspector:
(i.e.-State monitoring data, consultant reports, etc.).

II. Name of Inspector: Lori J. Davis

Agency: Pennsylvania Department of Environmental Resources

Phone No.: (717) 787-9697

Time on Site: 6/25/84

Weather Conditions: 75° Clear

ORIGINAL
(Red)

Exhibits For Industrial Waste Removal

Preliminary Assessment

Exhibit 1 - Site Map - from USGS 7½ minute topographic map

Exhibit 2 - Part A Hazardous Waste Management Permit Application

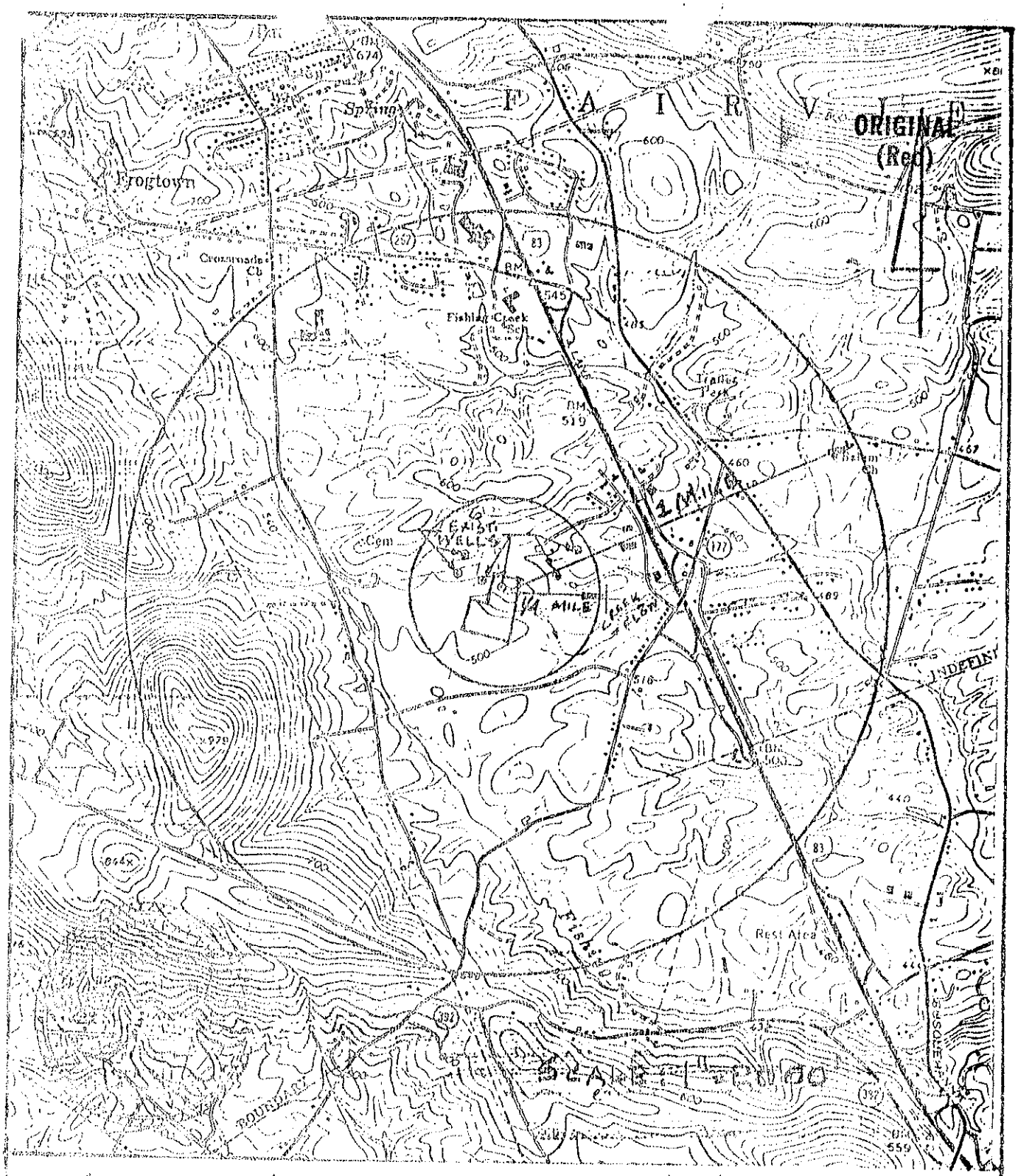
Exhibit 3 - Three (3) State Hazardous Waste Inspections

Exhibit 4 - VOA Analysis of IWR Well

Exhibit 5 - VOA Analysis of Capital Lubricants Well

Exhibit 6 - Three (3) VOA Analysis of Beman Wells

RECEIVED
Division of Operations
JUL 23 1984
SOLID WASTE MANAGEMENT



TOPOGRAPHIC PLAN - STEELTON QUAD.
U.S.G.S. MAP
FAIRVIEW TWP., YORK CO., PA

LATITUDE = 40°-10'-01"
LONGITUDE = 76°-50'-17"

WHITLOCK AND HARTMAN CAMP HILL, PA	OCT. 30, 1983 FILE: K-80-13a		OF

INDUSTRIAL WASTE [illegible], INC.
550 INDUSTRIAL DRIVE
LEWISBERRY, PA 17339

LN-800-206a

EXHIBIT 1

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

GENERAL

I. EPA I.D. NUMBER F P A D 0 6 7 0 9 8 8 2 2

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, af it in the designated ORIGINAL (Red) w the infor ation carefully; if any of it is incorrect, cr through it and enter (Red) rect data in appropriate fill-in area below. Also, if any the preprinted data is absent *(the area to left of the label space lists the informat that should appear)*, please provide it in proper fill-in area(s) below. If the label complete and correct, you need not compl Items I, III, V, and VI *(except VI-B wh must be completed regardless)*. Complete Items if no label has been provided. Refer the instructions for detailed item desc tions and for the legal authorizations un 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
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	
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

SKIP I N D U S T R I A L W A S T E R E M O V A L I N C

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
O E R J A M E S C. P R E S I D E N T	7 1 7 / 9 3 8 / 6 7 4 5

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 5 0 I N D U S T R I A L D R I V E

B. CITY OR TOWN	C. STATE	D. ZIP CODE
L E W I S B E R R Y	P A	1 7 3 3 9

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 5 0 I N D U S T R I A L D R I V E

B. COUNTY NAME: O R R

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
L E W I S B E R R Y	P A	1 7 3 3 9	

ONTINUED FROM THE FRONT

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

A. FIRST		B. SECOND	
1099	(specify) MISCELLANEOUS	C 7	(specify)
C. THIRD		**D. FOURTH**	
	(specify)	C 7	(specify)

ORIGINAL (Red)

III. OPERATOR INFORMATION

A. NAME: INDUSTRIAL WASTE REMOVAL, 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)*: P (specify)

D. PHONE *(area code & no.)*: C A 717 938 6745

E. STREET OR P.O. BOX: 50 INDUSTRIAL DRIVE

F. CITY OR TOWN: LEWISBERRY **G. STATE**: PA **H. ZIP CODE**: 17339

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

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	N	**D. PSD** *(Air Emissions from Proposed Sources)*	C 9 T P
B. UIC *(Underground Injection of Fluids)*	U	**E. OTHER** *(specify)*	C 9 (specify)
C. RCRA *(Hazardous Wastes)*	R	**E. OTHER** *(specify)*	C 9 PAD067098822 (specify) EPA I. D. NUMBER

XI. 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.

XII. NATURE OF BUSINESS *(provide a brief description)*

We are a contractor providing specialized services for heavy industry, governments, and transportation offering; High Power Vacuum Truck Service (dry or liquid), Complete Baghouse Maintenance Service, High Volume Sludge/Slurry Pumping, Tanker Hauling, Vacuum Tanker Service, Tank Cleaning (Manual & Automatic Techniques), Oil Spill Recovery, High Pressure Water Blasting, Gas & Lead Freeing of Tanks, Explosion Proof Equipment, Fresh Air Breathing Apparatus, and Industrial Services Supervision and Labor Crews. On occasion, we transport hazardous materials to an approved disposal facility, and on occasion, temporarily store hazardous materials in underground storage tanks (total capacity 90,000 gallons in 5 tanks.) On occasion, we solidify with lime dust in 15 cu. yd. batch lots of hazardous wastes to reduce the liquid content adequate for disposal in a secure landfill.

