ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Brothers Smelting Corporation No. 1
0000026015

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

January 31, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 12/01/91 - 12/31/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfalls 001 and 005 for this monitoring period.

We have reported high boron level in outfall 004 on the quarterly report. We are investigating to determine the source.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NYC110311	SUM M
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07) 7-
F = FINAL
SUM OF OUTFALLS 001, 002, 6005

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD						
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	<.007	(26)	******	******	******	( )		01/31	
00746 1 0 0	PERMIT REQUIREMENT			LBS/DY				*** ****			
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	<.001	(26)	******	******	******	( )		01/31	
01042 1 0 0	PERMIT REQUIREMENT			LBS/DY				*** ****			
EFFLUENT GROSS VALUE											
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	<.007	(26)	******	******	******	( )		01/31	
01051 1 0 0	PERMIT REQUIREMENT			LBS/DY				*** ****			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-0500	92	01	22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
5225 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0110311 (2-16) — PERMIT NUMBER
OCT A (17-19) — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 (20-21) MO 10 (22-23) DAY 01 (24-25) TO YEAR 91 (26-27) MO 10 (28-29) DAY 31 (30-31)

MINOR
(SUBR 07)
F = FINAL
COPPER ROTARY/LEAD FURNACE

7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(1/7)	******	******	******	( )			
03056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	REPORT DAILY MX	*** ****		ONCE/ MONTH	ESTIMATE
PH	SAMPLE MEASUREMENT	******	******	( )	******		******	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL AND GREASE, FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	12.1	(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	15.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/ MONTH	COMPOS 24
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS 24
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	MG/L		ONCE/ MONTH	COMPOS 24
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER "N001 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

*NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

MINOR (SUBR 07) 7 - FINAL

COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE [XX] ***

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	MG/L		1/MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	MG/L		1/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	MG/L		1/MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	MG/L		1/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	MG/L		1/MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	UG/L		1/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)		1/DAY	GRAB
	PERMIT REQUIREMENT	*** ****					DAILY MX	UG/L		1/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 01 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER '9001 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

*NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6225 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	91	12	01	TO	91	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE XXX ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(20)			
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(20)			
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(20)			
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(20)			
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(20)			
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9800

DATE: YEAR 92 MO. 01 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'N001 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
*NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: RUTH BROTHERS SMELTING CORP
ADDRESS: RUTH BROTHERS SMELTING CORP
6225 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110511
(17-19) DISCHARGE NUMBER: 001 V

MONITORING PERIOD: FROM YEAR 91 MO 10 DAY 01 (20-21) (22-23) (24-25) TO YEAR 91 MO 10 DAY 31 (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

*** NO DISCHARGE [XX] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOURIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L	0	ONCE/DAY	GRAB
BARIUM, TOTAL (AS BA) 01007 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L	0	ONCE/DAY	GRAB
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L	0	ONCE/DAY	GRAB
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L	0	ONCE/DAY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.1 DAILY MX	MG/L	0	ONCE/DAY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
-TYPED OR PRINTED-

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR 92 MO 01 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: OTH BROTHERS SMELTING CORP

ADDRESS: OTH BROTHERS SMELTING CORP
4225 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110511 — PERMIT NUMBER

002 M — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 91 MO 12 DAY 01 (20-21) (22-23) (24-25) TO YEAR 92 MO 12 DAY 31 (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	8064	******	(07)	******	******	******	( )		01/31	
00056 1 0 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD				*** ****		WEEKLY MONTHLY	GRAB 01
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******	( )	7.18	******	7.68	(12)		03/31	
00400 1 0 0 0	PERMIT REQUIREMENT			*** ****	MINIMUM		MAXIMUM	SU		CONTINUOUS	GRAB 01
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	< 1	(19)		01/31	
00556 1 0 0 0	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		GRAB/ CONTINUOUS MONTHLY	GRAB 01
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	< 2	(19)		01/31	
00740 1 0 0 0	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		GRAB/ CONTINUOUS MONTHLY	GRAB 01
EFFLUENT GROSS VALUE											
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	< .1	(19)		01/31	
00746 1 0 0 0	PERMIT REQUIREMENT			*** ****			REPORT DAILY MX	MG/L		GRAB/ CONTINUOUS MONTHLY	GRAB 01
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	< .005	(19)		01/31	
01027 1 0 0 0	PERMIT REQUIREMENT			*** ****			REPORT DAILY MX	MG/L		GRAB/ CONTINUOUS MONTHLY	GRAB 01
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	< .02	(19)		01/31	
01042 1 0 0 0	PERMIT REQUIREMENT			*** ****			REPORT DAILY MX	MG/L		GRAB/ CONTINUOUS MONTHLY	GRAB 01
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'N0D1 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* 4TH SAMPLE NOT TAKEN DUE TO HOLIDAYS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 — PERMIT NUMBER
002 M — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR MO DAY (20-21) (22-23) (24-25) TO YEAR MO DAY (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP
*** NO DISCHARGE ! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	( )	******	******	.48	(19)		01/31	
01045 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/31	
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******	( )	******	******	.055	(19)		01/31	
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							
ANTIMONY, TOTAL (AS SB)	SAMPLE MEASUREMENT	******	******	( )	******	******	Est. .3	(19)		01/31	
01097 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		01/31	
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							
PCB-1016 (AROCHLOR 1016)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(20)		01/31	
34671 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	UG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							
PCB-1221 (AROCHLOR 1221)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(20)		01/31	
39488 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	UG/L		MONTH	GRAB
EFFLUENT GROSS VALUE				****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
- TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6225 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
NY0110311 PERMIT NUMBER
002 M DISCHARGE NUMBER
MINOR
(SUBR 07) 7 - Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM INGOT/DEWATERING PUMP Approval expires 6-30-91.
*** NO DISCHARGE ! ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE (54-61)	MAXIMUM (62-69)	UNITS (70)	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (62-69)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(28)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(28)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(28)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(28)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(28)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND/OR 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-0500
DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 002 V — DISCHARGE NUMBER

MINOR
(SUBR 07) 7-
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

*** NO DISCHARGE ! ***

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	10	01	91	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.01	(19)		01/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.03 DAILY MAX	MG/L		DAILY	COMP-6
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.6	(19)		01/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.1 DAILY MAX	MG/L		DAILY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.6	(19)		01/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.1 DAILY MAX	MG/L		DAILY	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.11	(19)		01/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.1 DAILY MAX	MG/L		DAILY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	92	01	22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NYD110311 (2-16) — PERMIT NUMBER
004 M (17-19) — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR MO DAY (20-21) (22-23) (24-25) TO YEAR MO DAY (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F = FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (34-61) (3 Card Only) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (38-65) (4 Card Only) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2.448	******	(07)	******	******	******	( )		01/31	
00056 1 0 0	PERMIT REQUIREMENT							***			
EFFLUENT GROSS VALUE				GPD				****			
PH	SAMPLE MEASUREMENT	******	******	( )	7.00	******	7.25	(12)		01/31	
00400 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	******	3	(19)		01/31	
00530 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				MG/L			
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	4	(19)		01/31	
00556 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	2 <	(19)		01/31	
00740 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L		MONTH	
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.005 <	(19)		01/31	
01027 1 0 0	PERMIT REQUIREMENT			***			.05				
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L		MONTH	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.02 <	(19)		01/31	
01042 1 0 0	PERMIT REQUIREMENT			***			0.5				
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 90, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM 7-40, WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 — PERMIT NUMBER

JO4 M — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR MO DAY (20-21) (22-23) (24-25) TO YEAR MO DAY (26-27) (28-29) (30-31)

MINOR (SUBR 07) (17-19)

F - FINAL

ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ***

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.36	(19)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .1	(19)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.12	(19)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(28)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .05	(23)		01/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6225 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004 M
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07) 7-
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	12	01	91	12	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MAX	UG/L		NLE/MONTH	RAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MAX	UG/L		NLE/MONTH	RAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MAX	UG/L		NLE/MONTH	RAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MAX	UG/L		NLE/MONTH	RAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MAX	UG/L		NLE/MONTH	RAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	01	22
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6227 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 — PERMIT NUMBER

004 V — DISCHARGE NUMBER (17-19)

MINOR
(SUBR 07) 7 - Form Approved.
F - FINAL OMB No. 2040-0004
ALUMINUM SCRAP DRAINAGE Approval expires 6-30-91.

*** NO DISCHARGE ! ! ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	12	01	TO	91	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (52-57)		QUANTITY OR LOADING (1 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	1.9	(19) MG/L		01/90	GR
	PERMIT REQUIREMENT			*** ****							
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	4.1	(19) MG/L		01/90	GR
	PERMIT REQUIREMENT			*** ****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: CRUCIBLE BROTHERS SMELTING CORP
ADDRESS: CRUCIBLE BROTHERS SMELTING CORP
3220 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER
005 A — DISCHARGE NUMBER

MONITORING PERIOD
FROM: YEAR (20-21) MO (22-23) DAY (24-25)
TO: YEAR (26-27) MO (28-29) DAY (30-31)

MINOR
(SUBR 07) 7 - F - FINAL
ZAMAC PROCESS/STORMWATER
*** NO DISCHARGE ***

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	GPD				***		ONCE/	GRAB
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX					****		MONTH	
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				SU			
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(17)			
00746 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(17)			
01042 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				MG/L			
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******	******	(17)			
01051 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE				****				MG/L			
PHENOLS	SAMPLE MEASUREMENT	******	******	(55)	******	******	******	( )			
34000 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY				***		ONCE/	GRAB
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX					****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 92, MO 01, DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER

(17-19) 005 V — DISCHARGE NUMBER

MINOR

(SUBR 07) 7 - FINAL

ZANAC PROCESS/STORMWATER

*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD

FROM YEAR	NO.	DAY	TO YEAR	NO.	DAY
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (4 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 30 DAILY MX	MG/L		ONCE MO	GRAB
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT 30 DAILY MX	MG/L		ONCE MO	COMP-24
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT 30 DAILY MX	MG/L		ONCE MO	COMP-24
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 30 DAILY MX	MG/L		ONCE MO	COMP-24
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 30 DAILY MX	MG/L		ONCE MO	COMP-24
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT 30 DAILY MX	MG/L		ONCE MO	COMP-24
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT 30 DAILY MX	MG/L		ONCE MO	COMP-24

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER

GENERAL MANAGER

(TYPED OR PRINTED)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-0500

DATE: YEAR 92 — MO. 01 — DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

January 23, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #012392028 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on December 26, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/jw

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 1/20/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 1.31.92

Nostate Laboratories, Inc.
Analysis Results
Report Number: 912392028
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D. 10170

MONTHLY SPDES
COOLING WATER 002 12/26/91 0800-1300H GC

ULI I.D.: 36091022 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	5.6gpm	
	pH	7.5SU	
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	
	Sulfide	<0.1mg/l	
Total	Antimony	<0.3mg/l	
Total	Aluminum	<0.5mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.48mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.055mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 01/23/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 0123920028
Client I.D.: ROTH BROS. SHELTING CORP.
Sampled by: Client

APPROVAL:
QC:
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 12/26/91 0800-1300H GC

ULI I.D.: 26091023 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	7.6SU	
	Sulfite	<2mg/l	
	Oil & Grease	2mg/l	
	Total Suspended Solids	3mg/l	
Total	Antimony	<0.3mg/l	
Total	Aluminum	<0.5mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.36mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.12mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 001 and 005 had no recorded flow.

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

UPSTATE LABORATORIES, INC.

360911022-23

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME
	ROTH BROS. SMELTING CORP.

	STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O+G	PCB	METALS 3b, Al, Cd, Fe, Cu, Pb, Zn	SULFITE 4°C	Flow pH	TSS	Sulfide	REMARKS
															Water
		~~12-26-91~~	~~0800/1300~~	~~*~~	~~*~~ KW	~~001~~ KW	~~4~~ KW	~~*~~	~~*~~	~~*~~	~~*~~	KW			
22		12-26-91	0800/1300	*	*	002	~~3~~ 5	*	*	*	*	*		*	
23		12-26-91	0800/1300	*	*	004	~~4~~ 6	*	*	*	*	*	*		

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	12-26-91 1400	Rick Richer			
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
Rick Richer	12/26/91 2:05 P	Kimberly A. Weist	12/26/91 2:05 pm	

WATER SAMPLES

pH OUTFALL NUMBERS					
DATE	001	002	003	004	005
11/21/91	6.88	7.05		7.00	6.58
12/6/91	7.30	7.15		7.05	6.68
12/13/91	7.05	7.18		7.15	—
12/20/91	—	7.40		7.25	—
1/3/92	—	7.68		7.60	—

DRAFT

Date

Upstate Laboratories, Inc.
Analysis Results
Report Number
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _____
QC: DC
Lab I.D.: 10170
Sampled by: Client

10 0. 2/20 Mat Water QUARTERLY SPDES 002 1/23/92 1030H C

PARAMETERS	RESULTS	KEY
MBAS	0.11mg/lLAS	
Total Cyanide	<0.01mg/l	
Amenable Cyanide	<0.01mg/l	
Fluoride	0.6mg/l	
Total Boron	0.6mg/l	

10 0. 2/20 Mat Water QUARTERLY SPDES 004 1/23/92 1030H C

PARAMETERS	RESULTS	KEY
Fluoride	1.9mg/l	
Total Boron	4.1mg/l	

All results are on an as rec.d basis unless otherwise stated.

Upstate
Laboratories inc.

Shipping: 6034 Corporate Dr. * East Syracuse 13057
Mailing: Box 289 * Syracuse, New York 13206

Phone (315) 437 0255
Fax Phone (315) 437 1209

FAX REPORT

PLEASE ADVISE IF ALL PAGES DO NOT PROPERLY TRANSMIT

Date: 1/29/92

Client: Roth Bros

Total Page(s): 2

Report#: 920-330

Contact: John Merchella

Project: Quarterly SPDES

Phone to Fax to: 433-9069

Notes: Results that you needed today.

Signed: Gretchen Selmser

Upstate Rochester (Fax) (716) 436 2723
Upstate Albany (Fax) (518) 459 3734
Upstate Binghamton (Fax) (607) 771 0673

3-20	7.44	7.54		7.48	7.31
3-29	7.74	7.58		7.52	NA
4-5	7.85	7.60		7.58	NA
4-12-91	7.65	7.40		7.42	
4-19-91	8.00	7.58		7.54	7.22
4-26-91	7.88	7.69		7.60	
5-6-91	7.52	7.58		7.70	NA
5-10-91	7.73	lab accident		7.55	NA
5-17-91	8.05	8.02		7.89	NA
5-24-91	8.15	8.02		8.16	NA
5-31-91	6.98	7.58		7.39	
6-7-91	8.02	7.94		7.45	
6-14-91	7.78	7.82		7.46	
6-21-91	8.30	7.48			
6-28-91	7.20	7.68			
7-19-91	N/F	6.98		N/F	N/F
7-26-91	N/F	7.44		7.50	N/F
8/23/91	N/F	7.60		N/F	N/F
8-30/91	N/F	7.90		"	"
9-6-91	"	7.72		"	"
9-20-91	NF	7.50		7.38	7.18
9-27-91	NF	7.90		7.46	7.28
10-4	—	7.16	—	7.17	—
10-11	—	7.52	—	7.21	—
10-18	—	7.37	—	7.18	—
10-25	—	7.46	—	—	7.29
11-1	—	7.72		—	7.38
11-8	—	7.49		7.09	—
11-15	7.21	7.51		7.46	—
	001	002		004	005

4/12/91 KG pH 7.0

pH 7.0 buffer = 2.5/15 KG

pH 7.0 2L KG

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

December 30, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 11/01/91 - 11/30/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 005 for this monitoring period.

As we have begun implementing our Lead facility closure, the number of excursions, should be temporary in nature, since the operation has ceased.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

3-29	7.74	7.58		7.52	NA
4-5	7.85	7.60		7.58	NA
4-12-91	7.65	7.40		7.42	
4-19-91	8.00	7.58		7.54	7.22
4-26-91	7.88	7-69		7.60	
5-6-91	7.52	7.58		7.70	NA
5-10-91	7.73	lab accident		7.55	NA
5-17-91	8.05	8.02		7.89	NA
5-24-91	8.15	8.02		8.16	NA
5-31-91	6.98	7-58		7-39	
6-7-91	8.02	7.94		7.45	
6-14-91	7.78	7.82		7.46	
6-21-91	8.30	7.48			
6-28-91	7.20	7.68			
7-19-91	N/F	6.98		N/F	N/F
7-26-91	N/F	7.44		7.50	N/F
8/23/91	N/E	7.60		N/F	N/F
8-30/91	N/F	7.90		"	"
9-6-91	"	7.72		"	"
9-20-91	NF	7.50		7.38	7.18
9-27-91	NF	7.90		7.46	7.28
10-4	—	7.16	—	7.17	—
10-11	—	7.52	—	7.21	—
10-18	—	7.37	—	7.18	—
10-25	—	7.46	—	—	7.29
11-1	—	7.72		—	7.38
11-8	—	7.49		7.09	—
11-15	7.21	7.51		7.46	—
	001	002	003	004	005

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMEL ING CORP
ADDRESS ROTH BROTHERS SMEL ING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMEL ING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)
NY0110311 — PERMIT NUMBER
SUM M — DISCHARGE NUMBER
MONITORING PERIOD: FROM YEAR 91 MO 11 DAY 01 TO YEAR 91 MO 11 DAY 30 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL
SUM OF OUTFALL
MINOR (SUBR 07) 7-DNO.
NO DATA ( )
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	*< .042	(26)	******	******	******		1	01/30	CALC
00746 1 0 0	PERMIT REQUIREMENT	******	DAILY MX	LBS/DY	******	******	******	****		ONCE/MONT	CALC
EFFLUENT GROSS VALUE								****			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	.026	(26)	******	******	******			01/30	CALC
01042 1 0 0	PERMIT REQUIREMENT	******	DAILY MX	LBS/DY	******	******	******	****		ONCE/MONT	CALC
EFFLUENT GROSS VALUE								****			
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	.095	(26)	******	******	******		1	01/30	CALC
01051 1 0 0	PERMIT REQUIREMENT	******	DAILY MX	LBS/DY	******	******	******	****		ONCE/MONT	CALC
EFFLUENT GROSS VALUE								****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR 91 MO 12 DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* LOWEST DETECTION LIMIT ON SULFIDE ACCORDING TO UPSTATE LABS IS < 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD (17-19)
FROM YEAR 91 MO 11 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 91 MO 11 DAY 30 (26-27) (28-29) (30-31)

F - FINAL
COPPER ROTARY

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DATA ( )

MINOR (SUBR 07) 7-010

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	10,368	******	(07)	******	******	******	****		ONCE/MONTH	GRAB
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	REPORT DAILY MX	****		ONCE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.21	******	7.21	(12)		01/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	MINIMUM	******	6.0 MAX MUM	SU		CONTINUOUS	GRAB
OIL AND GREASE, FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	<1.0	(19)		01/30	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	30 DAILY MX	MG/L		ONCE/MONTH	COMP
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******		******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	.031	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	0.6 DAILY MX	MG/L		ONCE/MONTH	COMP
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.18	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 12 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NY0110311 — PERMIT NUMBER
001 M — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 MO 09 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 91 MO 09 DAY 30 (26-27) (28-29) (30-31)

F - FINAL
COPPER ROTARY
MINOR (SUBR 07) 7 - ONO

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NO DATA ( )

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.07	(19)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.7	(19)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	0.6 DAILY MX	MG/L		ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.8	(19)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.3	(19)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	MG/L		ONCE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.6	(19)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	2.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	GRAB
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000, and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9800

DATE: YEAR 91 — MO 12 — DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

F - FINAL
COPPER ROTARY

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NO DATA (1)

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	11	30	91	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE MONT	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE MONT	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE MONT	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE MONT	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE MONT	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	12	30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

NY0110311 — PERMIT NUMBER
002 — DISCHARGE NUMBER (17-19)

MONITORING PERIOD
FROM: YEAR 91 (20-21) MO 11 (22-23) DAY 01 (24-25)
TO: YEAR 91 (26-27) MO 11 (28-29) DAY 30 (30-31)

F - FINAL
ALUMINUM INGO
MINOR (SUBR 07)
NO DATA (

Form Approved, OMB No. 2040-0004
Approval expires 8-30-91

NOT USED
PUMP
7 - ONE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE (54-61)	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM (46-53)	AVERAGE (54-61)	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	41,040	******	(07)	******	******	******			01/30	
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	****		UNLESS OTHERWI	
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******		7.49	******	7.72	(12)		03/30	
00400 1 0 0	PERMIT REQUIREMENT	******	******	****	MINIMUM	******	MAXIMUM	SU		CONTINUOUS	
EFFLUENT GROSS VALUE				****							
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	1	(19)		01/30	
00556 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L		UNLESS OTHERWI	GRAB
EFFLUENT GROSS VALUE				****						MONTH	
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	8	(19)		01/30	
00740 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	5.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******		******	******	.1	(19)		01/30	
00746 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	.005	(19)		01/30	
01027 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.03	(19)		01/30	
01042 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 91, MO 12, DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
5225 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)
NY0110311 PERMIT NUMBER
002 M DISCHARGE NUMBER
MONITORING PERIOD FROM YEAR 91 MO 01 DAY 01 TO YEAR 91 MO 01 DAY 31 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL
ALUMINUM INGOT PUMP
MINOR (SUBR 07) 71 GND
NO DATA ( )

Form Approved. OMB No. 2040-0004 Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.41	(19)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.1	(19)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.17	(19)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.7	(19)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 315 NUMBER 463-9500

DATE YEAR 91 MO 12 DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'MODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
5223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NY0110311	002 A

MONITORING PERIOD: FROM YEAR (20-21) 91 MO (22-23) 11 DAY (24-25) 01 TO YEAR (26-27) 91 MO (28-29) 11 DAY (30-31) 30

F - FINAL
ALUMINUM INGOT PUMP
MINOR (SUBR 07) 7-DND
NO DATA ( )

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) AVERAGE (3 Card Only)	QUANTITY OR LOADING (54-61) MAXIMUM (3 Card Only)	UNITS (3 Card Only)	QUALITY OR CONCENTRATION (38-45) MINIMUM (4 Card Only)	QUALITY OR CONCENTRATION (46-53) AVERAGE (4 Card Only)	QUALITY OR CONCENTRATION (54-61) MAXIMUM (4 Card Only)	UNITS (4 Card Only)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01730	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01730	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01730	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01730	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01730	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 91, MO 12, DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NOSI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY (20-21) (22-23) (24-25) TO YEAR MO DAY (26-27) (28-29) (30-31)

F - FINAL

ALUMINUM SCRAP DITCH

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NO DATA (1)

MINOR (SUBR (7) 7-DNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	3744	******	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	REPORT
PH	SAMPLE MEASUREMENT	******	******		7.09	******	7.40	(12)		02/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	MG/L		ONCE/ MONTH	COMP-
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	<	(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<	(19)			
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<	(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	MG/L		ONCE/ MONTH	COMP-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	12	30
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110511 — PERMIT NUMBER
004 M — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

F - FINAL
ALUMINUM SCRA[illegible] PITCH
NO DATA (N)
MINOR (SUBR 07) 7-CNC

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	.23	(19)		01/30	
01045 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	<.1	(19)		01/30	
01051 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	.17	(19)		01/30	
01092 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
ANTIMONY, TOTAL (AS SB)	SAMPLE MEASUREMENT	******	******		******	******	.3	(19)		01/30	
01097 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	******	******		******	******	.5	(19)		01/30	
01105 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****							
PCB-1016 (AROCHLOR 1016)	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/30	
34671 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****							
PCB-1221 (AROCHLOR 1221)	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/30	
39488 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****							

NAME AND OFFICIAL TITLE (TYPED OR PRINTED)
GENERAL MANAGER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 12 DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 (PERMIT NUMBER) | 004 M (DISCHARGE NUMBER) (17-19)

F - FINAL
ALUMINUM SCRA

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD
FROM YEAR 91 MO 01 DAY 01 TO YEAR 91 MO 06 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR (SUBR 07) 7-DND

NO DATA (C)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/180	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(25)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(20)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME & OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 91, MO 12, DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 005 M — DISCHARGE NUMBER

F - FINAL
ZAMAC PROCESS

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.
NO DATA ( )

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	11	01	91	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-0NO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	[illegible]
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.7 MAXIMUM	SU		[illegible]	[illegible]
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******				
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0075 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	COMP-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NEAL SCHWARTZ
GENERAL MANAGER

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

* NO DISCHARGE

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	12	30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

January 6, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #010692009 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on November 21, 25 and 27, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala JL

Anthony J. Scala
Director

AJS/jd

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 12/27/91. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 01/06/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 010692009
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _____
QC: _____
Lab I.D.: 10170
Sampled by: Client

ID:32591076 Mat:Water MONTHLY SPDES PROCESS WATER 001 11/21/91 0730-1230H GC

	PARAMETERS	RESULTS	KEY
	Flow Rate	7.2gpm	
	pH	7.1SU	
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	
Total	Aluminum	0.6mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.031mg/l	
Total	Copper	0.18mg/l	
Total	Iron	0.67mg/l	
Total	Lead	0.7mg/l	
Total	Zinc	1.8mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

ID:32591077 Mat:Water MONTHLY SPDES COOLING WATER 002 11/21/91 0730-1230H GC

	PARAMETERS	RESULTS	KEY
	Flow Rate	28.5gpm	
	pH	7.4SU	
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	
Total	Aluminum	0.7mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.41mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.17mg/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 005 had a recorded flow of 22.5gpm.