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
JAMES C. KOHR, P.E. PRESIDENT	James C. Kohr	20 MAY 80

COMMENTS FOR OFFICIAL USE ONLY

EPA

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: I P A D 0 6 7 0 9 8 8 2 2

FOR OFFICIAL USE ONLY

LOCATION	DATE RECEIVED (yr., mo., & day)	COMMENTS

ORIGINAL (Red)

FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate data)*

1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

YR.	MO.	DAY

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

2. NEW FACILITY *(Complete Item below)*

YR.	MO.	DAY

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

PROCESSES – CODES AND DESIGN CAPACITIES

PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
LAND DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
OCEAN DISPOSAL	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR OR GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	F
LITERS	L	TONS PER HOUR	D	HECTARE-METER	H
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	A
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	S
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

D U P

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
	S02	90,000	G		7				
	T03	15	Y		8				
					9				
					10				

A. EPA ID NUMBER (enter from page 1): A D 0 0 7 0 2 8 0 2 2

FOR OFFICIAL USE ONLY: W DUP 2 DUP

DESCRIPTION OF HAZARDOUS WASTES (continued)

A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
D 0 0 1	16	T	S 0 2	
D 0 0 2	13 (liquid)	T	S 0 2	
D 0 0 2	20 (solid)	T	T 0 4	
D 0 0 8	2	T	T 0 4	
F 0 0 1	4	T	S 0 2	
F 0 0 2	4	T	S 0 2	
F 0 0 3	4	T	S 0 2	
F 0 0 4	4	T	S 0 2	
F 0 0 5	4	T	S 0 2	
F 0 0 6	8	T	S 0 2	
F 0 0 7	4	T	S 0 2	
F 0 0 8	4	T	S 0 2	
F 0 0 9	4	T	S 0 2	
F 0 1 0	42	T	S 0 2	
F 0 1 1	3	T	S 0 2	
F 0 1 2	4	T	S 0 2	
F 0 1 3	1	T	S 0 2	
F 0 1 4	2	T	S 0 2	
F 0 1 5	1	T	S 0 2	
F 0 1 6	3	T	S 0 2	
K 0 0 2	2	T	S 0 2	
K 0 0 3	1	T	S 0 2	
K 0 0 4	1	T	S 0 2	
K 0 0 5	1	T	S 0 2	
K 0 0 6	1	T	S 0 2	
K 0 0 7	1	T	T 0 4	

ORIGINAL D(1) (Red)

DESCRIPTION OF HAZARDOUS WASTE (continued)

USE SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 1.

ORIGINAL (Red)

EPA I.D. NO. (Enter from page 1)

A D 0 6 7 0 9 8 0 2 2 D/C 6

FACILITY DRAWING

Provide a sketch in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

PHOTOGRAPHS

Attach photographs that include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
4 0 1 0 0 1	0 7 6 5 0 4 7

FACILITY OWNER

If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and go to Section IX below.

If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
EDHR ENTERPRISES	7 1 7 - 7 6 6 - 7

3. STREET OR BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
R.D. 8, Box 206	Carlisle	PA	1 7 0 1 3

OWNER CERTIFICATION

I do under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted 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 (Print or type)	B. SIGNATURE	C. DATE SIGNED
James C. Kohr, P.E. President	James C. Kohr	20 MAY 83

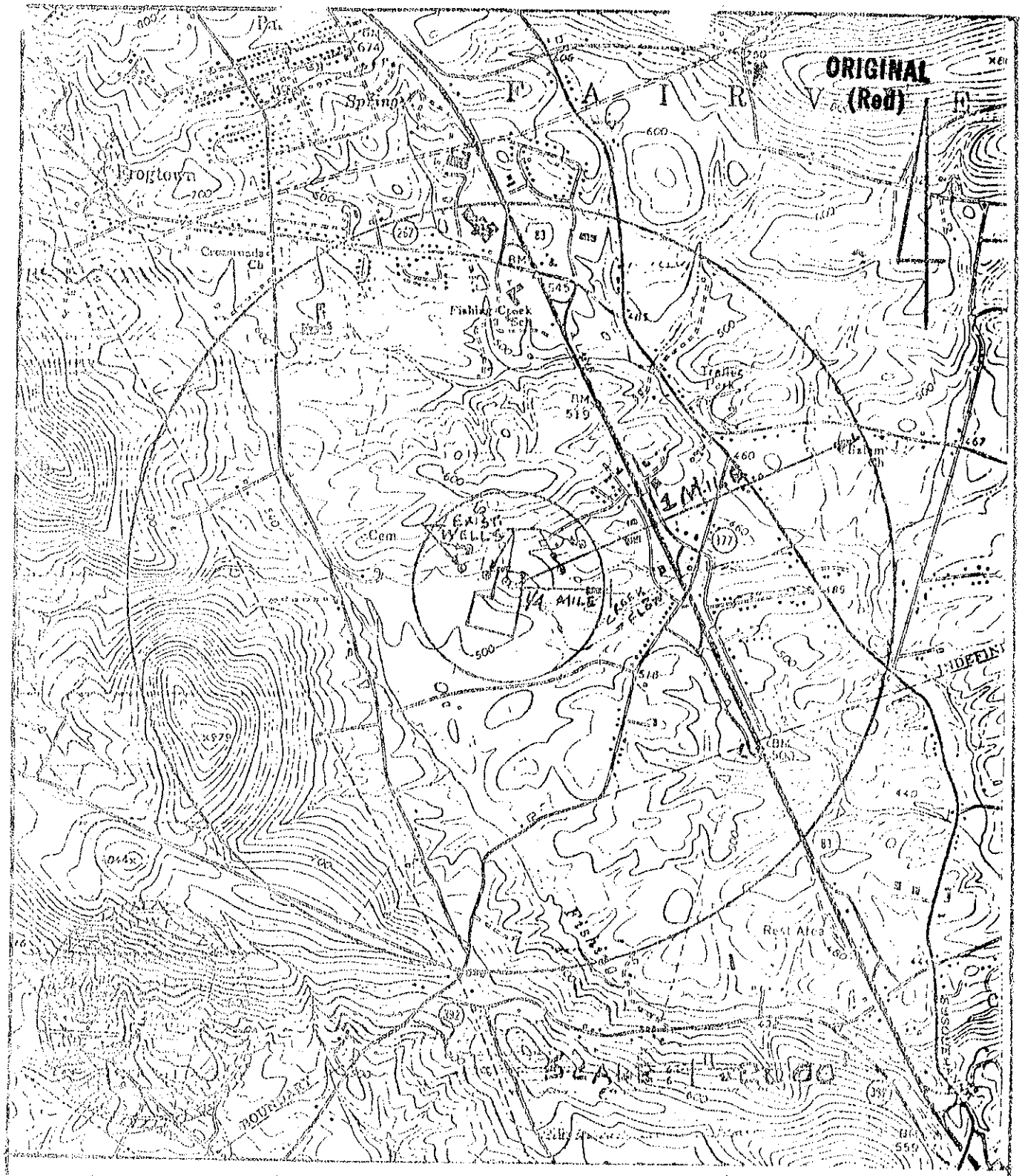
OPERATOR CERTIFICATION

I do under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted 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 (Print or type)	B. SIGNATURE	C. DATE SIGNED
James C. Kohr, P.E. President	James C. Kohr	20 MAY '83

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE



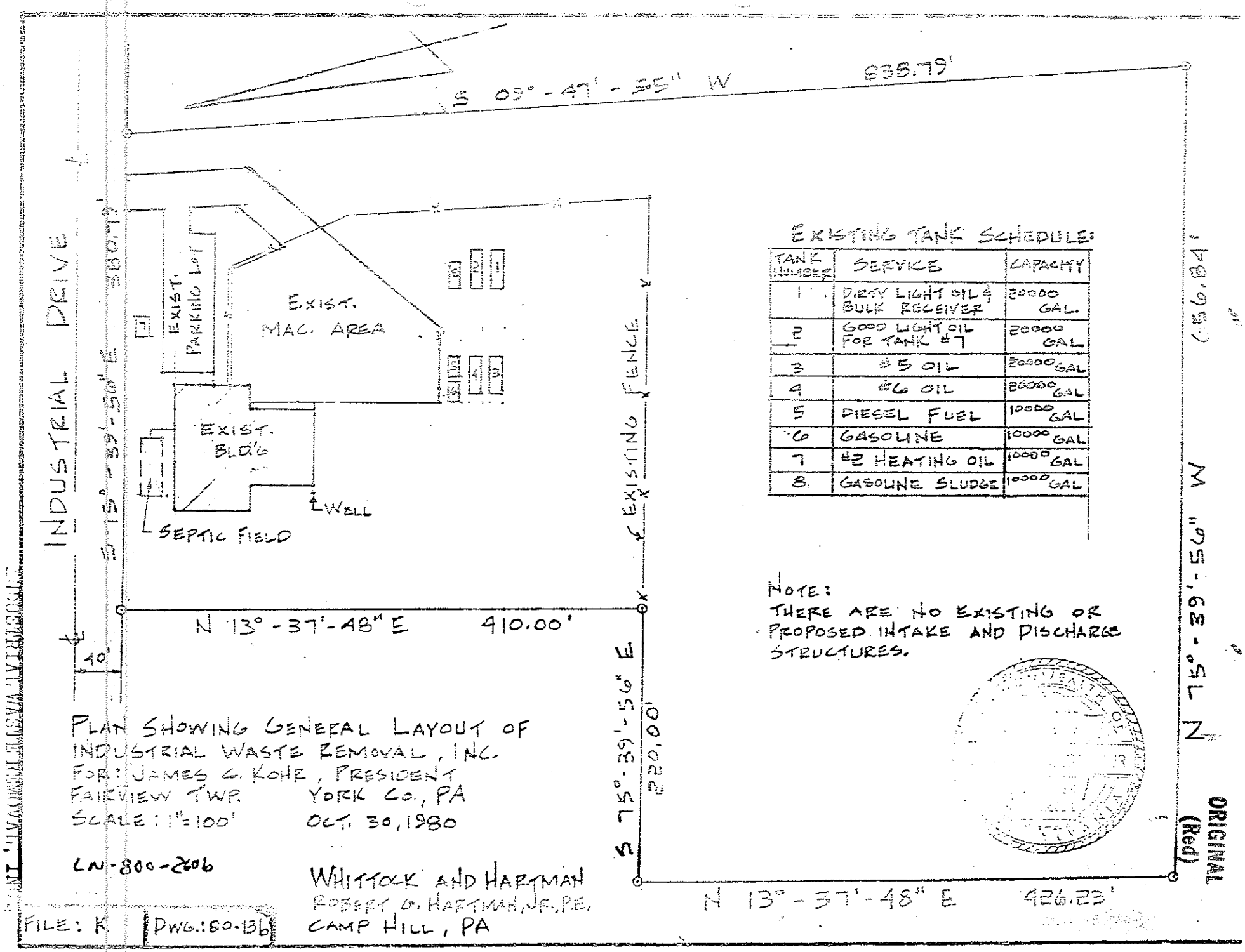
TOPOGRAPHIC PLAN - STEELTON QUAD.
U.S.G.S. MAP
FAIRVIEW TWP., YORK CO., PA

LATITUDE = 40°-10'-01"
LONGITUDE = 76°-50'-17"

WHITLOCK AND HARTMAN CAMP HILL, PA	OCT. 30, 1980 FILE: K-80-13a		OF

INDUSTRIAL WASTE [illegible], INC.
620 INDUSTRIAL DRIVE
LEWISBERRY, PA 17339

LN-800-209



EXISTING TANK SCHEDULE:

TANK NUMBER	SERVICE	CAPACITY
1	DIRTY LIGHT OIL & BULK RECEIVER	20000 GAL.
2	GOOD LIGHT OIL FOR TANK #7	20000 GAL
3	#5 OIL	20000 GAL
4	#6 OIL	25000 GAL
5	DIESEL FUEL	10000 GAL
6	GASOLINE	10000 GAL
7	#2 HEATING OIL	10000 GAL
8	GASOLINE SLUDGE	10000 GAL

NOTE:
THERE ARE NO EXISTING OR PROPOSED INTAKE AND DISCHARGE STRUCTURES.

PLAN SHOWING GENERAL LAYOUT OF
INDUSTRIAL WASTE REMOVAL, INC.
FOR: JAMES G. KOHR, PRESIDENT
FAIRVIEW TWP. YORK CO., PA
SCALE: 1"=100' OCT. 30, 1980

LN-800-2606

WHITLOCK AND HARTMAN
ROBERT G. HARTMAN, JR., P.E.
CAMP HILL, PA

FILE: K | DWG.: 80-136

INDUSTRIAL WASTE REMOVAL, INC.
550 INDUSTRIAL DRIVE
LEWISBERRY, PA 17339

Hazardous Waste Monitoring And Enforcement Log

1. EPA ID: PAD016719818 21
2. FACILITY NAME: INDUSTRIAL WASTE REMOVAL
3. ADDRESS: 550 Industrial Drive, Lewisberry Pa. 17339

4. FACILITY TYPE: ☒ MAJOR ☐ NON-MAJOR

5. TYPE OF REPORT: ☒ NEW ☐ UPDATE

6. DATES OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: START 6/27/84 (M D Y)

7. TYPE OF EVALUATION COVERED BY THIS REPORT: ☒ EVALUATION INSPECTION ☐ SAMPLING INSPECTION ☐ RECORD REVIEW ☐ SPECIAL INSPECTION

8. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): START __/__/__ (M D Y)

9. TYPE AND CLASS OF VIOLATION (enter number of violations by type and class):

Class of Violation	Area of Violation					
	GWM	CI/PC	Fin. Res.	Pt. B	Comp. Sched.	Other
I						
II						
III						7

10. ENFORCEMENT ACTIONS for Class I Violations:

Area of Violation	Type of Action Taken (circle one)	Date Action Taken (mdy)	Projected Compliance Date (mdy)	Actual Compliance Date (mdy)	Penalty ($000) Assessed	Penalty ($000) Collected
	Informal WL/NOV AO CivAc CrimAc	__/__/__	__/__/__	__/__/__		
	Informal WL/NOV AO CivAc CrimAc	__/__/__	__/__/__	__/__/__		
	Informal WL/NOV AO CivAc CrimAc	__/__/__	__/__/__	__/__/__		
	Informal WL/NOV AO CivAc CrimAc	__/__/__	__/__/__	__/__/__		

11. COMMENTS:

EXHIBIT 3

ORIGINAL (Red)

gen — .5
transp. — .5
tsd — 12.0
3.0

ORIGINAL (Red)

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part A

Date of inspection 6/27/84 Time start 9:15 AM Time finish 12:15

Name of inspector Lori J. Davis

Company, installation name Industrial Waste Removal

Location 550 Industrial Drive, Lewisbury Pa. 17339

County York Municipality FAIRVIEW TWP.

Identification number PAD 067 098 822

Name of responsible official James Kohr

Title President.

Mailing address Same

Area code and phone no. (717) 938-6745

Name of person interviewed Steve Kohr, Pat Myers

Title Operations Assistant

Mailing address (if different from above) Same

Area code and phone no. Same.

1. Current waste handling method:

   a. ☒ On-site ☒ treatment, ☒ storage, ☐ disposal

   b. ☐ On-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

   c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal

   d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

   a. est. 375 gal/month ~~kg.~~/mo. trench waste.

   b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number:
   various wastes from decontamination of transport vehicles;

4. Are hazardous wastes transported off-site by the generator? ☒ Yes ☐ No

HAZARDOUS WASTE IN[illegible] ECTION REPORT
Generators - Part

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3-NOT APPLICABLE, 4-NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT JWR 6/27/84	CHAPTER CITATION 75.262
	2			Identification number	(c)(1)
	2			Hazardous waste shipments offered only to licensed transporters	(c)(4)
1				None from San Marcos Rock; Chem-Clear OK. Authorization received from TSD facility for wastes shipped off-site	(d)
	2			PA manifest used for intrastate shipments	(e)(1)(i
	2			Disposer state manifest or EPA format manifest used for out-of-state shipments	(e)(1)(ii
	2			Manifests filled out properly and completely Initiated at IWR	(e)(1)
	2			Manifests routed properly and within time limits (24 hours)	(e)(2)
	2			Proper U.S. DOT shipping containers or packages	(f)(1)(i
	2			Shipping containers marked and labeled according to U.S. DOT	(f)(1)(ii
	2			Containers of 110 gal. or less marked with required PA label Roll-off marked according to Act 97	(f)(1)(ii
	2			Placards offered to transporter	(f)(2)
		3		Wastes accumulated on-site for less than 90 days	(g)(1)
	2			Wastes stored in proper containers and properly marked and labeled	(g)(1)(i
	2			Containers managed in accordance with 75.265(g)	(g)(1)(i
	2			Containers clearly marked with accumulation date and visible for inspection	(g)(1)(i
	2			Records retained at designated location (for 20 years)	(h)
	2			Quarterly reports submitted to the Department	(i)
			4	Exception reporting procedures followed None reported.	(j)
		3		Hazardous waste disposal plan, if required	(l)
			4	Spill reporting procedures followed No spills reported.	(m)(1)
	2			Preparedness, Prevention and Contingency Plan ~~approved~~ on-site and implemented	(m)(5)
		3		Special requirements followed for international shipments	(o)

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part A

ORIGINAL (Red)

Date of inspection 6/27/84 Time start 9:15 AM Time finish

Name of inspector Lori J. Davis

Company name Industrial Waste Removal

Location 550 Industrial Drive, Lewisbury PA. 17339

County York Municipality Fairview Twp.

Identification number PAD 067 098 822

Name of responsible official James Kohr

Title President

Mailing address Same

Area code and phone no. (717) 938-6745

Name of person interviewed Steve Kohr, Patricia Myers

Title

Mailing address (if different from above) Same

Area code and phone no. Same

1. a. PA hazardous waste transporter (HWT) license number AH0146

   b. Expiration date 6/30/86

Ignitable
Corrosive
EP toxic
Toxic
Liquid
Solid.

2. Hazardous waste handling: ☒ N/A

   a. ☐ Blending, ☐ mixing

   b. ☐ Storage, ☐ treatment, ☐ disposal

   c. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

3. Does the transporter generate hazardous wastes? ☒ Yes ☐ No

4. Types of hazardous waste produced by Hazardous Waste Number:
   ~~D001~~ K + F listed wastes - Washout.

5. Are hazardous wastes transported into the Commonwealth from abroad? ☐ Yes ☒ No

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part B

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3-NOT APPLICABLE, 4-NOT DETERMINED

IWR 6/27/84

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT	CHAPTER CITATION 75.263
	2			Identification number.	(b)
	2			Company licensed by PA DER.	(c)
	2			Copy of license kept on vehicles transporting hazardous wastes.	(c)(8)(iv
	2			Licensee transporting only wastes conditioned on the license.	(c)(8)(iv
	2			Manifest accompanies all shipments.	(d)
	2			Required number of copies of the manifest accompanies shipment.	(d)(9)(i)
	2			Shipments comply with U.S. and PA DOT requirements.	(d)(9)(ii
	2			Entire quantity as stated on the manifest delivered.	(d)(9)(ii
			4	Undeliverable shipment procedures followed.	(d)(10)
	2			Normal in-transit storage of waste (only if specified on the manifest).	(e)(2)
	2			Records retained at designated location.	(f)
1	~~2~~			Contingency plan approved and implemented. update for rolloffs + drum transportation	(g)(6)
			4	Appropriate and adequate safety equipment carried on transport vehicle.	(h)(2)
	2			Equipment decontamination procedures followed.	(h)(3)
	2			Contaminated washwater, waste solutions, residues disposed of in accordance with regulations.	(h)(3)
	2			Sufficient absorbent material in vehicle when transporting liquids in containers of 100 gallons or less.	(h)(4)

HAZARDOUS WASTE INSPECTION REPORT
TSD Facilities - Part A

ORIGINAL
(Red)

Date of inspection 6/27/84 Time start 9:15 AM. Time finish

Name of inspector Lori J. Davis

Company, installation name Industrial Waste Removal

Location 550 Industrial Drive

County York Municipality ~~Fair~~ Fairview.