DATE: 01/06/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 010692009
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _____
QC: _____
Lab I.D.: 10170
Sampled by: Client

ID:32591078 Mat:Water MONTHLY SPDES STORM WATER 004 11/21/91 0730-1230H GC

	PARAMETERS	RESULTS	KEY
	Flow Rate	2.6gpm	
	pH	7.5SU	
	Sulfite	<2mg/l	
	Total Suspended Solids	14mg/l	
	Oil & Grease	<1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.23mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.17mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 01/06/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 010692009
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _____
QC: _____
Lab I.D.: 10170
Sampled by: Client

ID:33091027 Mat:Water MONTHLY SPDES PROCESS WATER 001 11/25/91 0830H GC

PARAMETERS	RESULTS	KEY
Sulfide	<0.1mg/l	

ID:33091028 Mat:Water MONTHLY SPDES COOLING WATER 002 11/25/91 0830H GC

PARAMETERS	RESULTS	KEY
Sulfide	<0.1mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 01/06/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 010692009
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _____
QC: _____
Lab I.D.: 10170
Sampled by: Client

ID:33191091 Mat:Water MONTHLY SPDES COOLING WATER 002 11/27/91

PARAMETERS	RESULTS	KEY
EPA 608		
Aroclor 1016		34
Aroclor 1221		34
Aroclor 1232		34
Aroclor 1242		34
Aroclor 1248		34
Aroclor 1254		34
Aroclor 1260		34
Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

3259107G-78

UPSTATE LABORATORIES, INC.
331

CHAIN OF CUSTODY RECORD

DUE DATE: _____

CLIENT	PROJECT NAME
ROTH BROS.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow, pH	SO4	O + G	T: Sb, Cd, Cu, Al	T: Fe, Pb, Zn	PCB	TSS			
	11/21/91	0730 1530	X	X	PROCESS WATER 001	(4)	X	X	X	X	X	X				#9-74
	11/21/91	0730 1530	X	X	COOLING WATER 002	(3)	X	X	X	X	X					#9-75
	11/21/91	0730 1530	X	X	STORM WATER 004	(4)	X	X	X	X	X	X	+			#9-76

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
C. Gilmore	11/21 2:55	Maurice H Bynes			
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
Maurice H Bynes	11-21-91 3:52	Kimberly A Wick	11/21/91 3:52		

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

33091087-28

ROTH BROS. SMELTING CORP.
CHAIN OF CUSTODY RECORD

SAMPLE LOG No.	PROJECT NAME & DESCRIPTION
	Monthly SPEDES

SAMPLERS NAME: John Winchell DATE SAMPLED: 11/25/91

SAMPLE No.	DATE	TIME	SAMPLE LOCATION	GRAB	COMP.	SAMPLE TYPE	No. OF CONTAINERS	REMARKS
112591	11/25/91	8:30	001	X	X	WATER	(1)	Sulfide
112591	11/25/91	8:30	002	X	X	WATER	(10)	Sulfide, Pb
						TOTAL:		

RELINQUISHED BY: (SIGN)	DATE	TIME	RECEIVED BY (SIGN)
1 Client	11/25	945	2 Rick Winton
RELINQUISHED BY: (SIGN)	DATE	TIME	RECEIVED BY (SIGN)
2 Rick Winton	11/25/91	1005	3 [illegible]

I HEREBY CERTIFY THAT I AM QUALIFIED TO OBTAIN SAMPLES AND THAT THIS SAMPLE WAS TAKEN ACCORDING TO THE SAMPLING REQUIREMENTS SET FORTH IN 40 CFR 261 (SW – 846) (SIGN): John Winchell

3319109/

UPSTATE LABORATORIES, INC.

331

CHAIN OF CUSTODY RECORD

DUE DATE: _____

CLIENT	PROJECT NAME	NO. OF CONTAINERS												
Roth Bros.	Monthly Spdes													
SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION		PCB							
	11/27/91	NA			toc 002 Cooling water 002	(1)	X							Water

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
client	11/27/91 2:40	Maurice Bergeron			
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks	
Maurice Bergeron	11/27/91 2:45	K. Durst	11/27/91 2:45P	xref ul 32591076,77	

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

November 27, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 10/01/91 - 10/31/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfalls 001, 004, and 005 for this monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

November 27, 1991

Mr. Leland Flocke, P.E.
Central Engineer
Region 7
615 Erie Blvd. West
Syracuse NY 13204-2400

Dear Mr. Flocke:

Due to the changes in the reporting requirements for Outfall 11, our October testing is incomplete for PCB's and Aluminum.

We have notified Upstate Labs of these changes, and all future reports will reflect the new reporting requirements.

Please contact me if you have any questions.

Very truly yours,

Roth Bros. Smelting Corp.

Neal Schwartz
General Manager

dc

Facility [illegible]
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) SUM M DISCHARGE NUMBER

F - FINAL
SUM OF OUTFALL [illegible]

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DATA ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	.018	(26)	******	******	******			01/31	CALC
00746 1 0 0	PERMIT REQUIREMENT	******	0.03		******	******	******	****		ONCE/	CALCT
EFFLUENT GROSS VALUE			DAILY MX	LBS/DY				****		MONTH	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	.74	(26)	******	******	******			01/31	CALC
01042 1 0 0	PERMIT REQUIREMENT	******	0.09		******	******	******	****		ONCE/	CALCT
EFFLUENT GROSS VALUE			DAILY MX	LBS/DY				****		MONTH	
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	.018	(26)	******	******	******			01/31	CALC
01051 1 0 0	PERMIT REQUIREMENT	******	0.03		******	******	******	****		ONCE/	CALCT
EFFLUENT GROSS VALUE			DAILY MX	LBS/DY				****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	11	
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03946/911011-2054

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

F - FINAL

COPPER ROTARY

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NO DATA (XX)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******				
00056 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	DAILY AVG	******	**** ****	MINIMUM		MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE, FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00740 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00746 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01027 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 SEE 18 USC §1001 AND 33 USC §1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 11 DAY 2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'N001 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03947/911011-2054

PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 N DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
91	10	01	91	10	31

F - FINAL

COPPER ROTARY

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NO DATA (X)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	-	******	******		(19)		-	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 11 | DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER

001 M — DISCHARGE NUMBER

F - FINAL

COPPER ROTARY

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NO DATA XXX

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUB 07) - 7-DNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	(54-61) UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	.023 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	.023 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	.023 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	.023 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	.023 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 11 | DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6323 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NY0110311 — PERMIT NUMBER

002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

ALUMINUM INGOT

MINOR (SUBR 07) 7=OIL

NO DATA ( )

Form Approved.
OMB No. 2040-0004 DMR
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	22176	******	(07)	******	******	******				
00056 1 0 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	******	GPD	******	******	******	****		ONCE/ MONTH	MEASRI
EFFLUENT GROSS VALUE								****			
PH	SAMPLE MEASUREMENT	******	******		7.16	******	7.52	(12)		04/31	GRAB
00400 1 0 0 0	PERMIT REQUIREMENT	******	******	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	3.0	(19)	0	01/31	
00556 1 0 0 0	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****							
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0	(19)	0	01/31	
00740 1 0 0 0	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
EFFLUENT GROSS VALUE				****							
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******		******	******	<.1	(19)	0	01/31	
00746 1 0 0 0	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
EFFLUENT GROSS VALUE				****							
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	.006	(19)	0	01/31	
01027 1 0 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
EFFLUENT GROSS VALUE				****							
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.04	(19)	0	01/31	
01042 1 0 0 0	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
EFFLUENT GROSS VALUE				****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 11 | DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY: ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

F - FINAL

ALUMINUM INGOT

Form Approved. OMB No. 2040-0004 PUSP Approval expires 6-30-91.

NO DATA ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-OND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.31	(19)	0	01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .1	(19)	0	01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .026	(19)	0	01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3	(19)	0	01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 11 | DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (If different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6273 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY LOCATION ROTH BROTHERS SMELTING CORP

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

P - FINAL

ALUMINUM INGOT

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

PUMP

NO DATA (XX)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 11 | DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NOD1 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
*NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004 M
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
ALUMINUM SCRAP TCH

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DATA (XX)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-QNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 2	SAMPLE MEASUREMENT		******	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASR
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	MG/L		ONCE/ MONTH	COMP-
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	11	91	27
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03953/911011-2054

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY: ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER

004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

ALUMINUM SCRAP MATCH

NO DATA

MINOR (SUBR 07) 7-ONO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-C
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-C
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-C
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-C
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-C
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 11 | DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

F - FINAL
ALUMINUM SCRAP ... ICH

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DATA (XX)

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	10	01	91	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	11	27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03955/911011-2054

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 INGHRSOH ROAD

EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 1103111 PERMIT NUMBER

(17-19) 005 M DISCHARGE NUMBER

F - FINAL

ZAMAC PROCESS

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NO DATA (X)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	10	01	TO	91	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 00056 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		******	(07)	******	******	******				
	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	****		ONCE/ MONTH	MEASRD
PH 00400 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******		(12)			
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-(
COPPER, TOTAL (AS CU) 01042 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-(
LEAD, TOTAL (AS PB) 01051 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-(
PHENOLS 46000 1 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(26)	******	******	******				
	PERMIT REQUIREMENT	******	0.007 DAILY MX	LBS/DY	******	******	******	****		ONCE/ MONTH	COMP-(
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 91, MO 11, DAY 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

*NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

November 22, 1991

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #112291011 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water sample which was picked up by ULI personnel on October 25, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/ca

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 11/18/91. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 11/22/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 112291011
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 10/25/91 0730-1230H GC

ULI I.D.: 29891183 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	15.4gpm	
	pH	7.4SU	
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.006mg/l	
Total	Copper	0.04mg/l	
Total	Iron	0.31mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.026mg/l	

All results are on an as rec.d basis unless otherwise stated.

Note: Outfall 001 and 004 had no recorded flow.
Outfall 005 had a recorded flow of 18gpm.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME	NO. OF CONTAINERS	O+G	PCB	METALS	SULFIDE	pH	REMARKS
	MONTHLY SPDES – ROTH BROS. SMELTING CORP.							

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O+G	PCB	METALS	SULFIDE	pH	REMARKS
	10-25-91	0730/1230	*	*	002	(3)	*		*	*		Waters 9-75

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	10/25/91 1330	[signature]			
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
[signature]	10/25/91 4:05	T. Cook	10/25/91 4:05pm	LOC 1 AND LOC 4 NO SAMPLES	

Upstate
Laboratories inc.
Shipping: 6034 Corporate Dr. * East Syracuse 13057
Mailing: Box 289 * Syracuse, New York 13206
Phone (315) 437 0255
Fax Phone (315) 437 1209

FAX REPORT

PLEASE ADVISE IF ALL PAGES DO NOT PROPERLY TRANSMIT

Date: 11/18/91

Client: Roth Bros

Total Page(s): 3

Report#: 912-701

Contact: John Menchella

Project: Monthly SPDES

Phone to Fax to: 433-9069

Notes: Results for October.

Signed: Gretchen Selmser

DATE: / /

DRAFT

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: KO
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 10/25/91 0730-1230H

ULI I.D.: 29891183 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	15.4gpm	
	pH	7.45U	
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.006mg/l	
Total	Copper	0.04mg/l	
Total	Iron	0.31mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.026mg/l	

All results are on an as rec.d basis unless otherwise stated.

FLOW READINGS

001 - 0730-1230 NO FLOW AVAILABLE

---

002 - 0730 - 1¼" .104 FT
0830 - 3" .250 FT
0930 - 3¼" .271 FT
1030 - 1¼" .104 FT
1130 - 3¼" .271 FT
1230 - 1¼" .104 FT

.184 FT Hd 22,200 GPD 15.4 GPM

---

004 - 0730-1230 NO FLOW AVAILABLE

---

005 - 0730 - 5 SEC. 18 GPM
0830 - NO FLOW AVAILABLE
0930 - " " "
1030 - " " "
1130 - " " "
1230 - " " "

DATE: / /

DRAFT

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
QC:
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 11/20/91 1130H

ULI I.D.: 32491102 Matrix: Water

PARAMETERS	RESULTS	KEY
Sulfide	<0.1mg/l	
Total Aluminum		

All results are on an as rec.d basis unless otherwise stated.

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

October 21,1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 09/01/91 - 09/30/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfalls 001 for this monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

NY0110311 — PERMIT NUMBER

001 X — DISCHARGE NUMBER
(17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	09	01	TO	91	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

PROCESS, COOLING & STORMWATER

NO DATA (XX)

MINOR (SUBR 07) 7 COND

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)		******	******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD						ONCE/ MONTH	MEASR
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0	PERMIT REQUIREMENT					MINIMUM	MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR GRAV METH	SAMPLE MEASUREMENT	******	******			******		(19)			
00556 1 0 0	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******			******		(19)			
00740 1 0 0	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******			******		(19)			
01027 1 0 0	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******			******		(19)			
01042 1 0 0	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******			******		(19)			
01045 1 0 0	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 10 DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS. 001, 002, 003, 004, AND 005. * NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

04125/910904-1900

PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NY0110311 — PERMIT NUMBER

001 X — DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORMWATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	09	01	TO	91	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NO DATA (XX)

MINOR (SUBR C7) 7 COND

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	*****	******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	*****			0.45 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	*****	******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	*****			1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	*****	******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	*****			1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	*****	******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	*****			1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 91 — MO 10 — DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PAT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005. * NO DISCHARGE

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

2223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16)

NY0110311 — PERMIT NUMBER

002 X — DISCHARGE NUMBER

(17-19)

F - FINAL

PROCESS, COOLING & STORMWATER

NO DATA ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	09	01	TO	91	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7 ONLY

NOTE: Read Instructions before completing this form.

Form Approved. OMB No. 2040-0004 Approval expires 6-30-91

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	32688	32688	MGD	******	******	******		0	01/30	MEASRD
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD						ONCE/ MONTH	MEASR
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******		7.50	******	7.90		0	04/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR - GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	<3.0		0	01/30	COMP
00556 1 0 0	PERMIT REQUIREMENT						15	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE							DAILY MX				
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0		0	01/30	COMP
00740 1 0 1	PERMIT REQUIREMENT						7.0	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE							DAILY MX				
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005		0	01/30	COMP
01027 1 0 0	PERMIT REQUIREMENT						0.8	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE							DAILY MX				
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.03		0	01/30	COMP
01042 1 0 0	PERMIT REQUIREMENT						0.5	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE							DAILY MX				
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	.26		0	01/31	COMP
01045 1 0 0	PERMIT REQUIREMENT						5.0	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE							DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 91 — MO 10 — DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NY0110311 — PERMIT NUMBER
002 X — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	09	01	TO	91	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DATA ( )
MINOR (SUBR 07) 7 CONO
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING AVERAGE (3 Card Only) (46-53)	QUANTITY OR LOADING MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION MINIMUM (4 Card Only) (38-45)	QUALITY OR CONCENTRATION AVERAGE (46-53)	QUALITY OR CONCENTRATION MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .1	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.048	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500
DATE: YEAR 91 — MO 10 — DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

NY0110311 — PERMIT NUMBER
004 X — DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	09	01	TO	91	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DATA ( )
MINOR (SUBCAT 02) NO
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	3456	3456	MGD	*******	******	******		0	01/30	GRABRD
00056 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*******	******	******	***	***	ONCE/MONTH	MEASR
EFFLUENT GROSS VALUE		DAILY AVG	DAILY MX								
PH	SAMPLE MEASUREMENT	******	******		7.38	******	7.46	SU	0	02/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	******	MAXIMUM	SU	***	WEEKLY	GRAB
EFFLUENT GROSS VALUE					6.5		8.5				
OIL AND GREASE	SAMPLE MEASUREMENT	******	******		*******	******	6.0	MG/L	0	01/30	COMP
FREON EXTR-GRAVIMETH	PERMIT REQUIREMENT	*****	*****	***	*******	******	15	MG/L	***	ONCE/MONTH	COMP-
00556 1 0 0							DAILY MX				
EFFLUENT GROSS VALUE											
SULFITE	SAMPLE MEASUREMENT	******	******		*******	******	<2.0	MG/L	0	01/30	COMP
(AS SO3)											
00740 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*******	******	5.0	MG/L	***	ONCE/MONTH	COMP-
EFFLUENT GROSS VALUE							DAILY MX				
CADMIUM, TOTAL	SAMPLE MEASUREMENT	******	******		*******	******	<0.005	MG/L	0	01/30	COMP
(AS CD)											
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*******	******	0.5	MG/L	***	ONCE/MONTH	COMP-
EFFLUENT GROSS VALUE							DAILY MX				
COPPER, TOTAL	SAMPLE MEASUREMENT	******	******		*******	******	.04	MG/L	0	01/30	COMP
(AS CU)											
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*******	******	0.5	MG/L	***	ONCE/MONTH	COMP-
EFFLUENT GROSS VALUE							DAILY MX				
IRON, TOTAL	SAMPLE MEASUREMENT	******	******		*******	******	.59	MG/L	0	01/30	COMP
(AS FE)											
01045 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*******	******	1.0	MG/L	***	ONCE/MONTH	COMP-
EFFLUENT GROSS VALUE							DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 91 — MO 10 — DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) (17-19)

NY0110311 — PERMIT NUMBER
004 X — DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	09	01	91	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DATA ( )
MINOR (SUBR 02) - CONC
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.1	(19)	0	01/30	COMP
	2/3 PERMIT REQUIREMENT	****	****		****	****	0.40 DAILY MX	MG/L		ONCE/MONTH	COMP-24
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.13	(19)	0	01/30	COMP
	2/3 PERMIT REQUIREMENT	****	****		****	****	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-24
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.3	(19)	0	01/30	COMP
	2/3 PERMIT REQUIREMENT	****	****		****	****	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-24
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.87	(28)	0	01/30	COMP
	2/3 PERMIT REQUIREMENT	****	****		****	****	1.0 DAILY MX	UG/L		ONCE/MONTH	COMP-24
	SAMPLE MEASUREMENT										
	2/3 PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	2/3 PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500
DATE: YEAR 91 — MO 10 — DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

4223 THOMPSON ROAD

EAST SYRACUSE, NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) (17-19)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NY0110311 — PERMIT NUMBER

005 X — DISCHARGE NUMBER

F - FINAL

ZAMAC DISCH. NON-CONTACT COOLG

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	09	01	TO	91	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUB CZ) NON

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FLOW RATE	SAMPLE MEASUREMENT	6480	6480	(07)	******	******	******		0	01/30	MEASRD
00056 1 0	PERMIT REQUIREMENT									ONCE/ MONTH	MEASR
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******		7.18	******	7.28		0	02/30	GRAB
00400 1 0	PERMIT REQUIREMENT									2/WEEK	GRAB
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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NEAL SCHWARTZ
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 91 — MO 10 — DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

04131/310204-1900

PAGE 1 OF

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

October 7, 1991

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #100791018 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on September 20, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala

Anthony J. Scala
Director

AJS/jw

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 10/07/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 100791018
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ QA
QC: _ _ _ RO
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 9/20/91 0730-1230H GC

ULI I.D.: 26391114 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	22.7gpm	
	pH	7.6SU	
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.26mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.048mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 10/07/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 100791018
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ _
QC: _ _ _ _
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 9/20/91 0730-1230H GC

ULI I.D.: 26391115 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	2.4gpm	
	pH	7.3SU	
	Sulfite	<2mg/l	
	Oil & Grease	6mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.04mg/l	
Total	Iron	0.59mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.13mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.87ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.87ug/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 001 had no recorded flow.
Outfall 005 had a recorded flow of 4.5gpm.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

26391114-115

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

9-30-91

PROJECT NO.	PROJECT NAME MONTHLY SPDES ROTH BROS. SMELTING CORP.					NO. OF CONTAINERS	O+G	PCB	METALS T-Sb, Cd, Cu, Fe, Pb, Zn	Sulfite 4	Flow, Pb		REMARKS
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION								
	9/30/91	0730 / 1330	*	*	002	3	*		*	*	X		WATER
	9/30/91	0730 / 1330	*	*	004	4	*	*	*	*	X		↓

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John T. Winchell	9/20/91 1330				

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
	9/20/91 2:30 P	Eric Shultheis			

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
Eric Shultheis	9/20/91 3:00	Peter Fricano	9/20/91 3:00 PM	

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

September 24, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 08/01/91 - 08/31/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfalls 001, 004, and 005 for this monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NY0110311 — PERMIT NUMBER

001 X — DISCHARGE NUMBER

F - FINAL

PROCESS, COOL

Form Approved.
OMB No. 2040-0004.TER
Approval expires 6-30-91.

NO DISCHARGE (X)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONG

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (46-53) MAXIMUM	QUANTITY OR LOADING (46-53) UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (46-53) MAXIMUM	QUALITY OR CONCENTRATION (54-61) UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******				
00056 1 0 0	PERMIT REQUIREMENT	*****	0.0 DAILY MX	GPD	*****	*****	*****	****			
EFFLUENT GROSS VALUE								****		ONCE/ MONTH	MEASR
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	9.0 DAILY MX			5/WEEK	GRAB
EFFLUENT GROSS VALUE								SU			
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX			ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE				****				MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00740 1 0 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.0 DAILY MX			ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE				****				MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01027 1 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.69 DAILY MX			ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.8 DAILY MX			ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE				****				MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01045 1 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4.0 DAILY MX			ONCE/ MONTH	COMP-
EFFLUENT GROSS VALUE				****				MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GNERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 91 — MO 09 — DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PHT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 001 X DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 71 MO 08 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 91 MO 08 DAY 31 (26-27) (28-29) (30-31)

F - FINAL
PROCESS, COOL
Form Approved.
OMB No. 2040-0004.TER
Approval expires 6-30-91.
NO DISCHARGE (XX)
MINOR (SUBR 07) 7-ONO
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE (54-61)	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM (46-53) AVERAGE (54-61)	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 09 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004, AND 005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 002 X DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL
PROCESS, COOL WATER
NO DISCHARGE ( )
MINOR (SUBR 07) 7-ONO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	22,320	22,320	(07)	******	******	******			01/31	MEASRE
00056 1 0 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASR
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******		7.6	******	7.6	(01)		01/31	GRAB
00400 1 0 0 0	PERMIT REQUIREMENT	******	******	*** ***	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKL	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	<1.0	(19)		01/31	COMP
00556 1 0 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0	(19)		01/31	COMP
00740 1 0 0 1	PERMIT REQUIREMENT	******	******	*** ***	******	******	370 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<.005	(19)		01/31	COMP
01027 1 0 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.03	(19)		01/31	COMP
01042 1 0 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	.24	(19)		01/31	COMP
01045 1 0 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 09 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	002 X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOL

Form Approved.
OMB No. 2040-0004.TER
Approval expires 6-30-91.

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-CNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.1	(19)		01/31	COMP
	PERMIT REQUIREMENT			**** ****				MG/L		ONCE/MONTH	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.047	(19)		01/31	COMP
	PERMIT REQUIREMENT			**** ****				MG/L		ONCE/MONTH	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.03	(19)		01/31	COMP
	PERMIT REQUIREMENT			**** ****				MG/L		ONCE/MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	09	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER
004 X — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 91 MO 06 DAY 01 (20-21) (22-23) (24-25) TO YEAR 91 MO 06 DAY 30 (26-27) (28-29) (30-31)

F - FINAL
PROCESS, COOL TER
NO DISCHARGE (X)
MINOR (SUBR 07) 7-ONO

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******				
00056 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	****		ONCE/ MONTH	MEASR
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	6.5 MAXIMUM	SU		WEEKL	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00556 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP-
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00740 1 0 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01027 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01045 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 09 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 004 X DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 (20-21) MO 08 (22-23) DAY 01 (24-25)
TO YEAR 91 (26-27) MO 08 (28-29) DAY 31 (30-31)

F - FINAL
PROCESS, COOL
NO DISCHARGE (XX)
MINOR (SUBR 07) 7-ONO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 91, MO 09, DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME SOTH BROTHERS SMELTING CORP

ADDRESS SOTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY SOTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 005 X — DISCHARGE NUMBER

F - FINAL

ZAMAC DISCH.

Form Approved.
OMB No. 2040-0004 0016
Approval expires 6-30-91.

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	08	01	TO	91	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******				
00056 1 0 0	PERMIT REQUIREMENT	[illegible]	REPORT	GPD				****		ONCE/MONTH	MEASR
EFFLUENT GROSS VALUE								****			
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0	PERMIT REQUIREMENT	[illegible]	[illegible]	***				(12)		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***				SU			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 91 — MO 09 — DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Upstate
Laboratories inc.
Shipping: 6034 Corporate Dr. * East Syracuse 13057
Mailing: Box 289 * Syracuse, New York, 13206
Phone (315) 437 0255
Fax Phone (315) 437 1209

FAX REPORT

PLEASE ADVISE IF ALL PAGES DO NOT PROPERLY TRANSMIT

Date: 9/30/91

Client: Roth Brothers

Total Page(s): 3

Report#: 912-1255

Contact: John Merchella

Project: monthly SPILLS

Phone to ~~Fax to~~:
433-9019

Notes: August results that you requested

Signed: Gretchen Selmser

Upstate Rochester (Fax) (716) 436 2723
Upstate Albany (Fax) (518) 459 3734
Upstate Binghamton (Fax) (607) 771 0673

DATE: / /

Upstate Laboratories, Inc. APPROVAL: _ _ _ _
Analysis Results QC: _ _ _ _
Report Number: Lab I.D.: 10170
Client I.D.: ROTH BROS. SMELTING CORP. MONTHLY SPDES
Sampled by: Client COOLING WATER 002 8/23/91 0730,1230H GC

ULI I.D.: 23591118 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	15.5gpm	
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.24mg/l	
Total	Lead	<0.1mg/l	
Total	Antimony	<0.3mg/l	
Total	Zinc	0.047mg/l	

22,320 gpd

ph 7.6

All results are on an as rec.d basis unless otherwise stated.

DRAFT

SEP-30-91 MON 14:21 UPSTATE LABS Syracuse P.01

25591110

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

9/3/91

PROJECT NO. | PROJECT NAME → MONTHLY SPDES

Client → ROTH BROS. SMELTING CORP.

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O+G	METALS (Cd, Cu, Zn, Pb)	SULFITE 4°C	FLOW (see back of chain)			REMARKS
002	8-23-91	0730/1330	*	*	Cooling water 002	3	*	*	*				Water

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	8-23-91 1330				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Bill Warren	8-23-91 3:19				
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
		R. Sweet	8/23/91 3:19 PM		

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

October 2, 1991

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #100291013 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water sample which was received on August 23, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala

Anthony J. Scala
Director

AJS/jd

Enclosure: report

cc/enc: N. Scala, ULI
file

Note: Faxed results were given to your office on 9/30/91. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 10/02/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 100291018
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ [illegible]
QC: _ _ _ [illegible]
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 8/23/91 0730-1230H GC

ULI I.D.: 23591118 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	15.5gpm	
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.24mg/l	
Total	Lead	<0.1mg/l	
Total	Antimony	<0.3mg/l	
Total	Zinc	0.047mg/l	
	pH	8.3SU	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 001, 004 and 005 had no recorded flow.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

9/3/91

PROJECT NO.	PROJECT NAME → MONTHLY SPDES					NO. OF CONTAINERS	O&G	METALS (Cd, Cu, Pb, Zn)	SULFITE 4°C	FLOW (see back of chain)			REMARKS
Client → ROTH BROS. SMELTING CORP.													
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION								
002	8-23-91	0730/1330	*	*	cooling water 002	3	*	*	*				Water
													pH = 8.3

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	8-23-91 1330				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Bill Warren	8-23-91 3:19				
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
		R. Surret	8/23/91 3:19 PM		

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

August 15, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 07/01/91 - 07/31/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfalls 001, 004, and 005 for this monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

SYRACUSE NY 13057

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) (17-19)

NY0110311 — PERMIT NUMBER

001 X — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MINOR
(SUBR 07) 7-ONG
F - FINAL
PROCESS, COOLING & STORMWATER

*** NO DISCHARGE *** XX

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS (62)	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS (62)	NO. EX (63-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)				(03)			
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD						ONCE/ MONTH	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT			(12)				(12)			
00400 1 0 0	PERMIT REQUIREMENT				6.5 MINIMUM		8.5 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR GRAV METH	SAMPLE MEASUREMENT			(19)				(19)			
00556 1 0 0	PERMIT REQUIREMENT						15 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT			(19)				(19)			
00740 1 0 0	PERMIT REQUIREMENT						30 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			(19)				(19)			
01027 1 0 0	PERMIT REQUIREMENT						0.3 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			(19)				(19)			
01042 1 0 0	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT			(19)				(19)			
01045 1 0 0	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

"I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*"

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 08 | DAY 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

Facility Name/Location (if different)

NAME 20TH BROTHERS SMELTING CORP

ADDRESS 20TH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(3-16) (17-19)

PERMIT NUMBER: NY0110311

DISCHARGE NUMBER: 001 X

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MINOR
(SUBR 07) 7-ONC
FC FINAL
PROCESS, COOLING & STORMWATER
*** NO DISCHARGE XXX ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.45 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.05 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 08 | DAY 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PRT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

00412/910710-1735

PAGE 2 OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

SYRACUSE NY 13057

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) (17-19)

NY0110311 — PERMIT NUMBER

002 X — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MINOR
(SUBR 07) 7-ONO
FC FINAL
PROCESS, COOLING & STORMWATER
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	16500	16500	(07)	*****	*****	*****	( )	0	01/31	MEASRD
00056 1 0 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD						CONTINUOUS	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****	( )	7.2	*****	7.6	(12)	0	01/31	GRAB
00400 1 0 0 0	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM		8.5 MAXIMUM	SU	0	WEEKLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR - GRAV MET	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	11	(19)	0	01/31	COMP
00556 1 0 0 0	PERMIT REQUIREMENT	*****	*****				15 DAILY MX	MG/L	0	FREQUENCY OF MONTH	COMP-6
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	<2.0	(19)	0	01/31	COMP
00740 1 0 0 1	PERMIT REQUIREMENT	*****	*****				3.0 DAILY MX	MG/L	0	FREQUENCY OF MONTH	COMP-6
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	<0.005	(19)	0	01/31	COMP
01027 1 0 0 0	PERMIT REQUIREMENT	*****	*****				0.8 DAILY MX	MG/L	0	FREQUENCY OF MONTH	COMP-6
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	0.06	(19)	0	01/31	COMP
01042 1 0 0 0	PERMIT REQUIREMENT	*****	*****				0.8 DAILY MX	MG/L	0	FREQUENCY OF MONTH	COMP-6
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	0.26	(19)	0	01/31	COMP
01045 1 0 0 0	PERMIT REQUIREMENT	*****	*****				3.0 DAILY MX	MG/L	0	FREQUENCY OF MONTH	COMP-6
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

"I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*"

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 08 | DAY 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PHT FOR ADDITIONAL NOTES & COMMENTS.

Facility Name/Location (if different)
NAME BOTH BROTHERS SMELTING CORP
ADDRESS BOTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY
LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER | (17-19) 002 X DISCHARGE NUMBER

MINOR
(SUBR 07) 7-ONG
F&P FINAL
PROCESS, COOLING & STORMWATER

OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE !_! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	< 0.1	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.4 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	0.046	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	< 0.03	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 3 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 08 | DAY 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
NY0110311	004 X
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07) 7-DND
F FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE XXX! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******	( )			
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	***		ONCE/MONTH	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0	PERMIT REQUIREMENT	******	******	***	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00556 1 0 0	PERMIT REQUIREMENT	******	******	***	******	******	15 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE				****							
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00740 1 0 1	PERMIT REQUIREMENT	******	******	***	******	******	3.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE				****							
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01027 1 0 0	PERMIT REQUIREMENT	******	******	***	******	******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE				****							
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0	PERMIT REQUIREMENT	******	******	***	******	******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE				****							
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01045 1 0 0	PERMIT REQUIREMENT	******	******	***	******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE				****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	08	15
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NY0110311 PERMIT NUMBER
004 X DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MINOR
(SUBR 07) 7-ONO
FINAL
PROCESS, COOLING & STORMWATER

*** NO DISCHARGE [XX] ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING AVERAGE (3 Card Only) (46-53)	QUANTITY OR LOADING MAXIMUM (54-61)	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM (4 Card Only) (38-45)	QUALITY OR CONCENTRATION AVERAGE (46-53)	QUALITY OR CONCENTRATION MAXIMUM (54-61)	QUALITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(19)		*****					
	PERMIT REQUIREMENT	*****	*****			Q=4 DAILY MX	1.0	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(19)		*****					
	PERMIT REQUIREMENT	*****	*****			Q=4 DAILY MX	1.0	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(19)		*****					
	PERMIT REQUIREMENT	*****	*****			Q=4 DAILY MX	1.0	MG/L		ONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(28)		*****					
	PERMIT REQUIREMENT	*****	*****			Q=4 DAILY MX	1.0	UG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 08 | DAY 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

SYRACUSE NY 13057

FACILITY

LOCATION

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER: NY0110311

(17-19) DISCHARGE NUMBER: 005 X

MINOR
(SUBR 07) 7-ONC
F - FINAL
ZAMAC DISCH. NON-CONTACT COOLG

*** NO DISCHARGE *** XXX

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******	(01)			
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MXD	GPD						ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	(12)		******	******	(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM		8.5 MAXIMUM	SU		ONCE/GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 08 | DAY 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

00417/910710-1733

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 PERMIT NUMBER

001 X DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE (X)

MONITORING PERIOD

FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

MINOR (SUBR 07) 7=NO

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******			01/3	MEASR
00056 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	GPD				***		ONCE/ MONTH	MEASR
EFFLUENT GROSS VALUE		DAILY AVG	DAILY MX					****			
PH	SAMPLE MEASUREMENT	******	******			******				04/3	GRAB
00400 1 0 0	PERMIT REQUIREMENT			***						ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
OIL AND GREASE FREON EXTR-GRAV, METH	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
00556 1 0 0	PERMIT REQUIREMENT			***						ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
00740 1 0 1	PERMIT REQUIREMENT			***						ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
01027 1 0 0	PERMIT REQUIREMENT			***						ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
01042 1 0 0	PERMIT REQUIREMENT			***						ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
01045 1 0 0	PERMIT REQUIREMENT			***						ONCE/ MONTH	COMP
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

"I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS. 001, 002, 003, 004, AND 005.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. REPLACES EPA FORM 7-45 WHICH MAY NOT BE USED.

U.S. GOVERNMENT PRINTING OFFICE: 1990-261-

NAME KOTH BROTHERS SMELTING CORP
ADDRESS KOTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY KOTH BROTHERS SMELTING CORP
LOCATION

(2-16) NY0110311 — PERMIT NUMBER
(17-19) 001 X — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE (X)
MINOR (SUBR 07) 7-ONO
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
	PERMIT REQUIREMENT			*** ****				MG/L			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
	PERMIT REQUIREMENT			*** ****				MG/L			
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
	PERMIT REQUIREMENT			*** ****				MG/L			
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
	PERMIT REQUIREMENT			*** ****				UG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03911/901009-1830

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 X DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY (20-21) (22-23) (24-25) TO YEAR MO DAY (26-27) (28-29) (30-31)

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBR 07) 7 ONO
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	16500	16500		******	******	******		0	01/31	MEASRD
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX	GPD				*** ****			
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******		7.2	******	7.6		0	04/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT			*** ****				SU			
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	11		0	01/31	COMP
00556 1 0 0	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
SULFITE (AS SO5)	SAMPLE MEASUREMENT	******	******		******	******	<2.0		0	01/31	COMP
00740 1 0 1	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005		0	01/31	COMP
01027 1 0 0	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.06		0	01/31	COMP
01042 1 0 0	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.26		0	01/31	COMP
01045 1 0 0	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L			
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 4639500
DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

(2-10)
NY0110311 — PERMIT NUMBER
002 X — DISCHARGE NUMBER

PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBR 07) ZONE

MONITORING PERIOD
FROM YEAR (20-21) MO. (22-23) DAY (24-25) TO YEAR (26-27) MO. (28-29) DAY (30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT			*** ****							
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.046	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT			*** ****							
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT			*** ****							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 3 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463 9500

DATE: YEAR, MO, DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

NY0110311 — PERMIT NUMBER
004 X — DISCHARGE NUMBER

PROCESS ...

NO DISCHARGE (X)

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

MINOR (SUBR 07) 7 ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******			01/3	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX	GPD				*** ****		ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******				04/3	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****	MINIMUM		MAXIMUM	SU		ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/MONTH	COMP-6
SULFITE (AS SO5)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
00740 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******				01/3	COMP
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 4639501
DATE: YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

(REPLACES EPA FORM 7-60 WHICH MAY NOT BE USED.)

03914/901009-1830

PAGE 1 OF

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 X DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE (X)

MINOR (SUBR 07) 7 NO

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	Comp
	PERMIT REQUIREMENT			***			DAILY MX	MG/L		MONITR	REPORT
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	Comp
	PERMIT REQUIREMENT			***			DAILY MX	MG/L		MONITR	REPORT
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	Comp
	PERMIT REQUIREMENT			***			DAILY MX	MG/L		MONITR	REPORT
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******				01/3	Comp
	PERMIT REQUIREMENT			***			DAILY MX	UG/L		MONITR	REPORT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463 9500

DATE: YEAR SEP 92, MO OCT, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 005 X DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

ZAMAC DISCH. NON-CONTACT COOLG

NO DISCHARGE (X)

MINOR (SUBR 07) 7=NO

OMB No. 2040-0004

Approval expires 8-31-91

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******			01/3	MEASRD
00056 1 0 50	PERMIT REQUIREMENT	REPORT	REPORT	GPD				****		ONCE/3 MONTHS	MEASRD
EFFLUENT GROSS VALUE		DAILY AVG	DAILY MAX					****			
PH	SAMPLE MEASUREMENT	******	******			******				04/3	GRAB
00400 1 0 50	PERMIT REQUIREMENT			***						WEEKLY	GRAB
EFFLUENT GROSS VALUE		DAILY AVG	DAILY MAX	****				SU			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEIL SCHWALTE
GEN'L MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE 315 NUMBER 463-5500

DATE

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Date: / /

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SHELTING CORP.
Sampled by: Client

APPROVAL:
QC: RDGS
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 7/19/91 0730-1230H GC

ULI I.D.: 20391008 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Sulfite	<2mg/l	
	Oil & Grease	11mg/l	
	Flow Rate	16,500gpd	
	pH	7.5SU	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.06mg/l	
Total	Iron	0.26mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.046mg/l	

All results are on an as rec.d basis unless otherwise stated.

DRAFT

Flow Readings

001-07:30-12:30 - NO Flow Available

002-07:30 - 1" .083
0830 - 1¼" .104
0930 - 2" .167
1030 - 2¾" .229
1130 - 2¾" .229
1230 - 1½" .125

$\frac{.937}{6} = .15$ Ft. (.16 Ft)

16,500 Gal. per day-

004- 0730-1230- NO Flow Available

005- 0730-1230 - NO Flow Available

UPSTATE LABORATORIES, INC.

20391005

7-30-91

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME					NO. OF CONTAINERS	D x G	PCB	METALS	SULFITE %	FLOW	PH	REMARKS
	ROTH BROS. SMELTING CORP.												
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION								
	7-19-91	0730 1330	*	*	002	(3)	*		*	*	*	*	Waters

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	7-19-91 1330				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
	7/19/91 3:00pm	T. Coats	7/19/91 3:00pm		

HUG- 7-31 WED 8:51 UPSTATE LABS Syracuse P.03

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

August 13, 1991

Mr. Dan Maneen
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #081391015 - Monthly SPDES

Dear Mr. Maneen:

Please find enclosed the results for your water sample which was received on July 19, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala sl
Anthony J. Scala
Director

AJS/ca

Enclosure: report

cc/enc: N. Scala, ULI
file

Note: These results were faxed to your office on 8/7/91. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 08/13/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 081391015
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 7/19/91 0730-1230H GC

ULI I.D.: 20391005 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Sulfite	<2mg/l	
	Oil & Grease	11mg/l	
	Flow Rate	11.4gpm	
	pH	7.5SU	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.06mg/l	
Total	Iron	0.26mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.046mg/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfalls 001, 004 and 005 had no recorded flow.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED

UPSTATE LABORATORIES, INC.

J0391005

7-30-91

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME					NO. OF CONTAINERS	D x G	PCB	METALS	SULFITE %	FLOW	PH	REMARKS
	ROTH BROS. SMELTING CORP.												
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION								
	7-19-91	0730 / 1330	*	*	002	(3)	*		*	*	*	*	Waters

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	7-19-91 1330				
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks	
	7/19/91 3:00pm	T. Coates	7/19/91 3:00pm		

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

July 19, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 06/01/91 - 06/30/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004 Approval expires 6-30-91

NAME: [illegible] SMELTING CORP

ADDRESS: [illegible] SMELTING CORP
[illegible] THOMPSON ROAD
[illegible] NY 13057

FACILITY: [illegible] BROTHERS SMELTING CORP

LOCATION:

PERMIT NUMBER: NY0110311

DISCHARGE NUMBER: 001 X

F - FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

NO DISCHARGE ( )

MINOR (SL[illegible])

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	62784	62784	[illegible]	******	******	******		0	01/30	MEASRD
[illegible] FFLUENT GROSS VALUE				GPD						ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		7.2	******	8.3	[illegible]	0	04/30	GRAB
[illegible] FFLUENT GROSS VALUE							8.5 MINIMUM			[illegible]	GRAB
[illegible] GREASE [illegible] EXTR-GRAV METH 0556 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1	[illegible]	0	01/30	COMP
							15 DAILY MX			ONCE/ MONTH	COMP-6
ULFITE [illegible] (AS SO3) 0740 1 0 1 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 2.00	[illegible]	0	01/30	COMP
							1.0			ONCE/ MONTH	COMP-6
ADMIUM, TOTAL (AS CD) 1027 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	[illegible]	0	01/30	COMP
							0.8 DAILY MX			ONCE/ MONTH	COMP-6
OPPER, TOTAL (AS CU) 1042 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.08	[illegible]	0	01/30	COMP
							0.8 DAILY MX			ONCE/ MONTH	COMP-6
RON, TOTAL (AS FE) 1045 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.16	[illegible]	0	01/30	COMP
							4.0 DAILY MX			ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	91	07	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

[illegible] FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

[illegible]

PAGE 1 OF

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

(2-16) NY0110311 PERMIT NUMBER
(17-19) 001 X DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	06	01	TO	91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-DNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], TOTAL (AS [illegible]) 1051 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.1	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.4 DAILY MX	MG/L		ONCE/MONTH	COMP-6
INC, TOTAL (AS ZN) 1092 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.059	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.3	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
POLYCHLORINATED IPHENYLS (PCBS) 5516 1 0 1 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<.05	(19)	0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	07	19
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

04112/910604-1918

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: [illegible] BROTHERS SMELTING CORP

ADDRESS: [illegible] BROTHERS SMELTING CORP
[illegible] THOMPSON ROAD
SYRACUSE NY 13057

FACILITY: [illegible] BROTHERS SMELTING CORP

LOCATION:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
NY0110311	002 X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE (0)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	06	01	TO	91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-DVD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	30816	30816	[illegible]	******	******	******		0	01/30	MEASRD
	PERMIT REQUIREMENT	[illegible]	[illegible]		******	******	******			ONLY/ MONTH	MEASRD
[illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.48	******	7.82		0	04/30	GRAB
	PERMIT REQUIREMENT	******	******		******	******	[illegible]			[illegible]	[illegible]
[illegible] GROSS [illegible] XTR-GRAV METH [illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	3		0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	[illegible]			ONLY/ MONTH	COMP
[illegible] (AS SO3) [illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	[illegible]			ONLY/ MONTH	COMP
[illegible], TOTAL (AS CO) [illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	[illegible]			ONLY/ MONTH	COMP
[illegible], TOTAL (AS [illegible]) [illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.02		0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	[illegible]			ONLY/ MONTH	COMP
[illegible], TOTAL (AS [illegible]) [illegible] FLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.44		0	01/30	COMP
	PERMIT REQUIREMENT	******	******		******	******	[illegible]			ONLY/ MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	07	19
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

[illegible] FOR ADDITIONAL NOTES & COMMENTS.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

DISCHARGE MONITORING REPORT (DMR) (2-16) — (17-19)

NAME
ADDRESS
FACILITY
LOCATION

NY0113311 — PERMIT NUMBER
002 X — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 91 MO 06 DAY 01 TO YEAR 91 MO 06 DAY 30

F - FINAL

OMB No. 2040-0004
Approval expires 8-30-91

PROCESS, COOLING & STORM WATER

NO DISCHARGE (X)

MINOR (SUB 001)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) AVERAGE	QUANTITY OR LOADING (46-53) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (46-53) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC, TOTAL (AS ZN) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.1		00	01/30	COMP
	PERMIT REQUIREMENT						0.4 DAILY MAX			ONCE/ MONTH	COMP-G
ZINC, TOTAL (AS ZN) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.053		00	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MAX			ONCE/ MONTH	COMP-G
ANTIMONY, TOTAL (AS SB) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.03		00	01/30	COMP
	PERMIT REQUIREMENT						0.15 DAILY MAX			ONCE/ MONTH	COMP-G
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $25,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 91, MO 07, DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PAT FOR ADDITIONAL NOTES & COMMENTS.