Identification number PAD 067 098 822

Name of responsible official JAMES KOHR

Title President

Mailing address Same

Area code and phone no. (717) 938-6745

Name of person interviewed Steve Kohr, Patricia Myers

Title , Operations Assistant

Mailing address (if different from above) Same

Area code and phone no. Same.

1. Site characterization:

   a. ☒ Treatment - ☐ surface impoundments, ☐ chemical, ☒ physical, ☐ biological

   b. ☒ Storage - ☒ containers, ☒ tanks, ☐ surface impoundments, ☐ waste piles

   c. ☐ Disposal - ☐ land treatment, ☐ landfill, ☐ incineration, ☐ thermal treatment

   d. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Does the facility generate hazardous wastes? ☒ Yes ☐ No

3. Types of hazardous waste produced by Hazardous Waste Number:

4. Are hazardous wastes transported off-site by the facility? ☒ Yes ☐ No

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3-NOT APPLICABLE, 4-NOT DETERMINED

IWR 6/27/84

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT	CHAPTER CITATION 75.265
	2			Part A permit application submitted.	(a)(2),(z)
	2			Identification number.	(b)
	2			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department.	(b)(1)
			4	Waste streams not covered by permit approved by the Department before acceptance	(c)(
1				Chemical and physical analyses repeated as required. } records are not kept	(c)(1)
1				All waste shipments inspected and sampled.	(c)(2)
	2			Waste analysis plan on-site.	(c)(3)
		3		24 hr. surveillance at active portion.	(d)(2)(i
	2			Artificial barrier at active portion.	(d)(2)(i
			4	Proper signs posted and legible at a distance of at least 25 ft.	(d)(3)
1	X			Inspection schedule on-site. Does not include emergency equipment.	(e)(2)
	2			Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction.	(e)(4)
	2			Immediate remedial action taken where a hazard is imminent or has already occurred.	(e)(4)
	2			On the job or classroom personnel training program.	(f)
	2			Records retained for each employee at facility of training, job title, and job description.	(f)(6),(
	2			Ignitable or reactive wastes separated from source of ignition or reaction.	(g)(1)
	X		4	No smoking signs displayed where there are hazards from ignitable or reactive wastes.	(g)(1)
			4	Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements.	(g)(2)
	2			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel.	(h)(2)(i)
	2			Facility equipped with a device for summoning outside emergency assistance.	(h)(2)(ii
	X		4	Facility equipped with fire control, spill control, and decontamination equipment.	(h)(2)(ii
			4	Facility equipped with water at adequate volume and pressure to supply fire control equipment.	(h)(2)(iv
			4	Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.	(h)(3)
		3		Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies.	(h)(6)
	2			Contingency plan on-site and implemented.	(i)(1)
	2			Contingency plan describes action taken by personnel in the event of an emergency.	(i)(3)
			4	Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.	(i)(5)

HAZARDOUS WASTE INSPECTION REPORT
TSD FACILITIES - PART General p.2.

ORIGINAL
(Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3-NOT APPLICABLE, 4-NOT DETERMINED

IWR 6/27/84

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT	CHAPTER CITATION 75.265
	2		~~4~~	Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.	(i)(6)
1			~~4~~	Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item	(i)(7)
			4	Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary	(i)(8)
	2			One employee designated as the primary emergency coordinator either on the premises or on call.	(i)(11)
	2			Facility accepting only PA manifests	(j)
	2			Manifests properly completed and routed within time limits (24 hrs.)	(j)(2)(3)
	2			Manifest discrepancies resolved or reported within time limits	(j)(10)(1
	2			Written operating record maintained on the premises	(k)
	2			Written operating record contains description and quantity of wastes and method of treatment, storage or disposal tank records	(k)(2)(i)
	2			Written operating record contains location and quantity of each hazardous waste	(k)(2)(ii
1				Written operating record contains results of waste analyses and treatability tests	(k)(2)(ii
			4	Written operating record contains reports and details of all incidents none reported	(k)(2)(iv
	2			Written operating record contains records and results of all inspections	(k)(2)(v)
		3		Written operating record contains required monitoring, testing, and analytical data	(k)(2)(vi
	2			Written operating record contains closure and post-closure cost estimates	(k)(2)(vi
	2			All records retained on premises and available for inspection	(l)
	2			Quarterly reports submitted to the Department	(m)
			4	Emissions, discharges, fires, explosions, and groundwater contamination reported as required none reported	(m)(2)
		3		Groundwater monitoring wells located at approved sites	(n)(2)
		3		Adequate protection of groundwater monitoring wells	(n)(7)
		3		Groundwater sampling and analysis plan on the premises	(n)(8)
		3		Groundwater quality assessment and abatement outline on the premises	(n)(14)
	2			Closure plan on the premises and up-to-date	(o)(2)-(9)
		3		Post-closure plan on the premises and up-to-date	(o)(10)-(1
	2			Annual closure cost estimate on the premises and up-to-date	(p)(2)-(4)
		3		Annual post-closure cost estimate on the premises and up-to-date	(p)(5)-(7)

TREATMENT, STORAGE, DISPOSAL FACILITIES - STORAGE (Containers and Tanks) ORIGINAL (Red)

75.265

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT 6/27/84 IWR	CHAPTER CITATION
	2			Containers managed to prevent leaks and spills rolloffs.	(q)(1),(4
	2			Containers are compatible with waste stored.	(q)(2)
	2			Containers are closed during storage	(q)(3)
1				Container storage area inspected weekly for leaks, deterioration, etc.	(q)(5)
	2	~~3~~		Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.	(q)(6)
	2			Satisfactory procedures followed for handling incompatible wastes.	(q)(7),(8
	2			Incompatible wastes separated or protected from other materials.	(q)(9)
				Containers and tanks labeled to identify accurately hazardous waste contained.	Act 97 Section 403(b) (
	2			Precautions taken for tanks holding ignitable, reactive, or incompatible waste or material	(r)(2)
	2			Tanks managed to prevent leaks, rupture, corrosion, or otherwise failing.	(r)(3)
		3		Uncovered tanks operated to ensure at least 60 cm (2 ft) of freeboard.	(r)(4)
		3		Uncovered tanks equipped with an overflow alarm and an overflow device to a standby tank with a capacity equal to or exceeding the freeboard requirement.	(r)(4)
		3		Continuously fed tanks equipped with a means to stop the inflow.	(r)(5)
			4	Containment structure with a capacity that equals or exceeds the largest above ground tank volume plus a reasonable allowance for precipitation based on local weather conditions and plant operations provided for liquid storage in above ground or partially above ground tanks.	(r)(6)
			4	Waste analyses and/or trial tests conducted on hazardous wastes substantially different from wastes previously treated or stored; or chemically treat hazardous waste with a substantially different process than any previously used in that tank.	(r)(7)
X		3		Discharge control equipment inspected once each operating day.	(r)(8)(i)
1				Monitoring equipment data inspected once each operating day.	(r)(8)(ii
	2			Liquid level of tanks inspected once each operating day.	(r)(8)(ii
			4	Construction materials of tanks inspected weekly.	(r)(8)(iv
	2			Construction materials of discharge confinement structures and area immediately surrounding inspected weekly.	(r)(8)(v)
		3		All hazardous waste removed from tanks and related appurtenances at closure.	(r)(9)
	2			Placement of ignitable or reactive waste only with the Department's approval	(r)(10)
			4	Covered tanks in which ignitable or reactive waste is treated or stored meets NFPA buffer zone requirements.	(r)(11)
	2			Precautions taken for handling ignitable, reactive or incompatible waste or material.	(r)(12),(

(1)

HAZARDOUS WASTE INSPECTION REPORT
Part C - Comments

ORIGINAL (Red)

Date of inspection 6/27/84 Identification number PAD ~~088~~ 067 093 822

Company, Installation name Industrial Waste Removal

County York Municipality FAIRVIEW

The following violations were noted at the time of this inspection:

- Letters of authorization from receiving tsd's for shipments sent off-site are not available on-site 75.262(d)
- As transporter, manifests should be completed by the generator and not altered by transporter. Shipment of damaged containers from Dole Resins Corp, Linden NJ to Berkley Products Akron should not have been accepted for transportation in the condition offered - 4/30/84 manifest doc # PA A 2373470 1.
- Inspection schedule does not include plan for inspection of emergency equipment. Inspection log for emerg. equ. does not exist.
- Analyses of wastes through on-site + stored in tanks are not kept in operational record. Records of testing of each waste shipments for placement in tanks are not maintained 75.265(c), 75.265(k)(2)(iii)
- The last entry in container inspection is 1/84. This inspection is not being conducted weekly as required by 75.265(g)(
- A container storage area meeting description of 75.265(g)(10) is not on-site for use in properly storing rolloff containers. The one rolloff on site which contains waste has been stored on-site since before Jan 1984.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) _____ Date _____

Inspector (signature) _____ Date _____

(2)

HAZARDOUS WASTE INSPECTION REPORT
Part C - Comments

ORIGINAL (Red)

Date of inspection 6/27/84 Identification number PAD 067098822

Company, Installation name Industrial Waste Removal

County York Municipality FAIRVIEW

- Tank monitoring equipment, i.e. PVC pipe, is not inspected daily as required by 75.265(r).
- A small drum sitting next to garage containing motor preservers was noted as leaking. The spilled material should be dug up and disposed of properly.
- The ram for Rolloff 603 was observed sitting near the scrap area by the northwest side of the site. It contained residue of white pondery and black oily materials. Proper decontamination procedures for equipment should be followed

Other points noted at this time:
- A yellow tank in the southwest corner of garage for cleanout of hoses was noted. This is a hazardous waste tank and should be inspected with tanks inspection.
- Steve Kohr mentioned that the sedimentation pond needs to have accumulated sediment removed. Since this pond is being considered as containment for mounded hazardous waste storage tanks, plans for this work should be submitted to the Department as per 75.265(e).

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) [illegible] Date 6-27-84

Inspector (signature) Lon J. Davis Date 6/27/84

[illegible] Monitoring Enforcement Log

1. EPA ID: [illegible]
2. FACILITY NAME: [illegible]
3. ADDRESS: [illegible]

4. FACILITY TYPE:
- [x] MAJOR
- [ ] NON-MAJOR

5. TYPE OF REPORT: [x] NEW [ ] UPDATE

6. DATES OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: START [illegible] / [illegible] / [illegible] (M D Y)

7. TYPE OF EVALUATION COVERED BY THIS REPORT:
- [x] EVALUATION INSPECTION
- [ ] SAMPLING INSPECTION
- [ ] RECORD REVIEW
- [ ] SPECIAL INSPECTION

8. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): START ___/___/___ (M D Y)

9. TYPE AND CLASS OF VIOLATION (enter number of violations by type and class):

Class of Violation	Area of Violation					
	GWM	CI/PC	Fin. Res.	Pt. B	Comp. Sched.	Other
I						
II						
III						2

10. ENFORCEMENT ACTIONS for Class I Violations:

Area of Violation	Type of Action Taken (circle one)	Date Action Taken (mdy)	Projected Compliance Date (mdy)	Actual Compliance Date (mdy)	Penalty ($000) Assessed	Penalty ($000) Collected
_____	Informal WL/NOV AO CivAc CrimAc	___/___/___	___/___/___	___/___/___	_____	_____
_____	Informal WL/NOV AO CivAc CrimAc	___/___/___	___/___/___	___/___/___	_____	_____
_____	Informal WL/NOV AO CivAc CrimAc	___/___/___	___/___/___	___/___/___	_____	_____
_____	Informal WL/NOV AO CivAc CrimAc	___/___/___	___/___/___	___/___/___	_____	_____

ORIGINAL (Red)

transp. 5 ORIGINAL (Red)
file 5
tsd 2.0
3.0

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part A

Date of inspection 1-13-83 Time start [illegible] Time finish 4:[illegible]

Name of inspector Lori J. Davis

Company name Industrial Waste Removal

Location 550 Industrial Drive, Lewisburg, Pa. 17837

County York Municipality Fairview Twp

Identification number PAD 067 098 822

Name of responsible official James Kohr

Title President

Mailing address same

Area code and phone no. (717) 938-6745

Name of person interviewed [illegible]

Title [illegible]

Mailing address (if different from above) same

Area code and phone no. same

1. a. PA hazardous waste transporter (HWT) license number PA AH 0146

   b. Expiration date 6/30/84

2. Hazardous waste handling: ☐ N/A

   a. ☐ Blending, ☒ mixing

   b. ☒ Storage, ☒ treatment, ☐ disposal at TSD facility

   c. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

3. Does the transporter generate hazardous wastes? ☒ Yes ☐ No

4. Types of hazardous waste produced by Hazardous Waste Number:
   D009 K052
   K051 D008

5. Are hazardous wastes transported into the Commonwealth from abroad? ☐ Yes

Transporters - Part B

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

TWK 12/8/83

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT
	2			Identification number
	2			Company licensed by PA DER
	2			Copy of license kept on vehicles transporting hazardous wastes
	2		4	Licensee transporting only wastes conditioned on the license
	2			Manifest accompanies all shipments
	2			Required number of copies of the manifest accompanies shipment
	2			Shipments comply with U.S. and PA DOT requirements
			4	Entire quantity as stated on the manifest delivered
			4	Undeliverable shipment procedures followed
			4	Normal in-transit storage of waste (only if specified on the manifest)
	2			Records retained at designated location
	2			Contingency plan approved and implemented
	2			Appropriate and adequate safety equipment carried on transport vehicle
	2			Equipment decontamination procedures followed
	2			Contaminated washwater, waste solutions, residues disposed of in accordance with regulations
		3		Sufficient absorbent material in vehicle when transporting liquids in containers of 100 gallons or less.

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT (IWR 12/8/83)	APPLICATION
	2			Identification number	(1)
	2			Hazardous waste shipments offered only to licensed transporters	(4)
				Authorization received from TSD facility for wastes shipped off-site	
	2			PA manifest used for intrastate shipments	(1)
	2			Disposer state manifest or EPA format manifest used for out-of-state shipments	(1)
	2			Manifests filled out properly and completely	(1)
	2			Manifests routed properly and within time limits (24 hours)	(2)
		3		Proper U.S. DOT shipping containers or packages	(1)
		3		Shipping containers marked and labeled according to U.S. DOT	(1)
		3		Containers of 110 gal. or less marked with required PA label	(1)
	2			Placards offered to transporter	(2)
		3		Wastes accumulated on-site for less than 90 days	(1)
		3		Wastes stored in proper containers and properly marked and labeled	(1)
		3		Containers managed in accordance with 75.265(g)	(1)
		3		Containers clearly marked with accumulation date and visible for inspection	(1)
				Records retained at designated location for 20 years	
	2			Quarterly reports submitted to the Department	
				Exception reporting procedures followed	
		3		Hazardous waste disposal plan, if required	
			4	Spill reporting procedures followed	(1)
	2			Preparedness, Prevention and Contingency Plan approved and implemented	(5)
		3		Special requirements followed for international shipments	
				Financial Assurance [illegible]	
	2			" " [illegible]	

PRESENT, NOW ON SITE

HAZARDOUS WASTE INSPECTION REPORT
TSD Facilities - Part A

ORIGINAL (Red)

Date of inspection 12/8/83 Time start 1:15 PM Time finish 4:[illegible]

Name of inspector Lori J. Davis

Company, installation name Industrial Waste Removal

Location 550 Industrial Drive, Lewisburg, Pa. 17339.

County York Municipality Fairview Twp

Identification number PAD 007 088 832

Name of responsible official James Kehr

Title President

Mailing address Same

Area code and phone no. (717) 938-6745

Name of person interviewed Lou Myers, Jim Kehr

Title Operations Assistant, Pres.

Mailing address (if different from above) Same

Area code and phone no. Same

1. Site characterization:

a. [X] Treatment - [ ] surface impoundments, [ ] chemical, [X] physical, [ ] biological

b. [X] Storage - [X] containers, [X] tanks, [ ] surface impoundments, [ ] waste piles

c. [ ] Disposal - [ ] land treatment, [ ] landfill, [ ] incineration, [ ] thermal treatment

d. [ ] Use, [ ] reuse, [ ] recycle, [ ] reclaim

2. Does the facility generate hazardous wastes? [X] Yes [ ] No

3. Types of hazardous waste produced by Hazardous Waste Number:

F001 D001
F003
F005

4. Are hazardous wastes transported off-site by the facility? [X] Yes [ ] No

HAZARDOUS WASTE INS TION REPORT
TSD FACILITIES - PART B General p.1

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT TWR 12/8/83
	2			Part A permit application submitted
	2			Identification number
	2			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department
			4	Waste streams not covered by permit approved by the Department before accept[illegible] air-commment
			4	Chemical and physical analyses repeated as required
			4	All waste shipments inspected and sampled
	2		4	Waste analysis plan on-site
		3		24 hr. surveillance at active portion
	2			Artificial barrier at active portion
	2			Proper signs posted and legible at a distance of at least 25 ft.
	2			Inspection schedule on-site
	2			Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction
			4	Immediate remedial action taken where a hazard is imminent or has already occurred
	2			On the job or classroom personnel training program
	2			Records retained for each employee at facility of training, job title, and job description
	2			Ignitable or reactive wastes separated from source of ignition or reaction
	2			No smoking signs displayed where there are hazards from ignitable or reactive wastes
			4	Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements
	2			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel
	2			Facility equipped with a device for summoning outside emergency assistance
			4	Facility equipped with fire control, spill control, and decontamination equipment
			4	Facility equipped with water at adequate volume and pressure to supply fire control equipment
			4	Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.
		3		Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies
	2			Contingency plan on-site and implemented
	2			Contingency plan describes action taken by personnel in the event of an emergency
			4	Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.

HAZARDOUS WASTE INSPECTION REPORT
TSD FACILITIES - PART General p.2.