EPA Form 3320-1 (Rev. 9-85) Previous editions may be used. (REPLACES EPA FORM T-46 WHICH MAY NOT BE USED.)

04114/91060A-1?1?

PAGE ? OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible] SMELTING CORP

ADDRESS [illegible] SMELTING CORP

[illegible] THOMPSON ROAD

SYRACUSE NY 13057

FACILITY [illegible] BROTHERS SMELTING CORP

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NY0110311 — PERMIT NUMBER

004 X — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	93	06	01	TO	93	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE (X)

MINOR (SUBR 07) 7-3-90

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT			(07)	******	******	******			01/30	MEASRI
[illegible] 1	PERMIT REQUIREMENT	[illegible]	[illegible]		[illegible]	******	******			ONCE/ MONTH	MEASRI
FFLUENT GROSS VALUE											
[illegible]	SAMPLE MEASUREMENT	******	******			******				04/30	GRAB
[illegible] 1	PERMIT REQUIREMENT			***			[illegible]			[illegible]	GRAB
FFLUENT GROSS VALUE				***							
[illegible] GREASE	SAMPLE MEASUREMENT	******	******		******	******				01/30	COMP
[illegible] EXTR-GRAV METH	PERMIT REQUIREMENT			***			[illegible]			ONCE/ MONTH	COMP-6
[illegible] 1				***			[illegible]				
FFLUENT GROSS VALUE											
[illegible]	SAMPLE MEASUREMENT	******	******		******	******				01/30	COMP
[illegible] (AS SO3)	PERMIT REQUIREMENT			***			[illegible]			ONCE/ MONTH	COMP-6
[illegible] 1				***			[illegible]				
FFLUENT GROSS VALUE											
[illegible], TOTAL	SAMPLE MEASUREMENT	******	******		******	******				01/30	COMP
[illegible] (AS [illegible])	PERMIT REQUIREMENT			***			0.8			ONCE/ MONTH	COMP-6
[illegible] 1				***			DAILY MX				
FFLUENT GROSS VALUE											
[illegible], TOTAL	SAMPLE MEASUREMENT	******	******		******	******				01/30	COMP
[illegible] (AS [illegible])	PERMIT REQUIREMENT			***			0.8			ONCE/ MONTH	COMP-6
[illegible] 1				***			DAILY MX				
FFLUENT GROSS VALUE											
[illegible], TOTAL	SAMPLE MEASUREMENT	******	******		******	******				01/30	COMP
[illegible] (AS FE)	PERMIT REQUIREMENT			***						ONCE/ MONTH	COMP-6
[illegible] 1				***							
FFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	07	19
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE [illegible] FOR ADDITIONAL NOTES & COMMENTS.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

NAME
ADDRESS
FACILITY
LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORM

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	06	01	TO	91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (S) (X) DISCHARGE (X)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS (62)	QUALITY OR CONCENTRATION (3 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS (62-63)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
ZINC, TOTAL (ZN) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		MG/L		01/30	COMP
	PERMIT REQUIREMENT						0.44	MG/L	MX	ONCE/ MONTH	COMP
LEAD, TOTAL (PB) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		MG/L		01/30	COMP
	PERMIT REQUIREMENT						1.0	MG/L	MX	ONCE/ MONTH	COMP
NITRATE, TOTAL (AS N) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		MG/L		01/30	COMP
	PERMIT REQUIREMENT						1.0	MG/L	MX	ONCE/ MONTH	COMP
CHLORINATED PHENOLS (GROSS) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		UG/L		01/30	COMP
	PERMIT REQUIREMENT						1.0	UG/L	MX	ONCE/ MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	07	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY: ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-6) (17-19)

NY0110511 — PERMIT NUMBER

005 X — DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY — YEAR MO DAY
(23-24) (25-26) (27-28) (29-30) (31-32) (33-34) (35-36) (37-38) (39-40) (41-42)

F FINAL
A AMENDED
ZAMA OR 1ST CHAR NON-NUMERIC
B BIOMONITORING
P PRETREATMENT
M MULTIPLE DISCHARGE (X)
FLOW X SUBJECT TO NOD

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS (54-61)	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM	UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LOW RATE	SAMPLE MEASUREMENT			07						01/30	MEASRD
00056 1 0 EFFLUENT GROSS VALUE											
H	SAMPLE MEASUREMENT									01/30	GRAB
00400 1 0 EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME OF PRINCIPAL EXECUTIVE OFFICER

MANAGER

TYPED OR PRINTED

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under Clean Water Act: Any person who knowingly violates any permit condition or limitation implemented by a pretreatment program established under section 307(b) or (c) of the Act, or who knowingly makes any false statement, representation or certification in any application, record, report or other document filed or required to be maintained under this permit, including monitoring reports or reports of compliance or noncompliance, shall upon conviction be punished by a fine of not more than $10,000 per violation, or by imprisonment for not more than two years per violation, or by both. If a conviction of a person is for a violation committed after a first conviction of such person under this paragraph, punishment shall be a fine of not more than $20,000 per violation, or by imprisonment for not more than four years per violation, or by both.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9300

DATE: YEAR 91 — MO 07 — DAY 19

(Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Upstate
Laboratories inc.

Shipping: 6034 Corporate Dr. * East Syracuse 13057
Mailing: Box 289 * Syracuse, New York, 13206

Phone (315) 437 0255
Fax Phone (315) 437 1209

FAX REPORT

Please Advise if all pages do not transmit properly

Date: 7/15/91

Client: Roth Brothers

Total Page(s): 4

Report#: 91-402

Contact: Dan Maneen

Project: Monthly SPDES

Phone to Fax to: 433-9269

Notes: Results for June SPDES

Signed: Gretchen Elmore

Upstate Rochester (Fax)
(716) 436 2723

Upstate Binghamton (Fax)
(607) 771 0673

DATE: / /

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: RO
Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 6/21/91 0700-1200H GC

ULI I.D.: 17291210 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	43.6gpm	
	pH	7.4SU	
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.16mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.059mg/l	
	PCB		
	Aroclor 1221		34
	Aroclor 1016		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DRAFT

DATE: / /

Upstate Laboratories, Inc. APPROVAL:
Analysis Results QC: RD
Report Number: Lab I.D.: 10170
Client I.D.: ROTH BROS. SMELTING CORP. MONTHLY SPDES
Sampled by: Client COOLING WATER 002 6/21/91 0700-1200H GC

ULI I.D.: 17291211 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	21.4gpm	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.44mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.053mg/l	
	pH	7.5SU	
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	

All results are on an as rec.d basis unless otherwise stated.

DRAFT

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

June 21, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 05/01/91 - 05/31/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

Facility Name/Location (if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
4223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY LOCATION: ROTH BROTHERS SMELTING CORP

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 X DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	05	01	TO	91	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

PROCESS, COOLING WATER

NO DISCHARGE ( )

MINOR (SUBR 07) Y-ONO

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (58-65) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	34560	34560	(07)	******	******	******	****	0	01/31	MEASRD
00056 1 0 J EFFLUENT GROSS VALUE				GPD				****			
PH	SAMPLE MEASUREMENT	******	******	****	7.52	******	8.15	(12)	0	04/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE				****				SU			
OIL AND GREASE FREON EXTR-GRAV. METH	SAMPLE MEASUREMENT	******	******	****	******	******	3.0	(19)	0	01/31	COMP
00556 1 0 0 EFFLUENT GROSS VALUE				****				MG/L			
SULFIDE (AS S03)	SAMPLE MEASUREMENT	******	******	****	******	******	< 2.0	(19)	0	01/31	COMP
00745 1 0 1 EFFLUENT GROSS VALUE				****				MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	****	******	******	< 0.005	(19)	0	01/31	COMP
01027 1 0 0 EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	****	******	******	< 0.02	(19)	0	01/31	COMP
01042 1 0 0 EFFLUENT GROSS VALUE				****				MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	****	******	******	0.03	(19)	0	01/31	COMP
01045 1 0 0 EFFLUENT GROSS VALUE				****				MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED)

NEAL SCHWARTZ
GENERAL MANAGER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463 9500

DATE: YEAR 91 | MO 06 | DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

NAME [illegible] SMELTING CORP

ADDRESS 6TH BROTHERS SMELTING CORP
5223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY 6TH BROTHERS SMELTING CORP

LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311

(17-19) DISCHARGE NUMBER: 001 X

F - FINAL

PROCESS, COOL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

TER

NO DISCHARGE ( )

MINOR (SUBR 07) Y-ONO

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	05	01	TO	91	05	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.1	(19) MG/L	0	01/31	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.083	(19) MG/L	0	01/31	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.3	(19) MG/L	0	01/31	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.5	(28) UG/L	0	01/31	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463 9500

DATE: YEAR 91 | MO 06 | DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PAT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	002 X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.
NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	05	01	TO	91	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-0NO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	28800	28800	(07)	******	******	******		0	01/31	MEASRD
00[illegible] 1 0 0								****			
EFFLUENT GROSS VALUE				GPD				****			
PH	SAMPLE MEASUREMENT	******	******		7.58	******	8.02	(12)	0	04/31	GRAB
00400 1 0 0				****							
EFFLUENT GROSS VALUE				****				SU			
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	7.0	(19)	0	01/31	COMP
00556 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	2.0	(19)	0	01/31	COMP
00740 1 0 1				****							
EFFLUENT GROSS VALUE				****				MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	01/31	COMP
01027 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	<0.02	(19)	0	01/31	COMP
01042 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.40	(19)	0	01/31	COMP
01045 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463 9500	91	06	21
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE ENT FOR ADDITIONAL NOTES & COMMENTS.

NAME: [illegible] BROTHERS SMELTING CORP

ADDRESS: [illegible] BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY LOCATION: [illegible] BROTHERS SMELTING CORP

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER

002 X — DISCHARGE NUMBER

F - FINAL

PROCESS, COOL

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NO DISCHARGE ( )

MINOR (SUBR 07) E-ONLY

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	05	01	TO	91	05	31
	(18-23)	(23-25)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (3 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.1	(19) MG/L	0	01/31	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.072	(19) MG/L	0	01/31	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.3	(19) MG/L	0	01/31	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 06 DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
123 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER | (17-19) 004 X DISCHARGE NUMBER

F - FINAL
PROCESS, COOL

Form Approved.
OMB No. 2040-0004.TER
Approval expires 6-30-91.

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	05	01	TO	91	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	2448	(07)	******	******	******	(03)	0	01/31	MEASRD
00056 1 0 0											
EFFLUENT GROSS VALUE				GPD				****			
PH	SAMPLE MEASUREMENT	******	******	****	7.58	******	8.16	(12)	0	04/31	GRAB
00400 1 0 0											
EFFLUENT GROSS VALUE				****				SU			
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	****	******	******	<1.0	(19)	0	01/31	COMP
00556 1 0 0											
EFFLUENT GROSS VALUE				****				MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	****	******	******	2.0	(19)	0	01/31	COMP
00740 1 0 1											
EFFLUENT GROSS VALUE				****				MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	****	******	******	<0.005	(19)	0	01/31	COMP
01027 1 0 0											
EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	****	******	******	<0.02	(19)	0	01/31	COMP
01042 1 0 0											
EFFLUENT GROSS VALUE				****				MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	****	******	******	0.46	(19)	0	01/31	COMP
01045 1 0 0											
EFFLUENT GROSS VALUE				****				MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463 9500

DATE: YEAR 91 | MO 06 | DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PRT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
4223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER

004 X — DISCHARGE NUMBER

F - FINAL

PROCESS, COOL

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	05	01	TO	91	05	31
	[20-21]	[22-23]	[24-25]		[26-27]	[28-29]	[30-31]

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(if Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(if Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.1	(19) MG/L	0	01/31	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.064	(19) MG/L	0	01/31	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.3	(19) MG/L	0	01/31	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<1	(28) UG/L	0	01/31	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463	9500	91	06	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
4225 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 (PERMIT NUMBER)
005 X (DISCHARGE NUMBER) (17-19)

MONITORING PERIOD
FROM YEAR 91 MO 05 DAY 01 (20-21) (22-23) (24-25) TO YEAR 91 MO 05 DAY 31 (26-27) (28-29) (30-31)

F - FINAL
ZAMAC DISCH.

Form Approved.
OMB No. 2040-0004 DOLG
Approval expires 8-30-91.

NO DISCHARGE (X)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(52-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)	******	******	******		5	01/31	MEASRD
0085 1 0 1 EFFLUENT GROSS VALUE				GPD				**** ****			
	SAMPLE MEASUREMENT	******	******			******		(12)	e	04/31	GRAB
0400 1 0 EFFLUENT GROSS VALUE				**** ****				SU			
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 100) AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463 9500

DATE: YEAR 91 | MO 06 | DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Upstate
Laboratories inc.

Shipping: 6034 Corporate Dr. * East Syracuse 13057
Mailing: Box 289 * Syracuse, New York, 13206

Phone (315) 437 0255
Fax Phone (315) 437 1209

FAX REPORT

Please Advise if all pages do not transmit properly

Date: 6/19

Client: Both BIDS

Total Page(s): 5

Report#: 911-181

Contact: Dan Maneen

Project: Monthly SPDES

Phone to Fax to: 433-9069

Notes: Results

Signed: Gretchen Selmser

Upstate Rochester (Fax)
(716) 436 2723

Upstate Binghamton (Fax)
(607) 771 0673

DATE: / /

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
QC:

Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 5/20/91 0700-1200H GC

ULT I.D.: 14091080 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	24gpm	
	pH	7.8SU	
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.03mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.083mg/l	
	PCB		
	Aroclor 1221		34
	Aroclor 1016		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.5ug/l	19

All results are on an as rec.d basis unless otherwise stated.

DATE: / /

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 5/20/91 0700-1200H GC

ULI I.D.: 14091081 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	20gpm	
	pH	7.7SU	
	Sulfite	2mg/l	
	Oil & Grease	7mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.40mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.072mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE:

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled By: Client

APPROVAL:
QC:
Lab I.D.: 10170
MONTHLY SPDES
STORM WATER 004 5/20/91 0700-1200H GC

ULI I.D.: 14091082 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	8.0SU	
	Sulfite	2mg/l	
	Oil & Grease	<1mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.46mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.064mg/l	
	PCB		
	Aroclor 1221		34
	Aroclor 1016		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<.1ug/l	01

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

July 8, 1991

Mr. Dan Maneen
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #070891005 - Monthly SPDES

Dear Mr. Maneen:

Please find enclosed the results for your water samples which were received on May 20, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala

Anthony J. Scala
Director

AJS/je

Enclosure: report

cc/enc: N. Scala, ULI
file

Note: These results were faxed to your office on 6/19/91. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 07/08/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 070891005
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
PROCESS WATER 001 5/20/91 0700-1200H GC

ULI I.D.: 14091080 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	24gpm	
	pH	7.8SU	
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.03mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.083mg/l	
	PCB		
	Aroclor 1221		34
	Aroclor 1016		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.5ug/l	19

All results are on an as rec.d basis unless otherwise stated.

DATE: 07/08/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 070891005
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 5/20/91 0700-1200H GC

ULI I.D.: 14091081 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	20gpm	
pH	7.7SU	
Sulfite	2mg/l	
Oil & Grease	7mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	<0.02mg/l	
Total Iron	0.40mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.072mg/l	

All results are on an as rec.d basis unless otherwise stated.

Upstate Laboratories, Inc.
Analysis Results
Report Number: 070891005
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: GJS
QC: MEJ
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 5/20/91 0700-1200H GC

ULI I.D.: 14091082 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	8.0SU	
	Sulfite	2mg/l	
	Oil & Grease	<1mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.46mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.064mg/l	
	PCB		
	Aroclor 1221		34
	Aroclor 1016		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	.1ug/l	01

All results are on an as rec.d basis unless otherwise stated.

Note: Outfall 005 had a recorded flow of 5.3gpm.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
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34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED

14091080-082

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

DUE DATE: _____

CLIENT	PROJECT NAME
ROTH BROS.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow, pH	SO_3	O + G	T: Sb, Cd, Cu	T: Fe, Pb, Zn	PCB				
	5-20-91	0700/1200	X	X	PROCESS WATER 001	4	X	X	X	X	X	X				H_2O
	↓	0700/1200	X	X	COOLING WATER 002	3	X	X	X	X	X					↓
		0700/1200	X	X	STORM WATER 004	4	X	X	X	X	X	X				

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F Wendell	5-20-91 1300				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Bill Warn	5-20-91 1800				
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
		Sandra L B	5/20/91 1:50P	*Field Calculations on Back of Duplicate Chain Made out By Client attached *	

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9089 • EASY LINK: 910 380-6093

March 21, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 02/01/91 - 02/28/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 X — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	02	01	TO	91	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

PROCESS, COOL[illegible]WATER

Form Approved
OMB No. 2040-0004.
Approval expires 6-30-91.

NO DISCHARGE ( )

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	43200	43200	[illegible]	******	******	******	[illegible]	0	01/28	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE	[illegible]			[illegible]				[illegible]	[illegible]	[illegible]	[illegible]
PH	SAMPLE MEASUREMENT	******	******	[illegible]	7.58	******	7.86	(12)	0	04/28	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	[illegible]			[illegible]				SU	[illegible]	[illegible]	[illegible]
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	[illegible]	******	******	<1.0	(19)	0	01/28	COMP
00556 1 0 0 EFFLUENT GROSS VALUE	[illegible]			[illegible]				MG/L	[illegible]	[illegible]	[illegible]
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	[illegible]	******	******	<2.0	(19)	0	01/28	COMP
00240 1 0 1 EFFLUENT GROSS VALUE	[illegible]			[illegible]				MG/L	[illegible]	[illegible]	[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	[illegible]	******	******	0.012	(19)	0	01/28	COMP
01027 1 0 0 EFFLUENT GROSS VALUE	[illegible]			[illegible]				MG/L	[illegible]	[illegible]	[illegible]
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	[illegible]	******	******	0.05	(19)	0	01/28	COMP
01042 1 0 0 EFFLUENT GROSS VALUE	[illegible]			[illegible]				MG/L	[illegible]	[illegible]	[illegible]
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******	[illegible]	******	******	0.08	(19)	0	01/28	COMP
01045 1 0 0 EFFLUENT GROSS VALUE	[illegible]			[illegible]				MG/L	[illegible]	[illegible]	[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. 1 (001) AND 33 USC 1319 [illegible] 6 months and 6 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	03	21
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-45 WHICH MAY NOT BE USED.) 03646/910205-1807

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 X DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY

F - FINAL

PROCESS, COOL WATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NO DISCHARGE ( )

MINOR (SUBR 07) ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.1	(19) MG/L	0	01/28	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.29	(19) MG/L	0	01/28	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.3	(19) MG/L	0	01/28	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.15	(28) UG/L	0	01/28	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 4 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	03	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

NAME
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

(2-16) NY0110311 PERMIT NUMBER
(17-19) 002 X DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 MO 02 DAY 01 TO YEAR 91 MO 02 DAY 28

F - FINAL
PROCESS, COOL ... TER
MINOR (SUBR 07) 7-0NO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91
NO DISCHARGE ( )

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (30-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	64800	64800	(07)	******	******	******		0	01/28	MEASRD
00056 1 0 0								****			
EFFLUENT GROSS VALUE				GPD				****			
PH	SAMPLE MEASUREMENT	******	******		7.18	******	7.74	(12)	0	04/28	GRAB
00400 1 0 0				****							
EFFLUENT GROSS VALUE				****				SU			
OIL AND GREASE	SAMPLE MEASUREMENT	******	******		******	******	<5.0	(19)	0	01/28	COMP
FREON EXTR-GRAV METH											
00556 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0	(19)	0	01/28	COMP
00740 1 0 1				****							
EFFLUENT GROSS VALUE				****				MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	0.014	(19)	0	01/28	COMP
01027 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.05	(19)	0	01/28	COMP
01042 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.30	(19)	0	01/28	COMP
01045 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. *Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	03	21
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)
SEE RMT FOR ADDITIONAL NOTES & COMMENTS.