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT TWR 10/8/83	CHAPTER CITATION
			4	Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.	(6)
			4	Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item	(7)
			4	Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary	(8)
			4	One employee designated as the primary emergency coordinator either on the premises or on call.	(11)
	2			Facility accepting only PA manifests (may be [illegible] out of state [illegible])	
	2			Manifests properly completed and routed within time limits (24 hrs.)	(3)
	2			Manifest discrepancies resolved or reported within time limits	(3)
	2			Written operating record maintained on the premises	
	2			Written operating record contains description and quantity of wastes and method of treatment, storage or disposal	(11)
	2			Written operating record contains location and quantity of each hazardous waste	
			4	Written operating record contains results of waste analyses and treatability tests	
			4	Written operating record contains reports and details of all incidents	
	2			Written operating record contains records and results of all inspections	
	2			Written operating record contains required monitoring, testing, and analytical data	
	2			Written operating record contains closure and post-closure cost estimates	
	2			All records retained on premises and available for inspection	
	2			Quarterly reports submitted to the Department	
			4	Emissions, discharges, fires, explosions, and groundwater contamination reported as required	
		3		Groundwater monitoring wells located at approved sites	
		3		Adequate protection of groundwater monitoring wells	
		3		Groundwater sampling and analysis plan on the premises	
		3		Groundwater quality assessment and abatement outline on the premises	
	2			Closure plan on the premises and up-to-date	
		3		Post-closure plan on the premises and up-to-date	
	2			Annual closure cost estimate on the premises and up-to-date	
		3		Annual post-closure cost estimate on the premises and up-to-date	

TREATMENT, STORAGE, DISPOSAL FACILITIES - STORAGE (Containers and Tanks)

75.265

ORIGINAL (Red)

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT TWR 12/8/83	REGULATION CITATION
		3		Containers managed to prevent leaks and spills NO CONTAINERS ON SITE AT PRESENT TIME.	(a)(3),(
		3		Containers are compatible with waste stored.	(
		3		Containers are closed during storage	(e)(
		3		Container storage area inspected weekly for leaks, deterioration, etc.	(
		3		Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.	(
		3		Satisfactory procedures followed for handling incompatible wastes.	(a)(7),(
		3		Incompatible wastes separated or protected from other materials.	(
		3		Containers and tanks labeled to identify accurately hazardous waste contained. Section	(
		3		Precautions taken for tanks holding ignitable, reactive, or incompatible waste or material	
		3		Tanks managed to prevent leaks, rupture, corrosion, or otherwise failing.	(
		3		Uncovered tanks operated to ensure at least 60 cm (2 ft) of freeboard.	(
		3		Uncovered tanks equipped with an overflow alarm and an overflow device to a standby tank with a capacity equal to or exceeding the freeboard requirement	
		3		Continuously fed tanks equipped with a means to stop the inflow.	)
			4	Containment structure with a capacity that equals or exceeds the largest above ground tank volume plus a reasonable allowance for precipitation based on local weather conditions and plant operations provided for liquid storage in above ground or partially above ground tanks.	)
			4	Waste analyses and/or trial tests conducted on hazardous wastes substantiall different from wastes previously treated or stored; or chemically treat hazardous waste with a substantially different process than any previously used in that tank.	)
		3		Discharge control equipment inspected once each operating day.	)
2				Monitoring equipment data inspected once each operating day.	)
2				Liquid level of tanks inspected once each operating day.	)
			4	Construction materials of tanks inspected weekly.	)
			4	Construction materials of discharge confinement structures and area immediately surrounding inspected weekly.	)
		3		All hazardous waste removed from tanks and related appurtenances at closure.	
2				Placement of ignitable or reactive waste only with the Department's approval	
			4	Covered tanks in which ignitable or reactive waste is treated or stored meets NFPA buffer zone requirements.	
2				Precautions taken for handling ignitable, reactive or incompatible waste or material.	

HAZARDOUS WASTE INSPECTION REP
Part C - Comments

ORIGINAL (Red)

Date of inspection 12/8/83 Identification number PAD 067 098

Company, Installation name Industrial Waste Removal

County York Municipality Fairview Twp.

John Stephenson, DER Regional Hydrogeologist, accompanied part of this inspection to visit site to familiarize for review of Part B Permit Application.

The following violations were noted at the time of this inspection:

1 - Authorization letters (for wastes shipped off site from IWR) from disposal facility are not on file. These documents should meet description of 25.262(d). Similarly, for all waste streams that are brought to IWR, a letter of authorization meeting same requirements should be sent to generator.

2 - Exception reporting procedures for manifest # PA 450 for which letter copy has not been returned from Fondessy (11/25/83) should be begun. 25 262.42(j)

Additional items noted during this inspection:

- Numerous small spills of various materials, including hazardous waste oils and apparent sewage sludge, are noted around the facility. These spills should be cleaned up in a timely manner.
- The use of pressure testing on tanks was discussed between John Stephenson, Jim Lick and Pat H.

This inspection report is official notification that a representative of the Department Environmental Resources, Bureau of Solid Waste Management, inspected the above installat. The findings of this inspection are shown in this report. Any violations which were und during the inspection are indicated. Violations may also be discovered upon examinatio the results of laboratory analyses and review of Department records. Notification will forthcoming, confirming any violations indicated herein and listing any additional viol.

Person Interviewed (signature) _____ Date _____

Inspector (signature) _____ Date _____

ORIGINAL (Red)

HAZARDOUS WASTE INSPECTION REP
Part C - Comments

Date of inspection 12/8/83 Identification number

Company, Installation name IWR

County Jeff Municipality

- Manifest #3050124 from Area Sanitary Springs Philadelphia - part of load was rejected and then apparently returned to IWR anyway - Please have Stephan Kehr ~~to~~ explain this incident in correspondence requested below.
- Areas of concern which have not been noted as violations in this report, but for which more information will be requested in ~~the~~ conjunction with the Part B review include - testing of materials placed in tanks; compatibility of mixtures in ~~of~~ these materials; the surface water pond's use as tank containment;

You are hereby requested to submit a letter addressing the above items (except items B + D above). Ms. Myers has agreed to submit this letter to the inspector within 30 days

This inspection report is official notification that a representative of the Department Environmental Resources, Bureau of Solid Waste Management, inspected the above installat The findings of this inspection are shown in this report. Any violations which were unc during the inspection are indicated. Violations may also be discovered upon examinatio the results of laboratory analyses and review of Department records. Notification ~~will~~ forthcoming, confirming any violations indicated herein and listing any additional ~~viol~~

Person Interviewed (signature) Virginia A. Myers Date 12/9/83

Inspector (signature) Jon J. Davis Date 12/8/83

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part A

ORIGINAL (Red)

Date of inspection 9/7/83 Time start 9:45 AM Time finish 1:00 PM

Name of inspector Lori J. Davis

Company name Industrial Waste Removal

Location 550 Industrial Drive, Lewisberry Pa. 17339

County York Municipality Fairview Twp.

Identification number PAD 067 098 822

Name of responsible official James Kohr

Title President

Mailing address Same

Area code and phone no. (717) - 938 - 6745

Name of person interviewed Shari Miller, Pat Myers, Jim Kohr

Title Operations Assistant

Mailing address (if different from above) Same

Area code and phone no.

1. a. PA hazardous waste transporter (HWT) license number PA-AH 0146

   b. Expiration date 6/30/83 [exp]

   Hazardous waste handling: ☐ N/A

   a. ☐ Blending, ☒ mixing

   b. ☒ Storage, ☒ treatment, ☐ disposal - at tsd fac.

   c. ☐ Use, ☐ reuse, ☐ recycle, ☐ reclaim

3. Does the transporter generate hazardous wastes? ☒ Yes ☐ No

4. Types of hazardous waste produced by Hazardous Waste Number:

   D001 F003
   K051 D008

5. Are hazardous wastes transported into the Commonwealth from abroad? ☐ Yes ☒

RECEIVED
Division of Operations

JUL 23 1984

SOLID WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
Transporters - Part B

TWR 9/1/8

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

ORIGINAL (Red)

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT
	2			Identification number
	2			Company licensed by PA DER
	2			Copy of license kept on vehicles transporting hazardous wastes (Controlled from Office)
	2			Licensee transporting only wastes conditioned on the license
	2			Manifest accompanies all shipments
	2			Required number of copies of the manifest accompanies shipment
	2			Shipments comply with U.S. and PA DOT requirements
	2			Entire quantity as stated on the manifest delivered
		3		Undeliverable shipment procedures followed
	2			Normal in-transit storage of waste (only if specified on the manifest)
	2			Records retained at designated location
	2			Contingency plan approved and implemented
	2			Appropriate and adequate safety equipment carried on transport vehicle
	2			Equipment decontamination procedures followed
			4	Contaminated washwater, waste solutions, residues disposed of in accordance with regulations
	2	X		Sufficient absorbent material in vehicle when transporting liquids in containers of 100 gallons or less.

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part A

ORIGINAL (Red)

Date of inspection 9/7/83 Time start 9.45 Time finish

Name of inspector Lori Davis

Company, installation name Industrial Waste Removal

Location 550 Industrial Drive Lewisberry Pa. 17

County York Municipality Fairview Twp.

Identification number PAD 067 098 822

Name of responsible official James Kohr

Title President

Mailing address Same

Area code and phone no. (717) -938-6745

Name of person interviewed Sharon Miller, Pat Myers, Jim

Title Operations Assistant,

Mailing address (if different from above) Same

Area code and phone no.

1. Current waste handling method:

a. ☒ On-site ☒ treatment, ☒ storage, ☐ disposal Solidify w/ kilnc

b. ☒ On-site ☐ use, ☐ reuse, ☐ recycle, ☒ reclaim

c. ☒ Off-site ☐ treatment, ☐ storage, ☒ disposal

d. ☐ Off-site ☐ use, ☐ reuse, ☐ recycle, ☐ reclaim

2. Amount of hazardous waste produced:

a. _____ kg./mo. This facility gives wastes from numerous generators, consolidate and ship to treatment / dispo facilities.

b. _____ kg./yr.

3. Types of hazardous waste produced by Hazardous Waste Number:

D001 K051 D008
K052

4. Are hazardous wastes transported off-site by the generator? ☒ Yes ☐ No

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part 3

Inc 9/7/83

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

ORIGINAL (Red)

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT
	2			Identification number
	2			Hazardous waste shipments offered only to licensed transporters
	2			Authorization received from TSD facility for wastes shipped off-site
	2			PA manifest used for intrastate shipments
	2			Disposer state manifest or EPA format manifest used for out-of-state shipments
	2			Manifests filled out properly and completely
	2			Manifests routed properly and within time limits (24 hours)
	2			Proper U.S. DOT shipping containers or packages
			4	Shipping containers marked and labeled according to U.S. DOT
		3		Containers of 110 gal. or less marked with required PA label
	2			Placards offered to transporter
		3		Wastes accumulated on-site for less than 90 days
				Wastes stored in proper containers and properly marked and labeled
	2			Containers managed in accordance with 75.265(g)
			4	Containers clearly marked with accumulation date and visible for inspection
			4	Records retained at designated location for 20 years.
	2			Quarterly reports submitted to the Department
			4	Exception reporting procedures followed No Exemptions applied See comment
	2			Hazardous waste disposal plan, if required
			4	Spill reporting procedures followed None reported
	2			Preparedness, Prevention and Contingency Plan approved and implemented
		3		Special requirements followed for international shipments
	2			Personnel training plan (75.265(d))
	2			Personnel training documentation (75.265(d)(6))

ZARDOUS WASTE INSPECTION REPO
TSD Facilities - Part A

ORIGINAL (Red)

Date of inspection 9/7/83 Time start 9:45 Time finish

Name of inspector Lori J. Davis

Company, installation name Industrial Waste Removal

Location 550 Industrial Drive, Lewisberry, Pa. 17339

County York Municipality Fairview Twp.