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

(2-16) NY0110311 PERMIT NUMBER
(17-19) 002 X DISCHARGE NUMBER

F - FINAL
PROCESS, COOL WATER

Form Approved
OMB No. 2040-0004
Approval expires 6-30-91

NO DISCHARGE ( )

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

MINOR (SUBR 07) 7-0NO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<0.1	(19) MG/L	0	01/28	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.14	(19) MG/L	0	01/28	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<0.3	(19) MG/L	0	01/28	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	91	03	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 03649/910205-1807 PAGE 2 OF

Facility Name/Location if different

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 X — DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
91	02	01	91	02	28

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL

PROCESS, COOL[illegible]

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NO DISCHARGE ( )

MINOR (SUBR 07) 7 ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	6192	6192	(07)	******	******	******		0	01/28	MEASRD
00056 1 0 0											
EFFLUENT GROSS VALUE				GPD							
PH	SAMPLE MEASUREMENT	******	******		7.32	******	7.52	(12)	0	04/28	GRAB
00400 1 0 0											
EFFLUENT GROSS VALUE								SU			
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	7.0	(19)	0	01/28	COMP
00556 1 0 0											
EFFLUENT GROSS VALUE								MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	2.0	(19)	0	01/28	COMP
00740 1 0 1											
EFFLUENT GROSS VALUE								MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	0.005	(19)	0	01/28	COMP
01027 1 0 0											
EFFLUENT GROSS VALUE								MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	01/28	COMP
01042 1 0 0											
EFFLUENT GROSS VALUE								MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.15	(19)	0	01/28	COMP
01045 1 0 0											
EFFLUENT GROSS VALUE								MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	03	21
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (17-19)

NY0110311 (2-16) PERMIT NUMBER

004 X DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY TO YEAR MO DAY

F - FINAL

PROCESS, COOL WATER

Form Approved. OMB No. 2040-0004 Approval expires 6-30-91.

NO DISCHARGE ( )

MINOR (SUBR 02) MAJOR

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (38-53) AVERAGE	QUANTITY OR LOADING (38-53) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (46-53) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-69)	SAMPLE TYPE (70-79)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1	MG/L	0	01/28	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.12	MG/L	0	01/28	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.0	MG/L	0	01/28	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.05	UG/L	0	01/28	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 03 DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

NAME ROTH BROTHERS SMELTING CORP.

ADDRESS ROTH BROTHERS SMELTING CORP.
6223 THOMPSON ROAD
SYRACUSE NY 13211

FACILITY ROTH BROTHERS SMELTING CORP.

LOCATION

DISCHARGE MONITORING REPORT (DMR)

NY0119415 — 7005XX

Form Approved.
OMB No. 2040-0004
Approval expired 6-30-87

MONITORING PERIOD

NOTE: Read instructions before completing this form.

PARAMETER (22-37)		QUANTITY OR LOADING (AVERAGE)	QUANTITY OR LOADING (MAXIMUM)	UNITS	QUALITY OR CONCENTRATION (AVERAGE)	QUALITY OR CONCENTRATION (MAXIMUM)	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.18720	0.18720	MGD				0	01/DA	MEASRD
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					7.62	SU	0	01/DA	GRAB
	SAMPLE MEASUREMENT									
	SAMPLE MEASUREMENT									
	SAMPLE MEASUREMENT									
	SAMPLE MEASUREMENT									
	SAMPLE MEASUREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND 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. SEE 40 CFR 122.22 AND 18 USC 1001.								
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY			
		315	463-9500	91	03	21			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

PAGE 1 OF

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

March 8, 1991

Mr. Dan Maneen
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #030891011 - Monthly SPDES

Dear Mr. Maneen:

Please find enclosed the results for your water samples which were picked up by ULI personnel on February 15, 1991.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/sh

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 03/08/91

Upstate Laboratories Inc.
Analysis Results
Report Number: 030891011

APPROVAL:
QC:
Lab I.D.: 10170

Client I.D.: ROTH BROS. SMELTING CORP. MONTHLY SPDES
Sampled by: Client PROCESS WATER 001 2/15/91 0800-1300H GC

ULI I.D.: 04691066 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	30gpm	
pH	8SU	
Sulfite	<2mg/l	
Oil & Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	0.012mg/l	
Total Copper	0.05mg/l	
Total Iron	0.08mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.29mg/l	
PCB		
Aroclor		
Aroclor		
Aroclor		
Aroclor		
Aroclor		
Aroclor		
Aroclor		
Total PCB	<0.15ug/l	

All results are on an as received basis unless otherwise stated.

DATE: 03/08/91

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030891011
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
QC:
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 2/15/91 0800-1300H GC

ULI I.D.: 04691067 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	45gpm	
pH	7.85U	
Sulfite	<2mg/l	
Oil & Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	0.014mg/l	
Total Copper	0.05mg/l	
Total Iron	0.30mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.14mg/l	

All results are on an as rec'd basis unless otherwise stated.
Note: Outfall 005 had a recorded flow of 13gpm.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC'D, MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE MEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED

UPSTATE LABORATORIES, INC. 04691066 - 068

CLIENT: Roth Bros.

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME
	Monthly SPDES

	STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O&G	PCB	T-Sb Cd Cu Fe Pb Zn	SULFITE 4°C	pH		REMARKS
66		2-15-91	0800 / 1300	*	*	001	4	*	*	*	*	x		Water
67		2-15-91	0800 / 1300	*	*	002	3	*		*	*	x		↓
68		2-15-91	0800 / 1300	*	*	004	4	*	*	*	*	x		CANCEL 2/18
														client will resample

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John S. Winchell	2-15-91 1400				

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
	2/15/91 2:40	J Woodruff			

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
J Woodruff	2/15/91 3:25	D. Hazell	2/15/91 3:25	

DATE: 03/12/91

Upstate Laboratories, Inc.
Analysis Results

APPROVAL:
QC:

Report Number: 030891011-RESAMPLE
Lab I.D.: 10170
Client I.D.: ROTH BROS. SMELTING CORP. MONTHLY SPDES
Sampled by: Client
RESAMPLE STORM WATER 004 2/22/91 0800-1300H GC

ULI I.D.: 05391074
Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	4.3gpm	
pH	7.6SU	
Sulfite	<2mg/l	
Oil & Grease	7mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	<.03mg/l	
Total Iron	0.15mg/l	
Total Lead	<0.1mg/l	
Total Zinc	.12mg/l	
PCB		
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	
Total	<0.05ug/l	

All units are on a dry weight basis unless otherwise stated.

KEY PAGE

1. MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2. MATRIX INTERFERENCE
3. PRESENT IN BLANK
4. INSUFFICIENT SAMPLE
5. SAMPLE DILUTED
6. BLANK CORRECTED
7. HEAD SPACE PRESENT IN SAMPLE
8. BDL(BELOW DETECTION LIMITS)
9. MDL(METHOD DETECTION LIMITS)
10. ADL(AVERAGE DETECTION LIMITS)
11. PQL(PRACTICAL QUANTITATION LIMIT)
12. SAMPLE ANALYZED OVER HOLDING TIME
13. DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14. PPM(PARTS PER MILLION)
15. MG/L(MILLIGRAMS PER LITER)
16. UG/L(MICROGRAMS PER LITER)
17. PPB(PARTS PER BILLION)
18. MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19. CALCULATION BASED ON DRY WEIGHT
20. SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21. TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22. MG/KG AS PB-D 7/MG/KG DRY WT
23. INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24. SAMPLE DILUTED/BLANK CORRECTED
25. ND(NON-DETECTED)
26. MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27. SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28. FIELD PARAMETER TO BE PROVIDED ON DISC
29. TOTAL XYLENES INCLUDE O, M, AND P
30. METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31. FIELD MEASURED PARAMETER TAKEN BY CLIENT
32. SAMPLE WEATHERED
33. NON-POTABLE WATER SOURCE
34. INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35. TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED

UPSTATE LABORATORIES, INC. 05391074

MONTHLY SPDES CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME
	ROTH BROS. SMELTING CORP.

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O&G, pH	PCB, FLOW	METALS	SULFITE, HC	T-SO, CO, CU	FE, PB, ZN	REMARKS
	2-22-91	0800/1300	*	*	004	4	*	*	*	*	X	X	WATER

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature) John F. Winshell	Date/Time 2-22-91 1400	Received by: (Signature) Angela [illegible]	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature) Angela [illegible]	Date/Time 2-22-91 1418	Received for Laboratory by: (Signature) [illegible]	Date/Time 2/22/91 1418	Remarks See 04691066-067	

HANCOCK & ESTABROOK, LLP

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MARTHA L. BERRY
R. JOHN CLARK
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October 3, 1995

William Little, Esq.
NYS DEC
Onondaga Lake Enforcement Project
50 Wolf Road
Albany, NY 12233

Re: Joint Request for Information Onondaga Lake
Roth Bros. Smelting Corp.

Gentlemen:

In response to your correspondence of August 17, 1995, pertaining to the above matter, Roth Brothers submits the following -

1. As to the apparent "inconsistency" relative to the corporation's name change please be advised that the name change occurred in 1972;

2. See Appendix 9(A) attached - available discharge monitoring reports for 1990, 1991 and 1992;

3. See Appendix 12(A) attached - 1987[1] Conceptual Design Report for Pre-treatment of Lead Casting Wastewater for the Municipal Sewer Authority. This design was implemented from approximately 1989 to June 1991. The lead process which necessitated this pre-treatment system was discontinued in 1992.

[1]No 1978 Report exists. Assume typographical error. Report is dated 1987.

4. Based on discussions with H&A of New York see Appendix 12(B) which provides the information sought:

   a. Env. Investigation of Roth Brothers Plant 1-Figure 1 (sampling locations);
   b. Env. Investigation of Roth Brothers Plant 2-Figure 2 (Site Plan), Figure 3 (sampling locations);
   c. Additional Inv. of Roth Brothers Plant 2-Figure 2 (sampling locations), Figure 3 (potentiometric surface map).
   d. Note: As to the request for - Results of remaining RCRA Facility Inv. Figure 1 (sampling locations), Figure 2 (potentiometric surface map) - currently not available. A request has been made to H&A to provide these two Figures and they will be forwarded under separate cover upon receipt.

5. See Appendix 12(C) - May 8, 1990, Galson Technical Services report.

Please do not hesitate to contact the undersigned should you have any additional questions or requests.

Very truly yours,

HANCOCK & ESTABROOK, LLP

Doreen A. Simmons

DAS/slm
cc: George Shanahan, Esq. (wo/enc.)
Herbert King, US/EPA (w/enc.)

08august.02\litshan2.ltr

APPENDIX TO OCTOBER 3, 1995
LETTER TO NYS/DEC AND US/EPA

RE: ROTH BROS. SMELTING CORP.
ONONDAGA LAKE REQUEST

APPENDIX 9(A)	DMRs (1990, 1991 and 1992)
APPENDIX 12(A)	Conceptual Design Report Pretreatment of Lead Casting Wastewater (1987)
APPENDIX 12(B)	Various Figures as described in correspondence of October 3, 1995.
APPENDIX 12(C)	Galson Technical Services Report (May 1990)

HANCOCK & ESTABROOK, LLP

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JAMES J. KAUFMAN
KEVIN E. MC CORMACK

November 3, 1995

William Little, Esq.
NYS DEC
Onondaga Lake Enforcement Project
50 Wolf Road
Albany, NY 12233

Re: Joint Request for Information Onondaga Lake
Our Client: Roth Bros. Smelting Corp.

Dear Mr. Little:

As a followup to my most recent correspondence with you, I requested H&A of New York (Roth Consultant) to provide me with the two figures requested that could not be located in our files. As a result, I am providing you with the following:

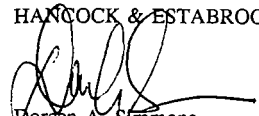
- Figure 1 of the Environmental Investigation of Roth Bros. Plant 1 is actually shown on Figure 2 of this report. A copy of Figure 2 is here attached.

- Figure 2, Potentiometric Surface Map (Results of Remaining RCRA Facility Investigation Report, could not be located in files.

Please call if you have any questions concerning this or any prior responses of Roth.

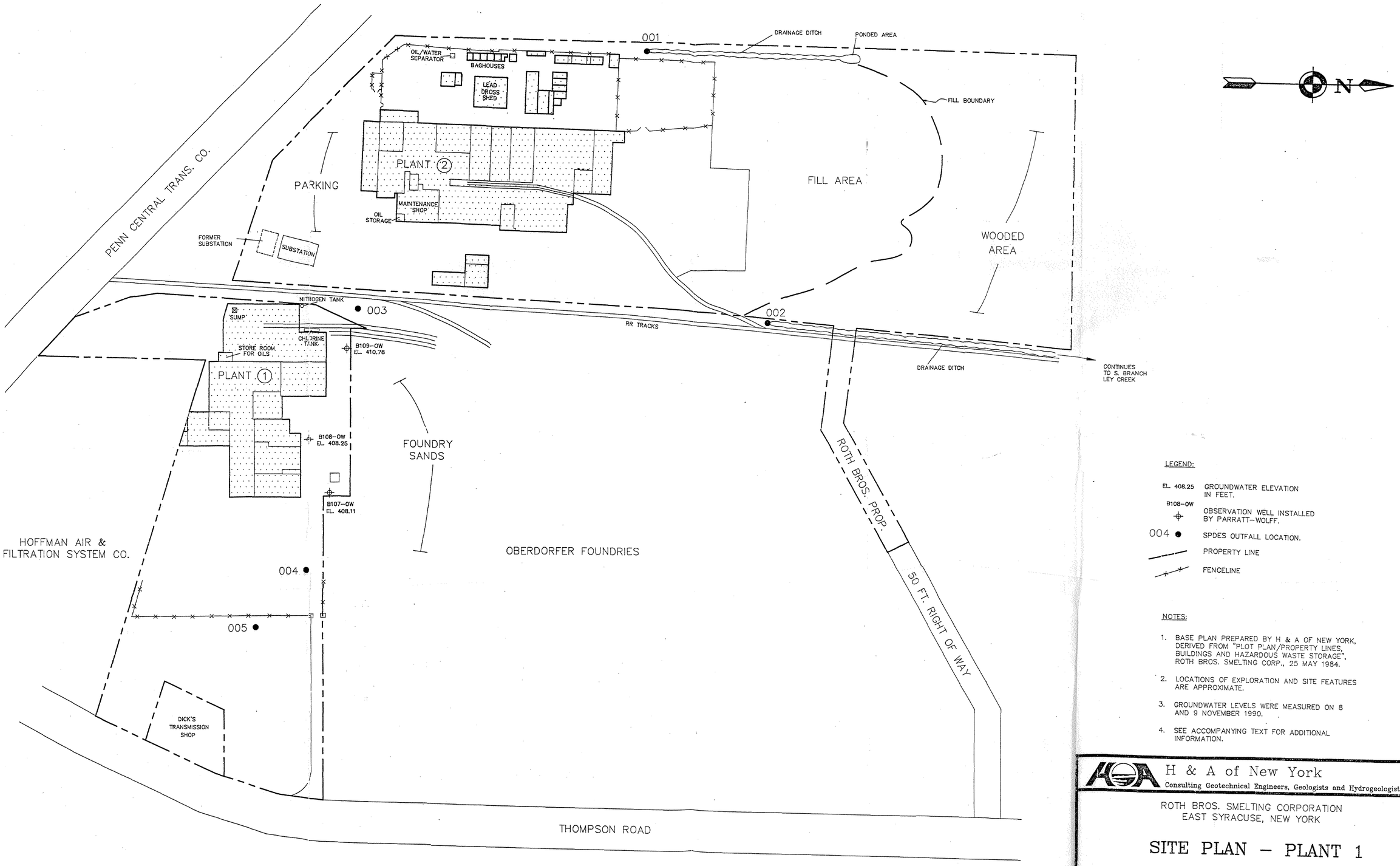
Very truly yours,

HANCOCK & ESTABROOK, LLP



Doreen A. Simmons

DAS/slm
cc: George A. Shanahan, Esq. (w/o Enc.)
Mr. Herbert H. King (w/Enc.)



LEGEND:

EL. 408.25	GROUNDWATER ELEVATION IN FEET.
B108-OW ⊕	OBSERVATION WELL INSTALLED BY PARRATT-WOLFF.
004 ●	SPDES OUTFALL LOCATION.
	PROPERTY LINE
	FENCELINE

NOTES:

1. BASE PLAN PREPARED BY H & A OF NEW YORK, DERIVED FROM "PLOT PLAN/PROPERTY LINES, BUILDINGS AND HAZARDOUS WASTE STORAGE", ROTH BROS. SMELTING CORP., 25 MAY 1984.
2. LOCATIONS OF EXPLORATION AND SITE FEATURES ARE APPROXIMATE.
3. GROUNDWATER LEVELS WERE MEASURED ON 8 AND 9 NOVEMBER 1990.
4. SEE ACCOMPANYING TEXT FOR ADDITIONAL INFORMATION.

H & A of New York
Consulting Geotechnical Engineers, Geologists and Hydrogeologists

ROTH BROS. SMELTING CORPORATION
EAST SYRACUSE, NEW YORK

SITE PLAN – PLANT 1

SCALE: 1 IN. = 100 FT.

MAY 1991

FILE NO. 70185-41

FIGURE 2

R24

Engineering Report

CONCEPTUAL DESIGN REPORT

PRETREATMENT of LEAD CASTING WASTEWATER

Roth Brothers Smelting Corporation
East Syracuse, New York

December 1987

MALCOLM PIRNIE

ENVIRONMENTAL ENGINEERS, SCIENTISTS & PLANNERS

CONCEPTUAL DESIGN REPORT

PRETREATMENT OF LEAD CASTING WASTEWATER

FOR

ROTH BROTHERS SMELTING CORPORATION
East Syracuse, New York

DECEMBER 1987

MALCOLM PIRNIE, INC.
ENVIRONMENTAL ENGINEERS,
SCIENTISTS & PLANNERS
890 Seventh North Street
Liverpool, New York 13088

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1. INTRODUCTION

1.1 PROJECT BACKGROUND

1.1.1 Company Location

Roth Brothers Smelting Corporation
6223 Thompson Road
Post Office Box 639
East Syracuse, New York 13057

1.1.2 Facility Contacts

Mr. Neal Schwartz
General Manager

Mr. David Tallo
Director of Personnel

Phone: (315) 463-9500

1.1.3 Current Permits

State Pollution Discharge Elimination System
Permit No. NY-0110311

Onondaga County Industrial Waste Permit No. 47

1.1.4 Categorical Standards

40 CFR Part 421
Nonferrous Metals Manufacturing Point Source Category
Subpart M - Secondary Lead Subcategory
Pretreatment Standards for Existing Sources (PSES)

1.1.5 Standard Industrial Classification Code (SIC)

3341 Secondary Smelting and Refining of Nonferrous Metals

1.2 OPERATIONS DESCRIPTION AND BACKGROUND

The Roth Bros. smelting operation involves the recovery of a number of nonferrous metals and alloys from purchased scraps and drosses, through secondary smelting and refining processes. Products include ingots which are returned to the customer or sold to others for reuse.

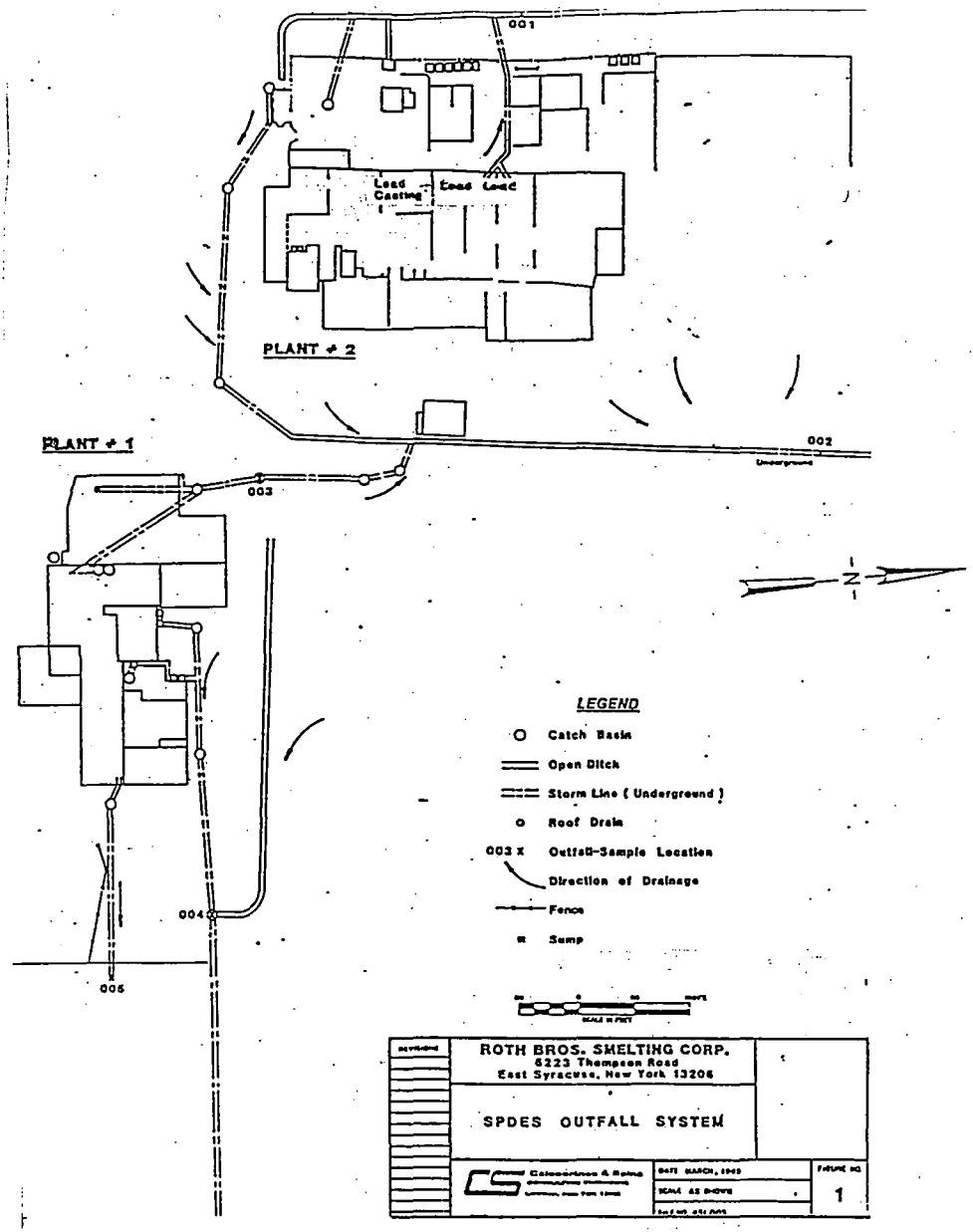


FIGURE 1

LEAD CASTING AREA
SEWER DISCHARGE

This study is focused on the refined lead-tin solder production line at the Wirtz casting machine. This casting process requires the use of contact cooling water which is currently being directly discharged to the Onondaga County sewer system, and is subject to the Categorical Pretreatment Standards for Existing Sources (PSES) of 40 CFR 421 subpart M "Casting Contact Cooling Water". The production process utilizes lead scraps, slags, drosses and flue dust as raw materials. These materials are smelted to an unrefined solder in the rotary furnace. This mixture is then pumped into one of the four refining pots at the pouring end of the Wirtz casting machine, where the alloy content is regulated.