Identification number PAD 067 098 822

Name of responsible official James Kohr

Title President

Mailing address Same

Area code and phone no. (717) 938-6745

Name of person interviewed Shane Miller, Pat Myers, Jim K.

Title Operations Assistant

Mailing address (if different from above) Same

Area code and phone no.

1. Site characterization:

a. ☒ Treatment - ☐ surface impoundments, ☐ chemical, ☒ physical, ☐ bio[illegible]al

b. ☒ Storage - ☐ containers, ☒ tanks, ☐ surface impoundments, ☐ waste [illegible]

c. ☐ Disposal - ☐ land treatment, ☐ landfill, ☐ incineration, ☐ therm[illegible]

d. ☐ Use, ☐ reuse, ☐ recycle, ☒ reclaim

2. Does the facility generate hazardous wastes? ☒ Yes ☐ No

3. Types of hazardous waste produced by Hazardous Waste Number:

D001 K052
K051 D008

4. Are hazardous wastes transported off-site by the facility? ☒ Yes ☐ No

HAZARDOUS WASTE IN ECTION REPORT
TSD FACILITIES - PART B General p.1

IWR 9/7/83

1-NON-COMPLIANCE, 2-COMPLIANCE, 3-NOT APPLICABLE, 4-NOT DETERMINED

ORIGINAL (Red)

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT
	2			Part A permit application submitted — revised Part A submitted July 19, 1983
	2			Identification number — approved July 28, 1983 from EPA
	2			Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department
1	2			Waste streams not covered by permit approved by the Department before accept
	2			Chemical and physical analyses repeated as required
	2		1	All waste shipments inspected and sampled
	2			Waste analysis plan on-site
		3		24 hr. surveillance at active portion
	2			Artificial barrier at active portion
	2			Proper signs posted and legible at a distance of at least 25 ft.
	2			Inspection schedule on-site
			4	Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction
			4	Immediate remedial action taken where a hazard is imminent or has already occurred
	2			On the job or classroom personnel training program
	2			Records retained for each employee at facility of training, job title, and job description
	2			Ignitable or reactive wastes separated from source of ignition or reaction
			4	No smoking signs displayed where there are hazards from ignitable or reactiv wastes
	2			Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements
	2			Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel
	2			Facility equipped with a device for summoning outside emergency assistance
			4	Facility equipped with fire control, spill control, and decontamination equipment
			4	Facility equipped with water at adequate volume and pressure to supply fire control equipment
			4	Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained.
			4	Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies
	2			Contingency plan on-site and implemented
	2			Contingency plan describes action taken by personnel in the event of an emergency
			4	Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.

IWR 9/7/8

1- NON-COMPLIANCE, 2- COMPLIANCE, 3- NOT APPLICABLE, 4- NOT DETERMINED

ORIGINAL (Red)

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT	CHAPTER CITATION 75.265
			4	Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.	(i)(6)
			4	Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item	(i)(7)
			4	Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary	(i)(8)
			4	One employee designated as the primary emergency coordinator either on the premises or on call.	(i)(11)
	2			Facility accepting only PA manifests (May be in conjunction w/ other State)	(j)
1				Manifests properly completed and routed within time limits (24 hrs.) (some lacking transp. signature)	(j)(2)(3)
			4	Manifest discrepancies resolved or reported within time limits	(j)(10)(
	2			Written operating record maintained on the premises	(k)
			4	Written operating record contains description and quantity of wastes and method of treatment, storage or disposal	(k)(2)(i)
			4	Written operating record contains location and quantity of each hazardous waste	(k)(2)(i
			4	Written operating record contains results of waste analyses and treatability tests	(k)(2)(i
			4	Written operating record contains reports and details of all incidents	(k)(2)(i
	2			Written operating record contains records and results of all inspections	(k)(2)(v)
	2			Written operating record contains required monitoring, testing, and analytical data	(k)(2)(vi
	2			Written operating record contains closure and post-closure cost estimates	(k)(2)(vi
	2			All records retained on premises and available for inspection	(l)
	2			Quarterly reports submitted to the Department	(m)
			4	Emissions, discharges, fires, explosions, and groundwater contamination reported as required None reported	(m)(2)
		3		Groundwater monitoring wells located at approved sites	(n)(2)
		3		Adequate protection of groundwater monitoring wells	(n)(7)
		3		Groundwater sampling and analysis plan on the premises	(n)(8)
		3		Groundwater quality assessment and abatement outline on the premises	(n)(14)
	2			Closure plan on the premises and up-to-date	(o)(2)-(
		3		~~Post-closure plan on the premises and up-to-date~~	(o)(10)-
	2			Annual closure cost estimate on the premises and up-to-date	(p)(2)-(
		3		Annual post-closure cost estimate on the premises and up-to-date	(p)(5)-(

TREATMENT, STORAGE, DISPOSAL FACILITIES - STORAGE (Containers and Tanks)

75.265 — WR 9/7/83

1-NON-COMPLIANCE, 2-COMPLIANCE, 3-NOT APPLICABLE, 4-NOT DETERMINED

COMPLIANCE STATUS 1	2	3	4	REQUIREMENT (ORIGINAL (Red))	CHAPTER CITATION
	2			Containers managed to prevent leaks and spills	(q)(1),
	2			Containers are compatible with waste stored.	(q)(2)
	2			Containers are closed during storage	(q)(3)
X			4	Container storage area inspected weekly for leaks, deterioration, etc.	(q)(5)
	2			Containers holding ignitable or reactive wastes are set back 15 m (50 ft) from property line.	(q)(6)
		3		Satisfactory procedures followed for handling incompatible wastes.	(q)(7),
		3		Incompatible wastes separated or protected from other materials.	(q)(9)
				Containers and tanks labeled to identify accurately hazardous waste contained.	Act 97 Section 403(b)
	2			Precautions taken for tanks holding ignitable, reactive, or incompatible waste or material	(r)(2)
	2			Tanks managed to prevent leaks, rupture, corrosion, or otherwise failing.	(r)(3)
		3		Uncovered tanks operated to ensure at least 60 cm (2 ft) of freeboard.	(r)(4)
		3		Uncovered tanks equipped with an overflow alarm and an overflow device to a standby tank with a capacity equal to or exceeding the freeboard requirement.	(r)(4)
		3		Continuously fed tanks equipped with a means to stop the inflow.	(r)(5)
		3		Containment structure with a capacity that equals or exceeds the largest above ground tank volume plus a reasonable allowance for precipitation based on local weather conditions and plant operations provided for liquid storage in above ground or partially above ground tanks. ? buried.	(r)(6)
		3		Waste analyses and/or trial tests conducted on hazardous wastes substantially different from wastes previously treated or stored; or chemically treat hazardous waste with a substantially different process than any previously used in that tank.	(r)(7)
		3		Discharge control equipment inspected once each operating day.	(r)(8)(
X		3		Monitoring equipment data inspected once each operating day.	(r)(8)(
X	2			Liquid level of tanks inspected once each operating day. See tank farm log	(r)(8)(
	X	3		Construction materials of tanks inspected weekly.	(r)(8)(
	2			Construction materials of discharge confinement structures and area immediately surrounding inspected weekly. (Pond inspection weekly)	(r)(8)(
		3		All hazardous waste removed from tanks and related appurtenances at closure.	(r)(9)
	2			Placement of ignitable or reactive waste only with the Department's approval	(r)(10)
			4	Covered tanks in which ignitable or reactive waste is treated or stored meets NFPA buffer zone requirements.	(r)(11)
	2			Precautions taken for handling ignitable, reactive or incompatible waste or material.	(r)(12)

HAZARDOUS WASTE INSPECTION RE T
Part C - Comments

Date of inspection 9/7/83 Identification number PAD 067098822

Company, Installation name Industrial Waste Removal ORIGINAL (Red)

County York Municipality Fairview Twp.

The following violations ~~were~~ was noted at the time of this inspection:

- Two manifests were lacking transporter signature at delivery to verify intact shipment.

A question remains as to classification of lay wash sludge ~~classification~~ as hazardous waste. This inspector contends entire content of lay become hazardous if any listed waste wastewater is mixed with it. Therefore, ~~lay~~ wash sludge containing any listed waste would have to be treated as hazardous, even if sample results indicated a non-hazardous nature. Organic analysis has not been done on this material. One shipment was made to Sun Oil, Marcus Hook, April 6, 1983, without hazardous manifesting.

It is suggested a log of outgoing shipments be kept so that a tab can be kept on whether return copy forwarded. At present, checks are made quarterly, and a 'lost shipment' could be very difficult to track if let go that long.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.

Person Interviewed (signature) _____ Date _____

Inspector (signature) _____ Date _____

HAZARDOUS WASTE INSPECTION REPORT
Part C - Comments

ORIGINAL (Red)

Date of inspection 9/7/83 Identification number

Company, Installation name TWR

County Municipality

Interim Status was revised with revised Pt A submitted to DER + EPA, and with letter from EPA of July 28, 1983.