The refined lead-tin alloy is pumped from a given refining pot to the Wirtz casting machine. The ingots are formed on a continuously moving mold line with lead being introduced through the star wheel filling mechanism. As molds travel to the discharge point, a fine mist of cooling water is sprayed from below the conveyor line, reducing ingot temperatures from 750 F to 900 F a the pouring point to approximately 200 F at discharge. Product quality is visually monitored by the operator, and controlled by manual adjustment of the multivalved cooling water feed system.

The two primary factors which influence cooling water requirements are: (1) ingot size, and (2) ingot composition, particularly, tin content. Lead castings range in size from 8 lb. to 50 lb. Larger ingots of a given composition require greater cooling water volumes. Ingots of higher tin content generally require greater cooling water volumes for a given size product.

The results of the 1987 Compliance Report indicate that casting cooling water which is currently discharged to the sewer system is consistently exceeding both daily maximum and monthly average lead limits as shown in Table 1. The lead casting area and sewer discharge is shown in Figure 1.

1.3 PURPOSE AND SCOPE OF STUDY

Malcolm Pirnie was retained by Roth Bros. to conduct a treatment process evaluation and make recommendations for the most effective and economical method of bringing this discharged cooling water into compliance with the categorical standards, which are attached as Appendix A-1. The schedule submitted to the Onondaga County Department of Drainage and Sanitation established a time frame for each phase of design and implementation. this schedule is contained in Appendix B.

The treatment system evaluation will determine:

1. The ability of various treatment process to bring discharged wastewater into compliance with applicable standards.
2. The optimal equipment and arrangement of the most effective treatment system alternative.
3. Estimated capital, and operational and maintenance costs.
4. Overall adaptability to the job site and treatment reliability.

A preliminary data base for system evaluations was formed from the following sources:

1. 1987 Compliance Report monitoring data indicating wastestream lead concentrations (Table 1).
2. Production estimates from Roth Bros. relating ingot production and corresponding cooling water flow rate and volume requirements (Table 2).
3. A matrix of lead loadings resulting from variations in lead concentrations and flow rates as shown in Table 3.

This data allows an estimate of treatment parameters and requirements, as well as equipment sizing and specifications for the conceptual design work.

PSES discharge limits in the categorical standards are mass based limits, establishing a maximum weight of lead in the wastewater per weight of product cast.

This "end of pipe" treatment system must consistently maintain compliant lead levels despite variations in cooling water flow rates and dissolved lead concentrations found in the initial data base.

Table 1

ROTH BROS. SMELTING CORP.
COMPLIANCE REPORT DATA
CASTING COOLING WATER

	DATE	FLOW (GPD)	CONC. (mg/l)	POUNDS CAST	mg TOTAL	kg CAST	mg/kg	LIMIT
AMMONIA	06/30/87	150	<0.04	46125	<22.71	17216	<0.001	0.000
	07/01/87	300	<0.04	50322	<45.42	18782	<0.002	0.000
	07/02/87	300	<0.04	119950	<45.42	44770	<0.001	0.000
							=====	=====
					Three Day Mean ->		<0.002	0.000
ANTIMONY	06/30/87	150	<0.50	46125	<283.90	17216	<0.016	0.042
	07/01/87	300	<0.50	50322	<567.80	18782	<0.030	0.042
	07/02/87	300	<0.50	119950	<567.80	44770	<0.013	0.042
							=====	=====
					Three Day Mean ->		<0.020	0.019
LEAD	06/30/87	150	2.5	46125	1419.49	17216	0.082	0.006
	07/01/87	300	0.41	50322	465.59	18782	0.025	0.006
	07/02/87	300	0.42	119950	476.95	44770	0.011	0.006
							=====	=====
					Three Day Mean ->		0.039	0.003
ARSENIC	06/30/87	150	0.046	46125	26.12	17216	0.002	0.031
	07/01/87	300	<0.020	50322	<22.71	18782	<0.001	0.031
	07/02/87	300	<0.020	119950	<22.71	44770	<0.001	0.031
							=====	=====
					Three Day Mean ->		<0.002	0.013
ZINC	06/30/87	150	0.24	46125	136.27	17216	0.008	0.022
	07/01/87	300	<0.05	50322	<56.78	18782	<0.003	0.022
	07/02/87	300	<0.05	119950	<56.78	44770	<0.001	0.022
							=====	=====
					Three Day Mean ->		<0.005	0.009

DATE	TIME OF READING	BAR SIZE (LB)	ALLOY DESIGNATION — Sn. / Sb	CASTING RATE LB/TIME (SEC)	POUR TIME START	POUR TIME STOP	WATER FLOW RATE VOLUME (GALL)	WATER FLOW RATE TIME (MIN:SEC)	WATER FLOW RATE FLOW RATE (GPM)	CONVEYOR SPEED	WATER TEMP. INLET (°F)	WATER TEMP. DISCH. (°F)	NO. OF NOZZLES	INGOT TEMP ONLINE (°F)	INGOT TEMP POT (°F)
											(EST.)	11			
11-13-87	0900	24	SPEC 15 9.83 / 0.29	240/55s.	0530	1400	5	8'8"	0.7	10/	55°	118	3	208	880
"	1000	"	"	240/55s.	"		5	8'42"	0.57	10/55	55	120	3	210	680
"	1100	"	"	240/51s.	"		5	9'6"	0.55	10/55	55	120	3	234	880
"	1200	"	"	240/55s.	"		5	5'56"	0.84	10/54	55	132	4	238	880
"	1330	"	"	240/55s.	"		5	5'57"	0.84	10/55	55	136	4	238	884
11-19-87	1400	24	SPEC 15 10.00 / 0.27	240/55s	1330	1680	5	14'48"	0.34	10/55	55	104	3	184	
"	1530	"	"	240/55s.	"		5	8'40"	0.57	10/55	55	114	3	198	880
11-20-87	0630	24	SPEC 15 10:00 / 0.27	240/55s.	0430	1300	5	4'12"	1.2	10/55	55	128	4	204	882
"	0750	"		240/55s.	"		5	4'10"	1.2	10/54	55	120	4	206	882
12-2-87	0700	B	SPEC 4 14.94 / 0.34	100/51s.	0600	1200	NONE	—	=	10/57	—	NONE	—	238	910
12-4-87	0700	50	30/70 Sb/Pb 0.44 / 3.16	500/56s.	0620	1130	5	8'15"	0.61	10/56	55	142	5	250+	840
"	0900	"	"	"	"		5	"	0.61	10/52	55	142	5	250+	840
12-14-87	0930	50	40/60 39.66 / 0.46	500/72s.	0900	1030	5	55"	5.45	10/72	55	146	22	250+	760
"	1005	"	"	"	"		5	42"	7.14	10/72	85	148	22	250+	760

TABLE 2

ROTH BROTHERS CASTING PRODUCTION and COOLING WATER USAGE

TABLE 3

Projected Service Life of Duolite GT-73 Resin

RESIN CAPACITY = 4.86 lb. Pb / cu. ft. resin
= 14.58 lb Pb / 3 cu. ft. column

1 "DAY" = 1-10 HOUR SHIFT

1 GPM (60 MIN./HR.)(10 HOUR/DAY) = 600 GPD.

PROJECTED Pb CONC.	PROJECTED FLOW RATE		Lb. Pb. per 1000 GAL.	Lb. Pb per DAY	PROJECTED RESIN LIFE (3 CU. FT. COLUMN.)	
(MG/L)	GPM	(GPD)	(Lb)	(Lb)	(GALLONS)	(HRS)
0.5	0.50	300	0.0042	0.00126	3,471,429	280,000
	0.83	500	"	0.00210	"	168,000
	1.67	1000	"	0.00420	"	84,000
	5.00	3000	"	0.0126	"	28,000
	8.33	5000	"	0.0210	"	16,800
1.0	0.50	300	0.0083	0.00249	1,756,626	140,000
	0.83	500	"	0.00415	"	84,000
	1.67	1000	"	0.00830	"	42,000
	5.00	3000	"	0.0249	"	14,000
	8.33	5000	"	0.0415	"	8,400
2.5	0.50	300	0.0210	0.0063	694,286	55,943
	0.83	500	"	0.0105	"	33,566
	1.67	1000	"	0.0210	"	16,783
	5.00	3000	"	0.0630	"	5,594
	8.33	5000	"	0.1050	"	3,357
5.0	0.50	300	0.0330	0.0099	441,818	27,971
	0.83	500	"	0.0165	"	16,783
	1.67	1000	"	0.0330	"	8,392
	5.00	3000	"	0.0990	"	2,797
	8.33	5000	"	0.1654	"	1,678
10.0	0.50	300	0.0660	0.0198	220,909	13,986
	0.83	500	"	0.033	"	8,392
	1.67	1,000	"	0.066	"	4,196
	5.00	3000	"	0.198	"	1,399
	8.33	5000	"	0.330	"	839

Pb CONC. (MG/L)	FLOW RATE (GPD)	% ANNUAL FLOW (%)	RESIN LIFE AT 100% FLOW	RESIN LIFE AT 20% FLOW
0.5	3000	20	28,000	5,600
1.0	3000	20	14,000	2,800
2.5	3000	20	5,594	1,119
5.0	3000	20	2,797	559
10.0	3000	20	1399	80

2. CONCEPTUAL DESIGN

2.1 OVERVIEW

A number of treatment technologies have been successfully used to remove heavy metals from wastewaters. Three general processes initially considered in Roth Bros. application were:

1. Conventional precipitation using lime, carbonate or sulfide methods.
2. Reverse Osmosis.
4. Ion Exchange.

A general evaluation of the effectiveness of each process in meeting Roth Bros.' needs follows.

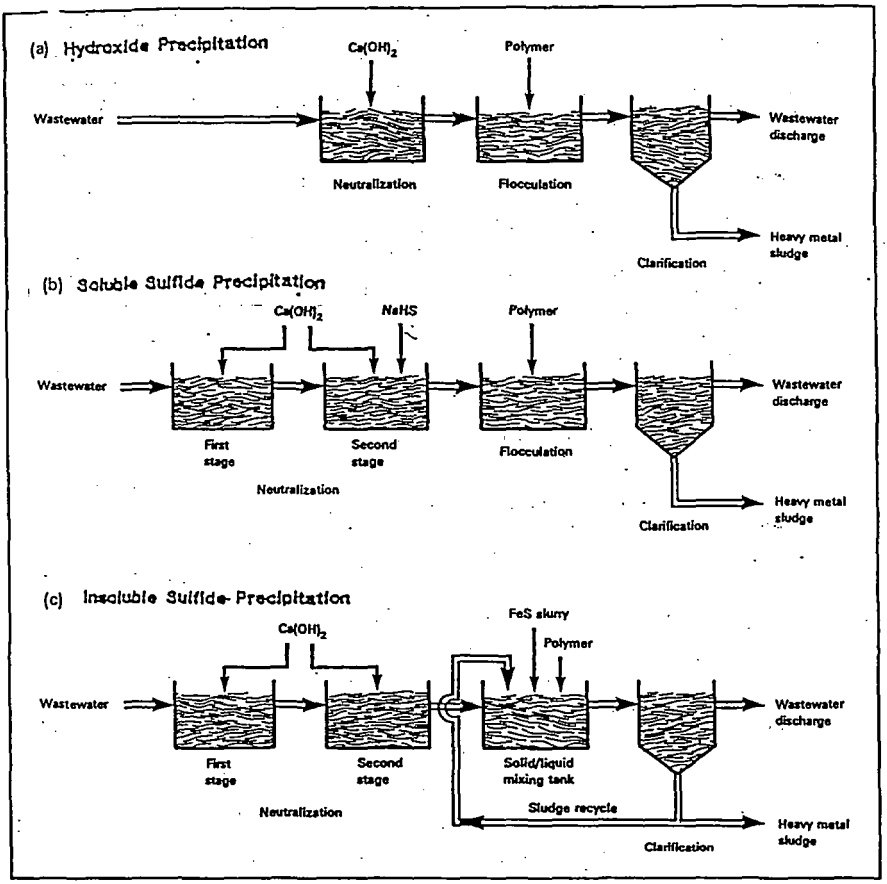
2.2 CONVENTIONAL PRECIPITATION

Conventional precipitation methods have been widely used in the past to comply with industrial pretreatment requirements for wastewater discharges to either the public sewer system or a receiving stream. The process involves (1) wastewater collection, (2) chemical addition for pH adjustment, (3) flocculant/coagulant addition, (4) precipitation/clarification, (5) supernatant discharge, and (6) sludge handling and disposal. Typical systems are shown in Figure 2.

As pretreatment standards become increasingly stringent, conventional precipitation methods have been found unable to effectively reduce metals concentrations to required levels. The removal efficiency of a precipitation method depends on the solubility of the metal precipitate formed, and maintenance of the treatment pH within the narrow, minimal solubility range of the metal being removed. Lead solubility as a function of pH is shown in Figure 3.

2.2.1 Lime Precipitation

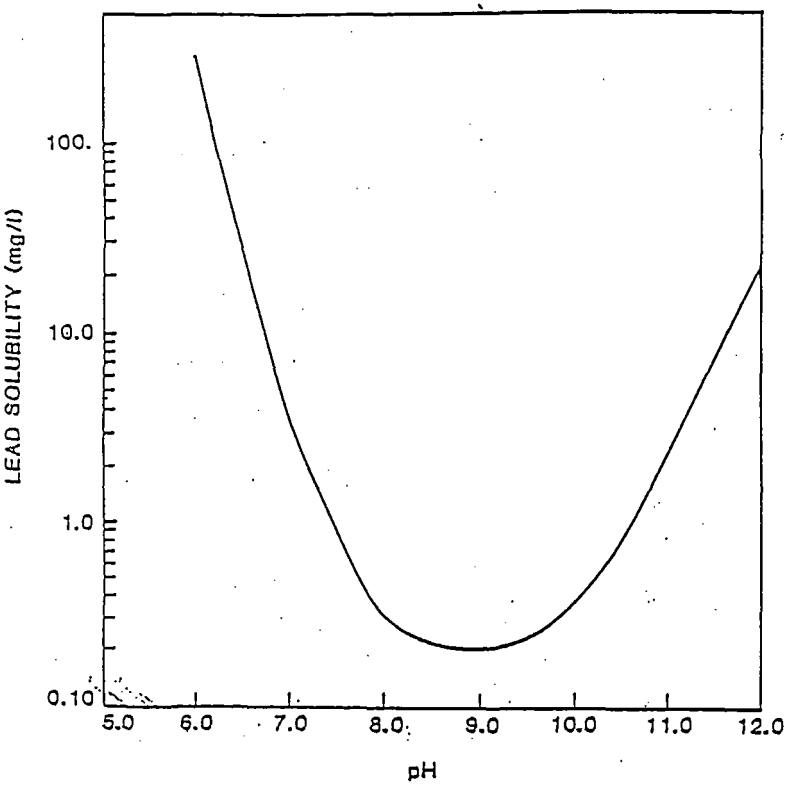
Hydroxide precipitation uses lime addition to the wastewater to raise the pH to a level where metal ions precipitate out as the hydroxide complex. Lead hydroxides, however have a relatively high solubility of 5 mg/l even at optimum pH of 9.3. Hydroxides are therefore ineffective in meeting 0.05 to 0.1 mg/l levels required at Roth Bros.



Wastewater treatment processes for removing heavy metals.

SOURCE: EPA REPORT NO. EPA 625/8-80-003.

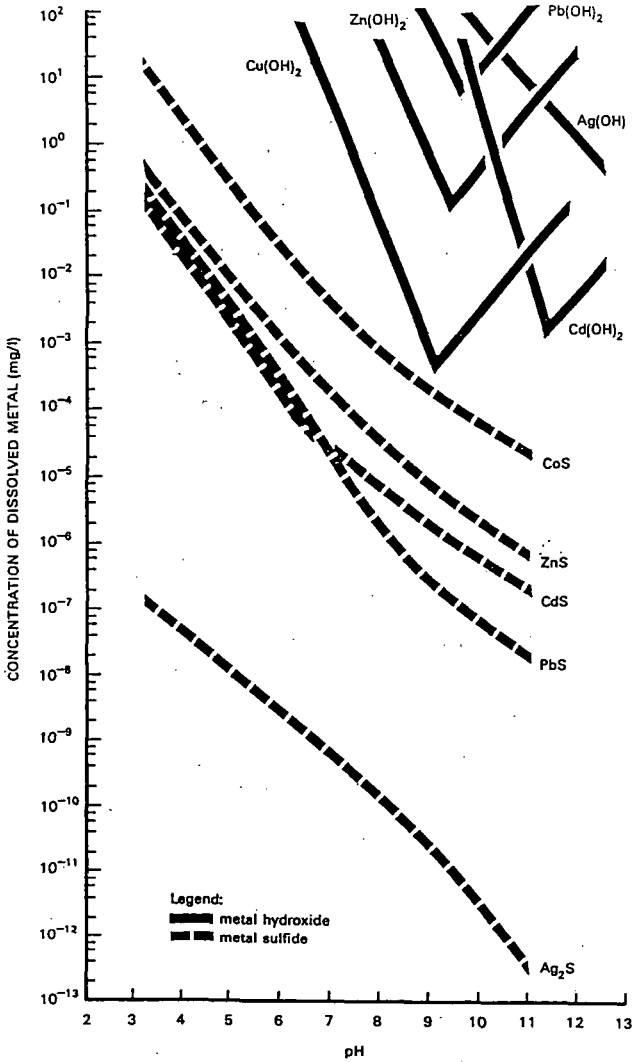
Figure 2



Source EPA 600/2-84-152

Lead solubility for a typical wastewater.

Figure 3



Note.—Plotted data for metal sulfides based on experimental data listed in Seidell's solubilities.

SOURCE: Solubilities for metal hydroxides are taken from curves by Freedman and Shannon, "Modern Alkaline Cooling Water Treatment," in *Industrial Water Engineering* (p. 31), Jan.-Feb. 1973.

Theoretical solubilities of metal hydroxides and sulfides versus pH.

Figure 4

2.2.2 Sulfide Precipitation

Sulfide, in principle, is the most efficient anion for complete lead removal. Figure 4 compares the removal ability of metal sulfides to metal hydroxides. It has, however, caused severe odor problems (H_2S gas) if overdosed slightly and it's compounds have been found difficult and inconvenient for personnel to handle.

2.2.3. Soda Ash Precipitation

An effective and more easily handled chemical is soda ash, Na_2CO_3, which is used as a supplement for lime precipitation at pH 8.0 to 11.5. This method takes advantage of the lower solubility of lead carbonate and is a stable and reliable process. It is, however, only able to achieve lead concentrations of 0.2 mg/l to 0.5 mg/l. This is still not in compliance with Roth Bros. categorical limits. Because conventional precipitation processes are not able to achieve the low concentrations of lead required to meet the mass based limitations at the flow rates in use at Roth Bros., they are not considered worthy of further evaluation.

2.3 REVERSE OSMOSIS

Reverse Osmosis is a pressure driven membrane separation process for the removal of dissolved ionic substances. Centrifugal feed pumps supplying 400-800 psig across semi-permeable, microporous membranes produce the passage of a purified permeate stream, and the retention of dissolved ions and particulate matter on the membrane surface. Synthetic or activated carbon prefilters are used ahead of the R.O. process to prevent organic and solid particle blinding of the membrane. Retained metal-laden concentrate is periodically flushed from the membrane surfaces to a drain or storage container, and would be disposed of as a regulated hazardous waste.

Reverse osmosis, though capable of producing high purity effluent, is better suited by nature of it's operation, for removal efficiencies in the 75% to 90% range. This process is also better suited for the treatment of high TDS water rather than very dilute solutions such as the wastestream under study. Many RO systems are currently being retrofitted with supplemental Evaporators or Ion Exchange units to further reduce metal concentrations in discharged water.