PPC training (update + initial training for new employees) is scheduled for late Summer.

- Rolloff containers holding bag wash sludge were not labeled at to contents. If after consultation w/ regional and ~~cent~~ central office personnel this waste is indeed "hazardous", these containers are required to be marked as to their contents while in storage

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Solid Waste Management, inspected the above installation. The findings of this inspection are shown in this report. Any violations which were uncovered during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. ~~Notification will be forthcoming, confirming any violations indicated herein and listing any additional violations.~~

Person Interviewed (signature) James C. Kohr Date 9/7/83

Inspector (signature) Lou D. Davis Date 9/7/83

ER-BWQ-13.1
REV 9-78

FACILITY SAMPLE

W | S STREAM/RANDOM SAMPLE

1 2 NETWORK SAMPLE #1

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT
WATER OR WASTE QUALITY REPORT — SPECIAL ANALYSES

Lab Number 117045

Date Received 4-23-81

ORIGINAL (Red)

TRANSHIPMENT: Industrial Waste Removal	CASE: HMW		FACILITY: private well		COLL NUMBER: 832
COUNTY: York	MUNICIPALITY: Fairview	PROGRAM	COLL NAME: Daryl Mong / Tom Miller	TYPE TR: 0	STD ANALYSIS: 109

CARD (3)	ID CODE (ALL CARDS) 4-16	LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24 (M D Y)	TIME 25-28 (Hr Min)	KIND 29
1	County Mun T Est Case Fac		0	04 22 81	12 30	1

USGS G 30-34	AGENCY 35-37	SAMPLE NUMBER 38-43	STREAM NAME 44-57	RELATIVE POINT 58
	CE	832015		

TRIBUTARY TO:

FULL DESCRIPTION WHERE SAMPLE TAKEN — CUSTODY LOG: sink faucet employee's shower room

How Shipped: hand carry Date: 8/23

Legal Seal No.

Received by:

Legal Seal Condition:

pH 6.2, temp. 15.5°C, level 17.5'

ADDITIONAL LAB ANALYSES: VOA

QUALITATIVE REPORT

No volatile organics detected

QUANTITATIVE RESULTS

ANALYSIS	UNITS	ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)

RECEIVED
Division of Operations
JUL 23 1984
SOLID WASTE MANAGEMENT

ANALYST: J. E. Angle SIGNATURE

DATE: 4/23/81

CENTRAL OFFICE

EXHIBIT 4

F-BWQ-19.1 REV 9-78

FACILITY SAMPLE

W | B STREAM/RANDOM SAMPLE

1 2 NETWORK SAMPLE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT
WATER OR WASTE QUALITY REPORT — SPECIAL ANALYSES

LAB Number

Date Received 5-24-81

ESTABLISHMENT: Capital Lubricants

CASE

FACILITY: private well

ORIGINAL (Red)

SITE NUMBER

COUNTY: York

MUNICIPALITY

PROGRAM

COLL NAME: [illegible] Nagy

TYPE TR: 0

STD ANALYSIS: 109

CARD (3)	ID CODE (ALL CARDS) 4-16	LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24	TIME 25-28	KIND 29
1 / 2	City / Mun / T / Est / Case / Fac		0	M D Y: 05 28 81	Hr / Min: 14 45	1

USGS-O 30-34	AGENCY 35-37	SAMPLE NUMBER 38-43	STREAM NAME 44-57	RELATIVE POINT 58
	[illegible]	183203 7		

TRIBUTARY TO:

FULL DESCRIPTION WHERE SAMPLE TAKEN: Faucet [illegible] top [illegible] of northeast corner

CUSTODY LOG

How Shipped: hand carry / Date: [illegible]

Legal Seal No.: [illegible]

Received by:

Legal Seal Condition:

ADDITIONAL LAB ANALYSES: VOA

QUALITATIVE REPORT

No volatile organics detected

QUANTITATIVE RESULTS

ANALYSIS:	UNITS:	ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)

RECEIVED
Division of Operations
JUL 23 1984
SOLID WASTE MANAGEMENT

ANALYST: [illegible] SIGNATURE

DATE: 6/1/84

DATA PROCESSING

EXHIBIT 5

ER-LAB-13.1
8/81

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF LABORATORIES
SPECIAL ANALYSES REPORT

ORIGINAL (Red)

Lab Number

Date Received 11/9/82

ESTABLISHMENT: Benton MFG.	CASE: Fish Market	FACILITY: Proposed Restaurant			COLL NUMBER: 2.9
COUNTY: Lackawanna	MUNICIPALITY: Fairview Twp	PROGRAM: 019	COLL NAME: Seffel / A Vern	TYPE TR: 57	STD ANALYSIS: 109 (Vo

LABELS	ID CODE (ALL CARDS) 1-16	LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24	TIME 25-28	KIND 29
	Cnty Mun T Loc Case Lab			M D Y	Hr Min	
			0	11 09 82	12 10	3

OWNER 30-34	BUREAU 35-37 AMIS: 01 A	SAMPLE NUMBER 38-43: 1 3 2 9 6 3	STREAM NAME 44-57 / RELATIVE POINT 58

FULL DESCRIPTION WHERE SAMPLE TAKEN: Utility Sink in Mens Room of Manufacturing Building

CUSTODY LOG

How Shipped — Date

Legal Seal No.

Received by:

Legal Seal Condition:

ADDITIONAL LAB ANALYSES

QUALITATIVE REPORT

DO NOT WRITE BELOW THIS LINE

QUANTITATIVE RESULTS

ANALYSIS:	UNITS:	ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)
1,1-Dichloroethane	~~µg/l~~		5.
Dichloroethene			2.
Tetrachloroethene			6.
1,2-Dichloroethane			1.
1,1,1-Trichloroethane			69.

RECEIVED
~~Division of Operations~~
JUL 23 1984
SOLID WASTE MANAGEMENT

ANALYST: [signature] — SIGNATURE

DATE 11-12-82

EXHIBIT 6

ER-LAB-13.1
8/81

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF LABORATORIES
SPECIAL ANALYSES REPORT

ORIGINAL (Red)

Lab Number

Date Received 11/9/82

ESTABLISHMENT	CASE	FACILITY	COLL NUMBER
Ryman MFG.	Fish Market	Proposed Restaurant	29

COUNTY	MUNICIPALITY	PROGRAM	COLL NAME	TYPE IR	STD ANALYSIS
York	Farmington Twp	019	Effluent / A York	01	109 (VOA)

CARD TYPE	ID CODE (ALL CARDS) 4-16	LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24	TIME 25-28	KIND 29
1	County / Main / Tr / Fac / Cont / Loc		0	M 11 D 09 Y 82	Hr 12 Min 00	3

OSGS 30-34	BUREAU 35-37 AMIS	SAMPLE NUMBER 38-43	STREAM NAME 44-57	RELATIVE POINT 58
	019	13296B12		

COLL DESCRIPTION WHERE SAMPLE TAKEN: Utility Sink At Fish Market

CUSTODY LOG

How Shipped — Date

Legal Seal No.

Received by:

Legal Seal Condition:

ADDITIONAL LAB ANALYSES

QUALITATIVE REPORT

DO NOT WRITE BELOW THIS LINE

QUANTITATIVE RESULTS

ANALYSIS:	UNITS:	ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)
1,1-Dichloroethane	ug/l		5
Dichloroethene			2
1,2-Dichloroethane			1
Tetrachloroethene			84
1,1,1-Trichloroethane			57

ANALYST M C Wilson
SIGNATURE

DATE 11-12-82

ER-BWQ-13.1
REV 5-78

FACILITY SAMPLE

W | S — STREAM/RANDOM SAMPLE

1 2 — NETWORK SAMPLE

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WATER QUALITY MANAGEMENT
WATER OR WASTE QUALITY REPORT — SPECIAL ANALYSES

ORIGINAL (Red)

Lab Number 08786

Date Received 5-18-81

ESTABLISHMENT	CASE	FACILITY	COLL NUMBER
Beman Mfg	HMW case	private well	

COUNTY	MUNICIPALITY	PROGRAM	COLL NAME	TYPE 18	STD ANALYSIS
York	Fairview		Daryl Mong	Ø	109

CARD (3)	ID CODE (ALL CARDS) 4-16	LATITUDE 4-10	LONGITUDE 11-18	DATE 19-24 M D Y	TIME 25-28 Hr Min	KIND 29
1 / 2	County Mun T Est Case Fac		0	05/18/81	11 05	1

USGS Q 30-34	AGENCY 35-37	SAMPLE NUMBER 38-43	STREAM NAME 44-57	RELATIVE POINT 58
	CE8	183203 2		

TRIBUTARY TO:

FULL DESCRIPTION WHERE SAMPLE TAKEN: sink (stationary tubs) used to clean parts - room where pressure tank & chlorinator from well pH 6.6

CUSTODY LOG

How Shipped: hand carry Date: 5/18/81

Legal Seal No.: 81490

Received by:

Legal Seal Condition:

ADDITIONAL LAB ANALYSES: VOA

QUALITATIVE REPORT

Also detected bromodichloromethane <1 µg/l

QUANTITATIVE RESULTS

ANALYSIS:	UNITS:	ANALYSIS CODE	RESULTS (SHOW DECIMAL POINTS ON LINES)
Methylene Chloride	µg/l		.2
Dibromochloromethane	"		1.
tetrachloroethene	"		.2

ANALYST: J. E. Apangle (SIGNATURE)

DATE: 5/20/81

CENTRAL OFFICE