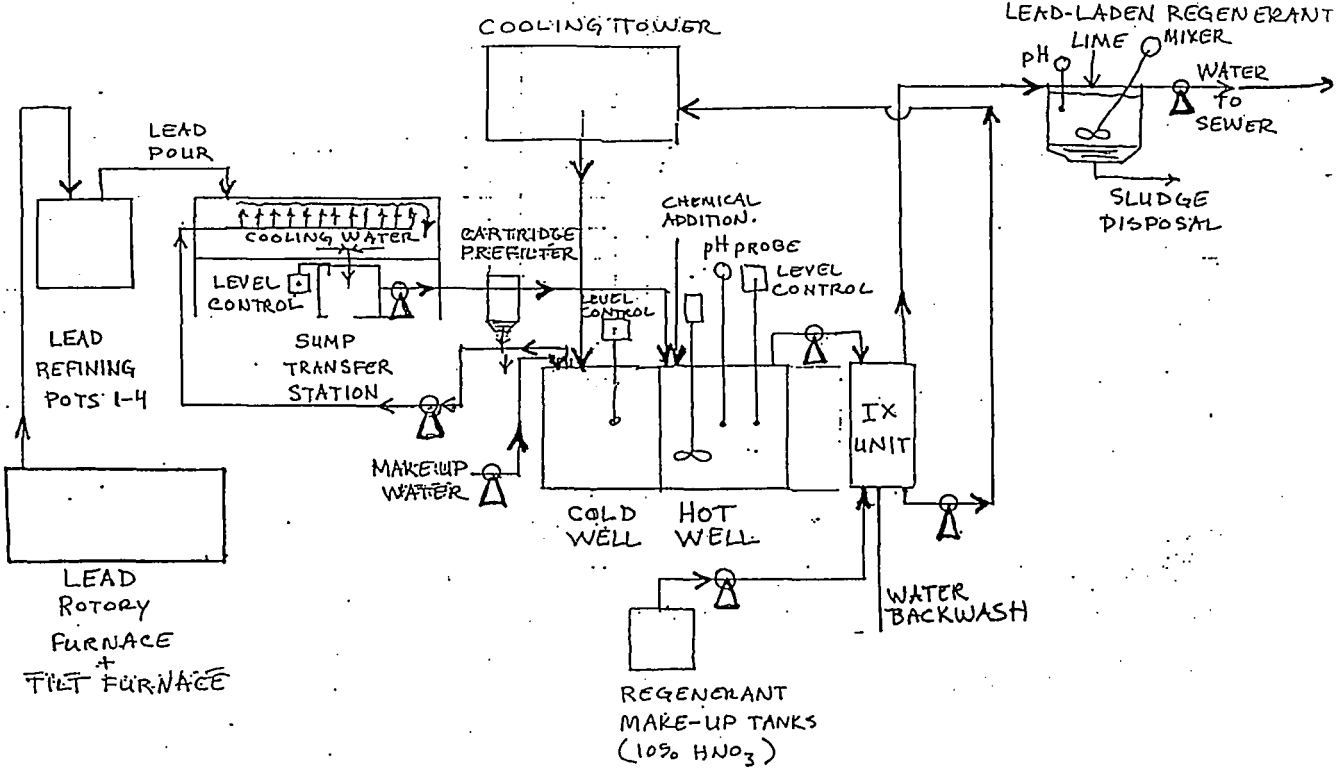


FIGURE 5
CLOSED/RECYCLE SYSTEM
with COOLING WATER

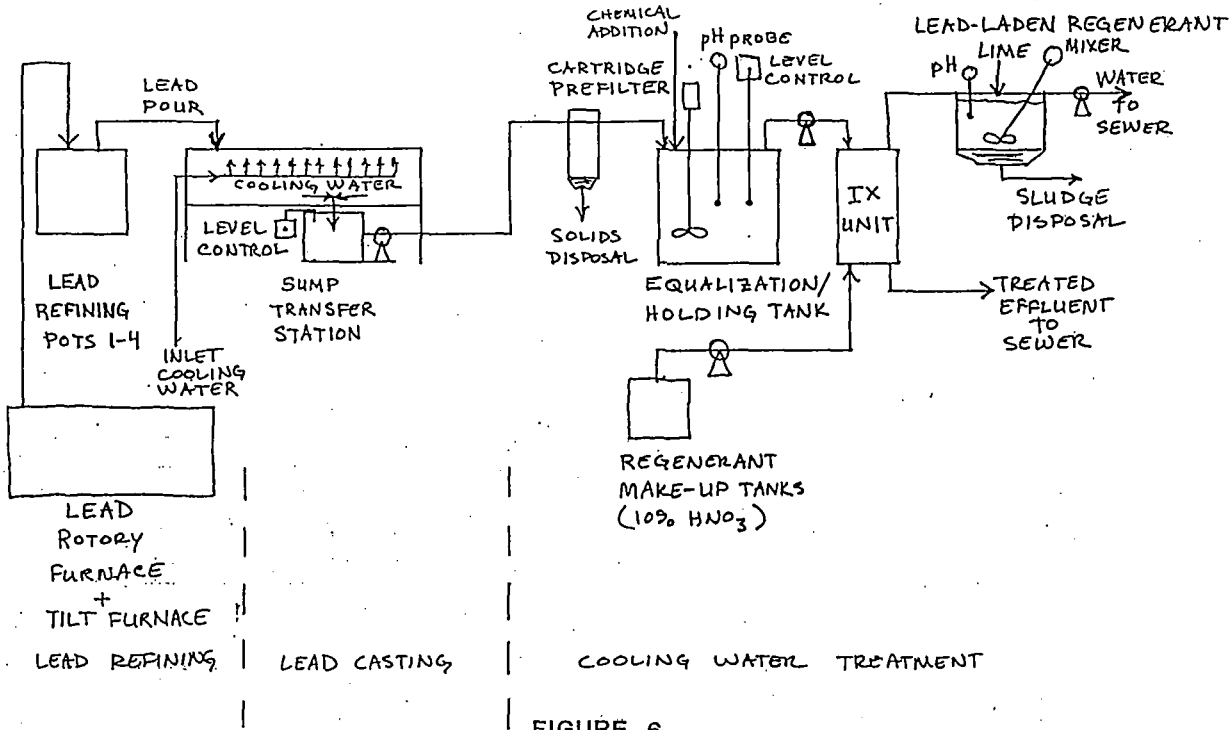


FIGURE 6

SINGLE USE COOLING WATER
with RESIN REGENERATION

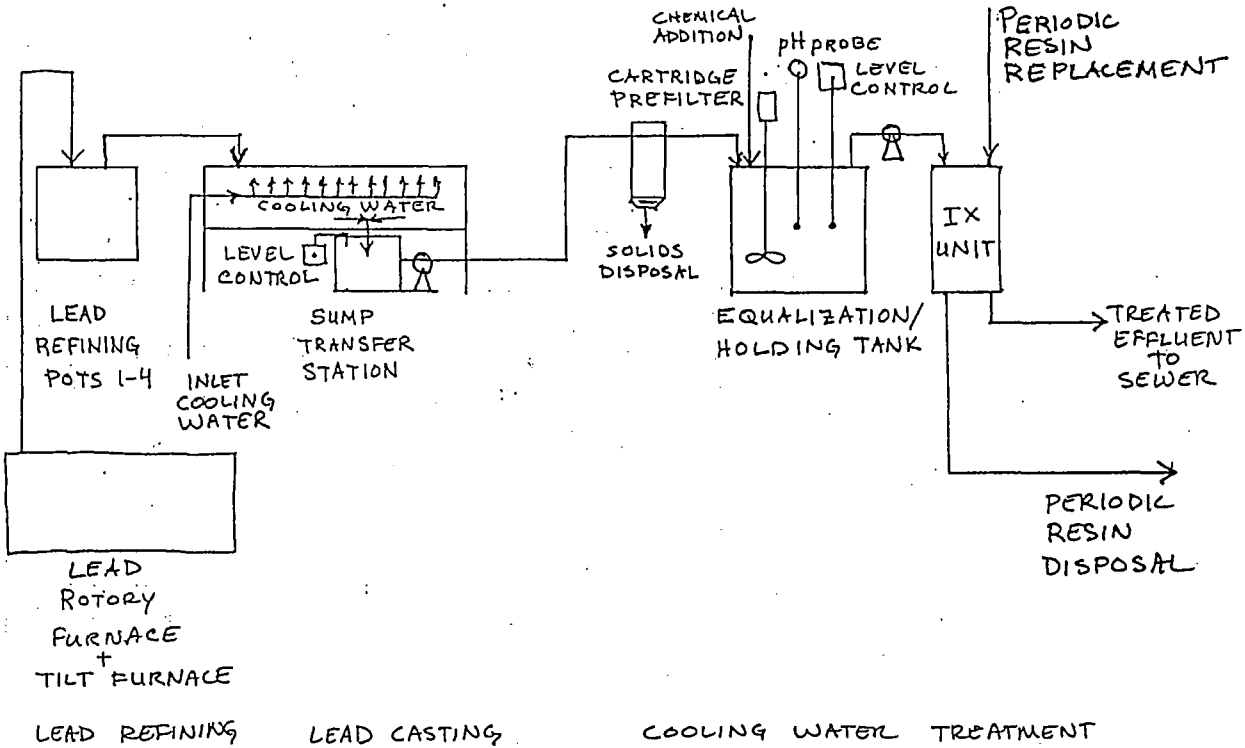


FIGURE 7
SINGLE USE COOLING WATER
with RESIN REPLACEMENT

The characteristic problem of membrane fouling and deterioration creates the potential for inconsistent performance and effluent non-compliance. Manufacturer's membrane warranties are commonly only two years in length. These RO performance characteristics, and the process' sensitivity to the operator's skill level, does not afford an optimal treatment alternative for application to Roth Bros. casting cooling process.

2.4 ION EXCHANGE

Ion exchange is a versatile and proven process, well suited for heavy metals separation from dilute waste streams. The general treatment process involves: (1) wastewater collection and storage, (2) prefiltration for organic matter and suspended solids removal, (3) coarse pH adjustment when required, within the broad operating range of the resin (4) flow equalization through the ion exchange column to optimize treatment efficiency, (5) ion exchange treatment, for removal and concentration of the pollutant on the adsorbant resin, and either (6) regeneration of the exchange resin, followed by batch treatment of lead-laden regenerant and sludge handling and disposal or, (7) disposal of the exhausted resin and replacement with fresh material. Typical ion exchange treatment schemes are shown in Figures 5, 6 and 7.

Initial equipment sizing and costs depend on projected wastewater flow rates and the contaminant loading to be handled. Operational costs, unlike conventional precipitation and Reverse Osmosis, depend primarily on the quantity of metal removed, and not total flow volume being treated. Reliable and highly specific metal removal resins are available. These resins have been documented to reduce lead levels to the 0.05 mg/l to 0.1 mg/l levels needed in this application. The following section summarizes resin characteristics which would insure a compliant treatment process for lead removal in Roth Bros. situation.

3. DEVELOPMENT OF BEST ALTERNATIVE: ION EXCHANGE

3.1 ION EXCHANGE RESINS

The proper selection of an ion exchange resin is a key factor in designing a reliable, compliant and cost-effective treatment system. Resins generally used for industrial waste treatment are high molecular weight organic polymers. The same hydrocarbon structure is used in the manufacture of both cationic and anionic exchange resins. The mobile, or functional, exchange group attached to this structure provides the exchangeable ions and determines the chemical behavior of a given resin. Cation exchange resins used for heavy metal removal have positively charged exchange groups attached to this hydrocarbon structure. Anion exchange resins contain negatively charged exchange groups.

A finite number of available exchange sites per unit volume of resin can be filled before the exchange capacity is exhausted. A "breakthrough" of metal ions would then occur, resulting in effluent non-compliance, as shown in Figure 8. At this point, the resin must either be disposed of and replaced with fresh resin, or chemically regenerated to it's original condition.

The regeneration process requires additional equipment for (1) the chemical storage and feed system, (2) a lead-laden regenerant treatment process, and (3) a means of handling and disposing of the dilute sludge produced. Regeneration, typically requires one to two hours, and is a five step process:

1. Water backwash to remove suspended solids and reclassify the resin particles. This reorients the resin and restores good hydraulic flow characteristics for ensuing regeneration steps.
2. Regenerant solution contact to remove the captured metal ions, and convert the resin to the hydrogen form. Slow water rinsing follows to remove residual acid requirement.
3. Sodium hydroxide solution contact to convert bed the sodium form. Slow water rinsing again follows to remove residual caustic regenerant.

4. Co-current fast rinse to remove remaining regenerant and "reclassify" the resin particles again to ensure optimal hydraulic flow characteristics.
5. Return the column to service.

A typical regenerable system is shown in Figure 5. Because ion exchange reactions are both reversible and stoichiometric, the capacity of a particular resin for a target metal ion, is controlled by it's selectivity for the heavier, divalent metal ions over smaller, divalent or monovalent hardness ions. Typical resins and their metal ion to calcium ion selectivities are shown in Table 4 and 5. It can be seen that lead to calcium preferences of 1200 to 1 can be achieved by use of the correct resin.

Resins used in ion exchange treatment systems are classified into five groups: (1) strong acid cation resins, (2) weak acid cation resins, (3) strong base anion resins, (4) weak base anion resins, and (5) heavy metal selective chelating resins.

Those resins used for heavy metal removal are shown in Table 6 and summarized below.

1. Strong acid cation resins are so named because they behave in solution like a strong acid. They are highly ionized in both available forms: (1) in the salt form ($R\text{-}SO_3Na$), and (2) in the acid form ($R\text{-}SO_3H$). Strong acid exchange capacity is virtually independent of solution pH. They would be used for the complete deionization of a wastewater for a recirculating process such as a closed loop with a cooling tower, as shown in Figure 5. The high preference of the resin for Ca^{2+} ions should be noted in Table 5, indicating non-selectivity for metal cations over raw water hardness ions.
2. Weak acid cation resins generally use a carboxylic (COOH) group, or a thiol (SH) group. Having weak acid characteristics, the degree of dissociation and removal efficiency is influenced by solution pH much more than the sulfonic (SO_3H) groups of strong acids. Weak acid resins selective lead removal is much more effective in the presence of water hardness/ions than with strong resins, which

exchanges all cations in solution. Because their initial cost is lower (Table 7) and metal holding capacity is greater than the chelating resins described in the next section, weak acid resins are the first choice for metals removal. Both weak acid and chelating resins should be tested in a given treatment application to determine the most effective material.

3. Heavy metal-selective chelating resins are similar to weak acid resins, having high preferences for heavy metal ions by forming stable complexes with them. The literature indicates the Na^+ form to be the most selective for heavy metals, with little interference from hardness ions. Their resin structure uses chelating compounds, such as EDTA as the functional ion group (R-EDTA-Na). Chelating resins are the most costly, (Table 7), but may be the most effective in high water hardness environments where "end of pipe" treatment must reduce metal concentrations to very low levels, see Tables 4 and 6. Both weak acid and chelating resins are durable in high temperature and/or chemical environments. The 150 F water temperatures at Roth Bros. are not seen as a problem.

Research data from USEPA and resin manufacturers was used to compare the performance characteristics of weak acid and chelating resins, when used in similar process applications. The literature documents test results on three Rohm and Haas resins which have potential to successfully treat the waste stream under study. These resins are: (1) Amberlite DP-1 (weak acid), (2) Duolite GT-73 (weak acid), and (3) Amberlite IRC-718 (chelating). Each of these resins form strong bonds with, and have highly selective preferences for, lead ions. A material data sheet for each resin is listed in Appendix C. Although a test case which closely resembled the parameters at Roth Bros. was not documented, general performance characteristics are able to be noted for use as evaluation guidelines.

The following discussion of results, and data recorded in Tables 8 and 9, and Figures 8 to 15, illustrate the potential of these materials to successfully treat the metal-laden casting cooling water at Roth Bros.

Table 4

Chelating Cation Resin Selectivities for Metal Ions

Metal ion	K^{M}/Ca^{a}
Hg^{+2}	2,800
Cu^{+2}	2,300
Pb^{+2}	1,200
Ni^{+2}	57
Zn^{+2}	17
Cd^{+2}	15
Co^{+2}	6.7
Fe^{+2}	4
Mn^{+2}	1.2
Ca^{+2}	1

[a]Selectivity coefficient for the metal over calcium ions at a pH of 4.

Source EPA 625/8-81-007

Table 5

Selectivity of Ion Exchange Resins, in Order of Decreasing Preference

Strong acid cation exchanger	Strong base anion exchanger
Barium	Iodide
Lead	Nitrate
Calcium	Bisulfite
Nickel	Chloride
Cadmium	Cyanide
Copper	Bicarbonate
Zinc	Hydroxide
Magnesium	Fluoride
Potassium	Sulfate
Ammonia	
Sodium	
Hydrogen	

Source EPA 625/8-81-007

Table 6

Commercially Demonstrated Resin Systems for Wastewater Treatment

Resin system	Application
Weak acid	Selective removal of heavy metals from untreated wastes
Chelating cation	Selective removal of heavy metals from untreated wastes Removal of trace concentrations of heavy metals from solutions with high background cation concentrations Selective removal of heavy metals from solutions containing metal complexing compounds
Stratified bed (strong base, weak acid, strong acid)	Selective removal of metal cyanide, anionic metal complexes, and multivalent cations from solution

Source EPA 625/8-81-007

Table 7

Cost of Commercially Available Resins

Resin	Cost ($/ft^3)
Strong acid cation	50–100
Weak acid cation	100–150
Strong base anion	150–200
Weak base anion	150–200
Chelating cation	200–300

Note.—1980 dollars.

Source EPA 625/8-81-007

1. Factors influencing removal efficiency were:
    a. flowrate through the resin (Figure 8),
    b. wastewater pH (figure 9),
    c. degree of resin selectivity for a given target ion (Figures 9-15), and
    d. resin capacity (Figures 9-15).
2. The importance of maintaining an optimal flow rate (GPM/FT^3 resin) is shown in Figure 8. Increasing the flow rate from 1 GPM/FT^3 to 2 GPM/FT^3 reduced the resin capacity by 76%. This shows a need for flow equalization prior to the exchange column.
3. Figure 9 demonstrates pH effects on weak acid and chelating resins and the need for pH adjustment if extremely acidic conditions exist. At a pH near 2.0, metal removal is severely inhibited for both resins due to increased metal solubility and high H^+ ion concentrations in solution. Metal breakthrough occurs quickly as the pH increases to 4.0, with improved removal efficiency and resin capacity was achieved for both resin types. Weak acid resin capacity continued to increase from pH 4.0 to 8.0. Chelating resin removal remains fairly constant over this range.
4. Use of the proper resin form, whether the hydrogen (H^+, acid) form or the sodium (Na^+, salt) form will improve resin capacity for specific metal removals, as shown in Figure 10. In this case, a copper laden wastewater at a constant flow rate and pH is purified to the same degree for a much longer time by the chelating resin in the H^+ form. Bench testing will determine these characteristics.
5. Both weak acid and chelating resins have been shown to be effective agents in heavy metals removal from various process waste steams. Each resin shows characteristic exhaustion breakthrough points which must be periodically

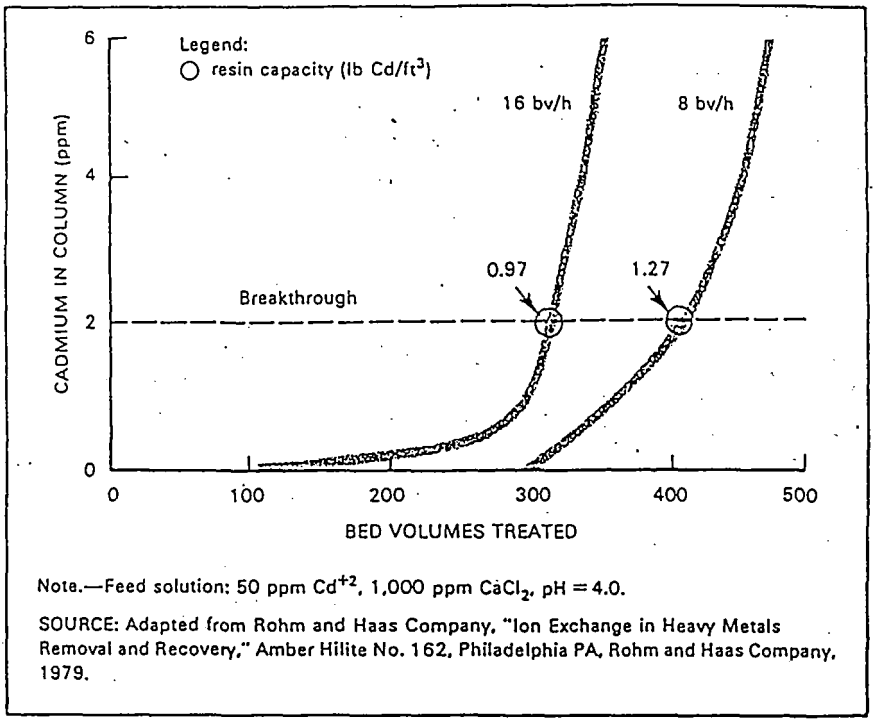
monitored to maintain effluent compliance. Different breakthrough curves and slopes also resulted, showing differences in resin capacities for a particular application. These characteristics along with pH and flow rate effects on removal efficiency will be monitored in the bench testing of several resins on Roth Bros. waste stream.

6. Table 8 and Figures 11 and 12, show very low zinc concentrations were obtained at pH = 7.0 for both resins types. The weak acid resin showed a greater exchange capacity (Figure 12), even though the breakthrough point occurred at nearly the same volumetric loading point (Figure 11) for each resin.

7. Table 9 and Figures 13 and 14 indicate the lead removal capacity and efficiency for both resin types. Low lead concentrations (0.05 to 0.07) were achieved at pH = 4.0 for both resin types, but the chelating resin breaks through much earlier than the weak acid resin, and show a lower resin capacity (Figure 7). At lead concentrations of 50 mg/l, pH of 4.0, and a flow rate 1 GPM/FT^3, the weak acid resin removed lead to very low concentrations for nearly twice the length of time as the chelating resin (Figure 13). Effluent lead concentrations of 0.05 mg/l to 0.1 mg/l are required at Roth Bros., and this resin type appears to have this capability (Table 8). It should be noted in the test data that influent lead concentration, were much higher than Roth Bros., and a much longer service life could be expected in our application, as shown in Table 3. Further improvement in resin performance may be achieved with a pH increase to 6.0 to 8.0, such as exists at Roth Bros., as indicated in Figures 9 and 15.

3.2 ION EXCHANGE TREATMENT SYSTEM ALTERNATIVES

Ion exchange provides the most effective and reliable lead removal from dilute waste streams. A brief evaluation of three possible equipment arrangements follows:



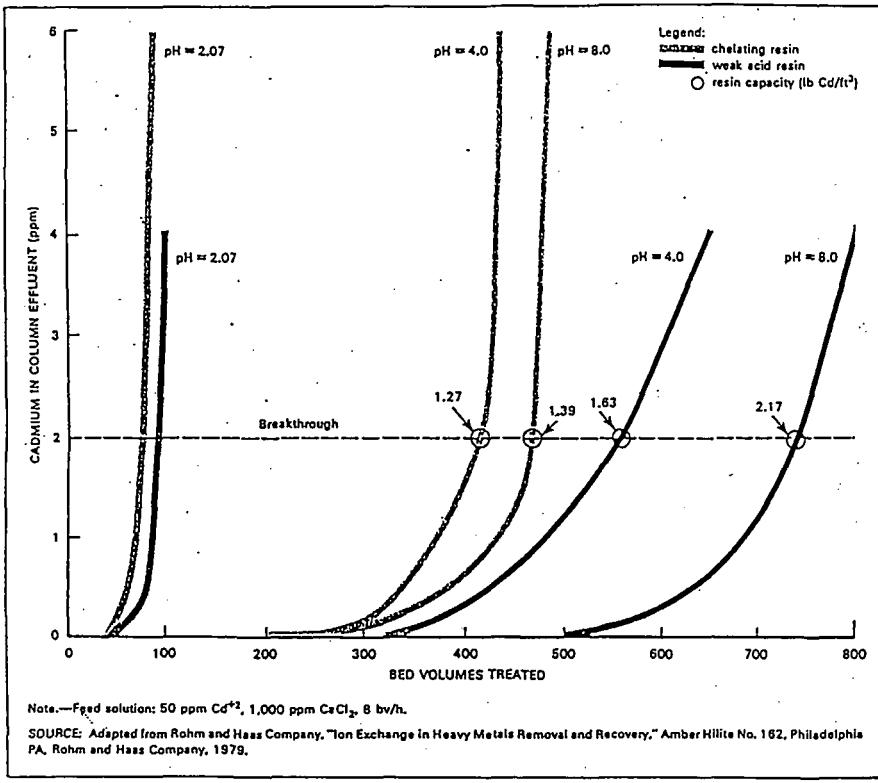
Note.—Feed solution: 50 ppm Cd^{+2}, 1,000 ppm $CaCl_2$, pH = 4.0.

SOURCE: Adapted from Rohm and Haas Company, "Ion Exchange in Heavy Metals Removal and Recovery," Amber Hilite No. 162, Philadelphia PA, Rohm and Haas Company, 1979.

Source EPA 625/8-81-007

Figure 8

Influence of Flowrate on Chelating Resin Capacity



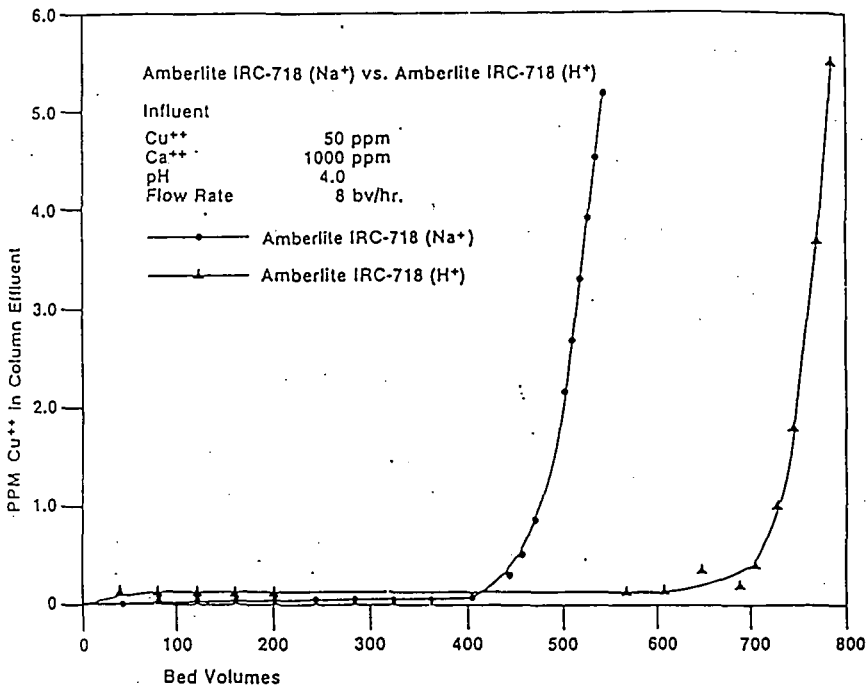
Note.—Feed solution: 50 ppm Cd^{+2}, 1,000 ppm $CaCl_2$, 8 bv/h.

SOURCE: Adapted from Rohm and Haas Company, "Ion Exchange in Heavy Metals Removal and Recovery," Amber Hilite No. 162, Philadelphia PA, Rohm and Haas Company, 1979.

Source EPA 625/8-81-007

Figure 9

Influence of Solution pH on Chelating and Weak Acid Cation Resin Capacity



Source Rohm and Haas Amber-hi-lites No.162

EFFECT of RESIN FORM on REMOVAL CAPACITY

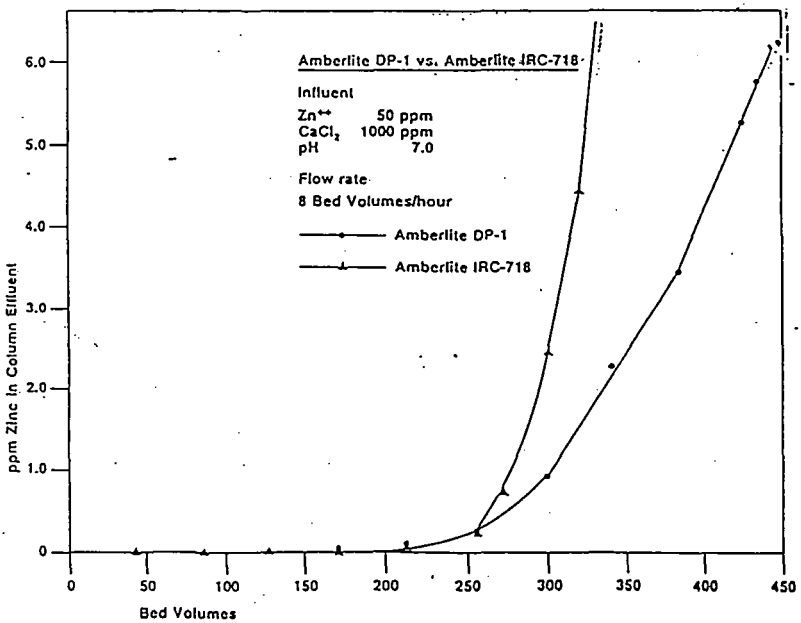
Figure 10

Table 8

Amberlite IRC-718 (Na^+) vs. Amberlite DP-1
Influent: Zn^{+2} 50 ppm
$CaCl_2$ 1000 ppm
pH = 7.0
Flow Rate: 8 Bed Volumes/hour (1 gpm/ft^3)

	Effluent Analysis ppm Zn^{+2}	
Bed Volumes	Amberlite DP-1	Amberlite IRC-718
86	0.01	0.01
128	0.02	0.01
171	0.07	0.01
214	0.10	0.05
257	0.27	0.22
274	-	0.72
300	0.91	2.44
342	2.28	8.20

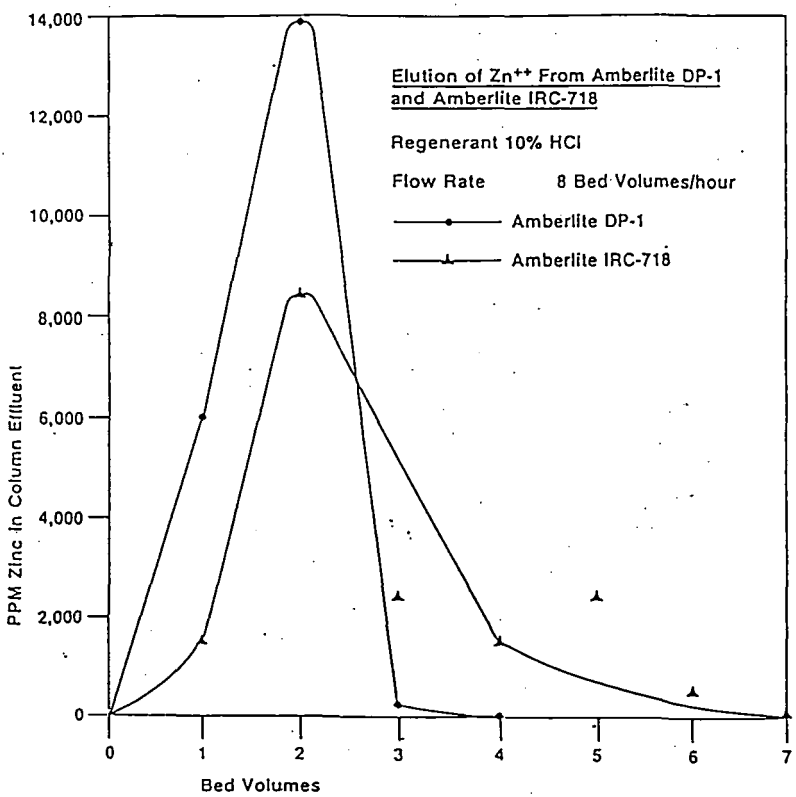
Source Rohm and Haas Amber-hi-lites No.162



ZINC BREAKTHROUGH CURVES

Figure 11

Source Rohm and Haas Amber-hi-lites No.162



Source Rohm and Haas Amber-hi-lites No.162

RESIN ZINC CAPACITY

Figure 12

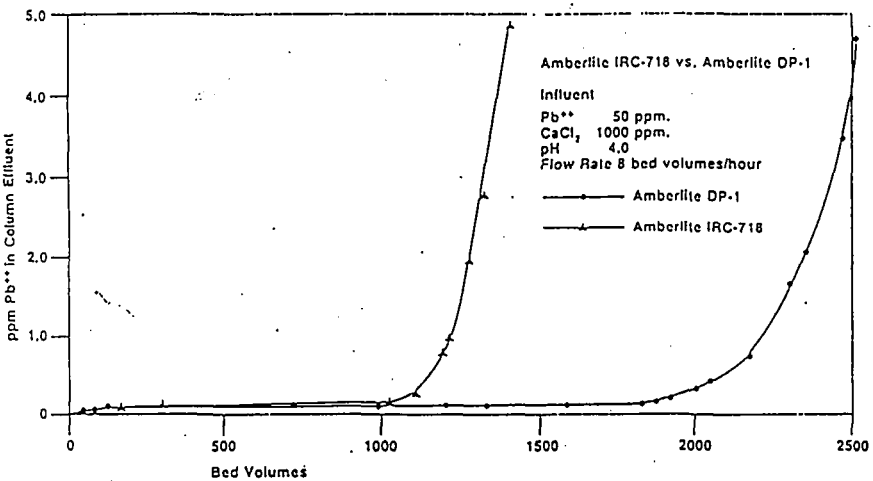
Table 9

Amberlite IRC-718 (Na^+) vs. Amberlite DP-1
Influent: Pb^{+2} 50 ppm
$CaCl_2$ 1000 ppm
pH = 4.0
Flow Rate: 8 Bed Volumes/hour (1 gpm/ft^3)

Effluent Analysis ppm Pb^{+2}

Bed Volumes	Amberlite DP-1	Amberlite IRC-718
86	0.05	0.05
896	0.11	0.08
1024	0.11	0.15
1280	0.11	1.94
1434	0.10	5.60
1920	0.20	
2261	1.37	
2500	4.00	

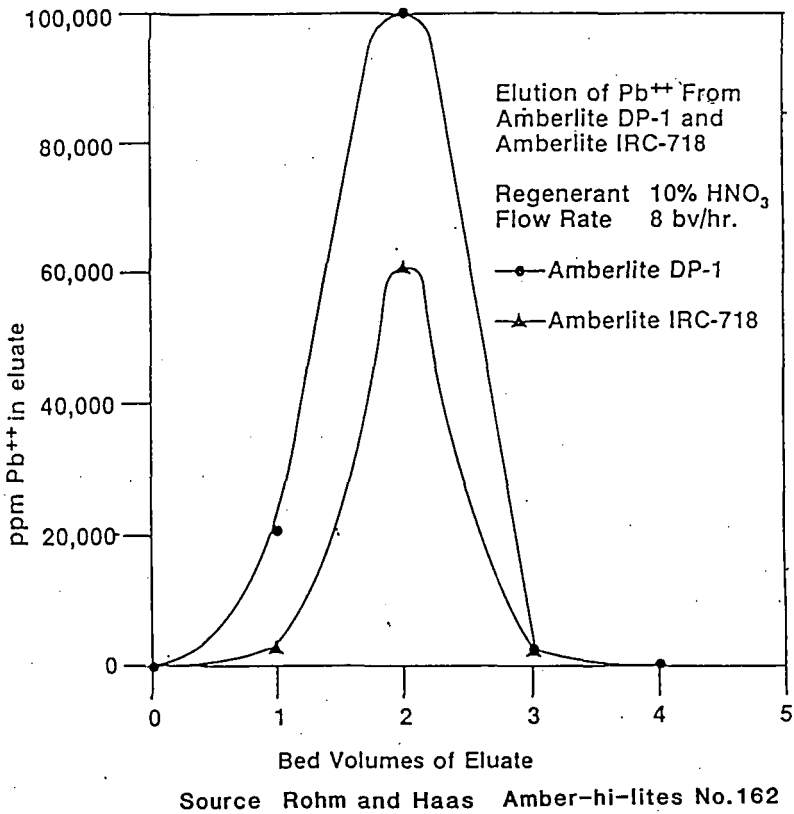
Source Rohm and Haas Amber-hi-lites No.162



Source Rohm and Haas Amber-hi-lites No.162

LEAD BREAKTHROUGH CURVES

Figure 13



LEAD REMOVAL CAPACITY

Figure 14

1. Closed loop recycle system with a cooling tower (Figure 5),
2. Single pass cooling water with resin regeneration (Figure 6), and
3. Single pass cooling water with resin disposal and replacement (Figure 7).

3.2.1 Closed Loop Recycle System

A closed loop recycling system, (Figure 5), would be considered if hardness ion fouling of the resin created an excessive need for chemical regeneration, and treatment of the resultant regenerant solution. Fouling would significantly reduce the resin's lead removal capacity as Ca^{++}, Mg^{++} and Na^{+} ions occupy available exchange sites rather than lead ions. The system would maintain an initial quantity of demineralized water to avoid this fouling problem. The only water addition to the closed system would be make-up water for cooling tower blow down and system evaporative losses. The water volume maintained in the system would be based on cooling requirements of the casting line and the cooling tower capabilities. This treatment process obviously requires a number of additional equipment components along with additional installation, operation and maintenance costs. The availability of heavy metal selective resins such as the weak acid and chelating resins described in Section 3.1 eliminates the need for this alternative and the associated high initial capital costs.

3.2.2 Single Pass Cooling Water/Resin Regeneration System

Having removed the need for a closed loop, recirculating system, a "once through" treatment system can then be evaluated in which treated effluent is simply discharged to the sewer system. This system would include a regeneration process as described in Section 3.2.2 to periodically restore the exhausted exchange resin to it's original condition.

As noted in the Cost Analysis, Appendix E, a regeneration system may add $20,000 to $25,000 to the initial installed system costs for the precipitation/clarification, and sludge handling equipment and materials. Additional operator time and attention would also be required during the resin regeneration and metal-laden regenerant solution treatment processes. The regenerant for a lead removal exchange resin is a 10% HNO_3 solution. This strong oxidizing agent would require the use of acid concentration meters to protect the exchange column from pressure increases caused by excessive acidity levels during the regeneration sequence.

Regeneration frequency could be estimated by assuming conservative values for lead concentration of 2.5 mg/l and continuous cooling water flow rates of 5 GPM. This results in a treatment plant loading of 0.021 lb of lead per thousand gallons of cooling water. If the resin capacity of GT-73 is 0.75 mg/l as shown in Figure 15, and Appendix D or 4.86 lb lead per cu.ft. of resin, a column containing 3 cu.ft. of GT-73 would treat 694,300 gallons of water, or last 2313 hours under continuous operation before exhaustion under continuous operation. A wastewater lead concentration of 1.0 mg/l would allow 5827 hours of resin life at 5 GPM at continuous operation, based on estimated production levels at Roth Bros. As shown in Tables 2 and 3, a 3 cubic foot column should easily last for one to two years even with the pick up of small quantities of other metals present in solution. A regenerable treatment system does not appear to be necessary, and a simpler column configuration would be a viable alternative. Modelling calculations of the above discussion are found in Appendix D.

3.2.3 Single Pass Cooling Water/Resin Disposal System

A "once through' cooling water treatment system appears, at this point, to be the most economical and technically feasible alternative. A typical system is shown in Figures 7 and 16. This very simple treatment design is made possible by two factors: (1) the availability of exchange resins which selectively remove lead ions to 0.05 mg/l to 0.1 mg/l as shown in Appendix D and F, and Tables 3 and 9, without interference from background hardness ions, and (2) the rather low flowrates and lead concentrations, which allow a long service life of the resin before it's exchange capacity is reached, as shown in Table 2.

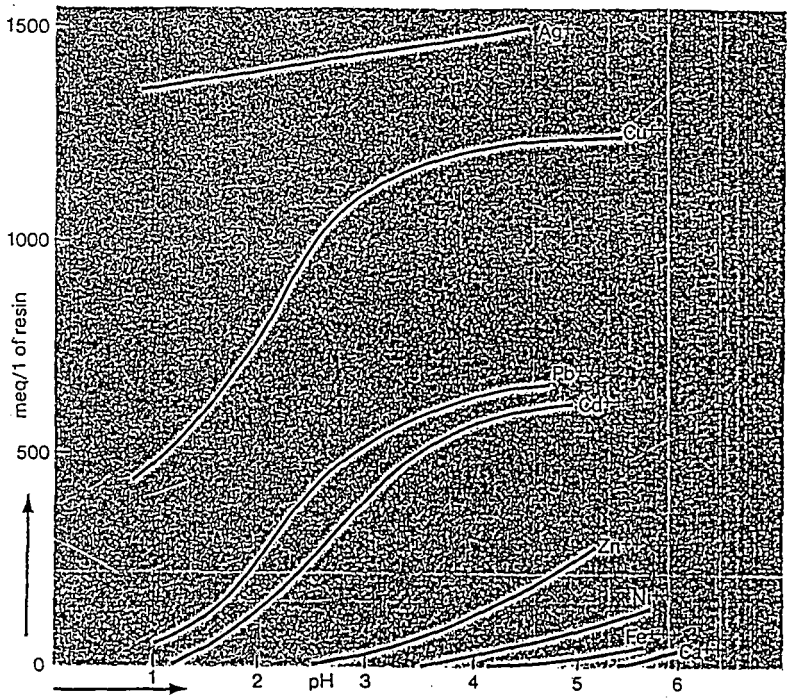
The system would provide an effluent at all loading conditions experienced by Roth Bros.' casting line without the need for the added system components, chemicals, and equipment required by Alternatives 1 and 2. Operator attention and system maintenance requirements are greatly reduced for this simplified treatment process.

As shown in Appendix E, the replacement cost for a 3 cu.ft. column of GT-73, the most costly resin, is estimated at $2200, at a projected frequency of two years. Disposal costs of exhausted resin in accordance with USEPA and

NYSDEC regulations is estimated at $400. The estimated installed costs of regeneration system components and chemicals is $25,000. A non-regenerable system is much more cost effective in this application.

Bench testing of DP-1, IRC-718 and GT-73 may prove a less expensive resin to be effective on Roth Bros.' waste stream which would further increase the savings of a non-regenerable system. In any event, the use of a non-regenerable ion exchange system appears to provide both a compliant and cost-effective lead removal system in this application. The process water flow diagram for this system, as shown in Figure 7, is described below.

1. Raw inlet cooling water is sprayed on the underside of the molds, and collected in the water trough under the casting machine.
2. Hot, metal bearing cooling water is gravity fed to a small transfer station at the discharge end of the casting machine. Flow rates will vary with the alloy cast. A liquid level monitor would periodically activate the sump pump.
3. Cooling water is prefiltered by a cartridge filter to 25 micron size or lower, if required, to remove suspended solids and protect the resin from solids blinding. The cartridge would be periodically removed and disposed of as a hazardous waste.
4. Cooling water is then collected in a 300 gallon steel equalization tank. Pumping from this tank is controlled by a liquid level sensor, providing batch treatment of wastewater at optimal flow rates to the ion exchange column. This tank would contain a pH probe to indicate the need for chemical addition, should a coarse pH adjustment be needed.
5. Metal-laden cooling water is then pumped through the ion exchange unit for capture and concentration of lead ions. The column shown in Figure 17 could be set up in parallel, or series, or with one unit as a spare, depending on the volume of flow. Effluent compliance would be checked at the sampling port of the exchange column.
6. Treated water is then discharged to the sewer system. Typical process equipment for this system is shown in Appendix G.

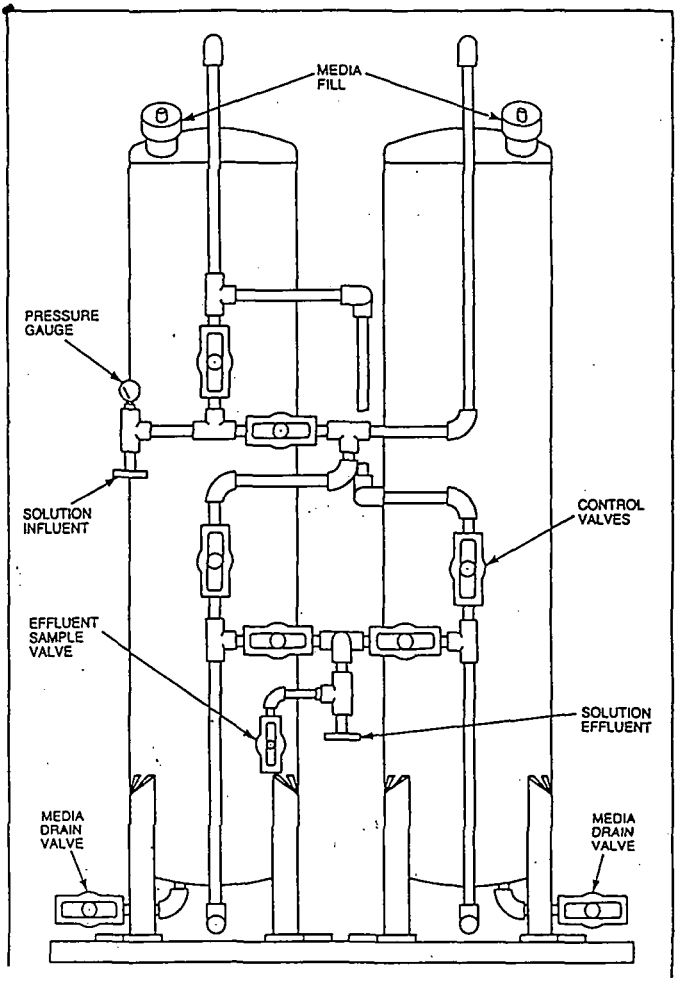


Source Rohm adn Haas Publ. No. IE-D-297

Figure 15

GT-73 Weak Acid

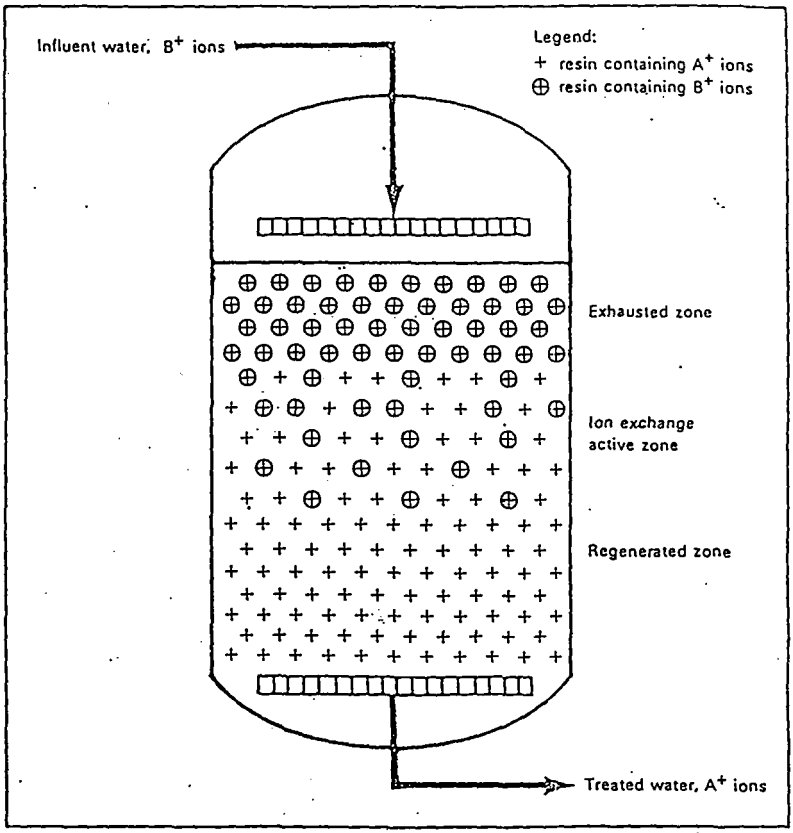
Metals Selectivity and ph Effects



Source: Penfield Publ. No. SD.35.1

Figure 16

Dual Non-regenerative Ion Exchange Columns



Source EPA 625/8-81-007

Figure 17

Ion Exchange Column in Service

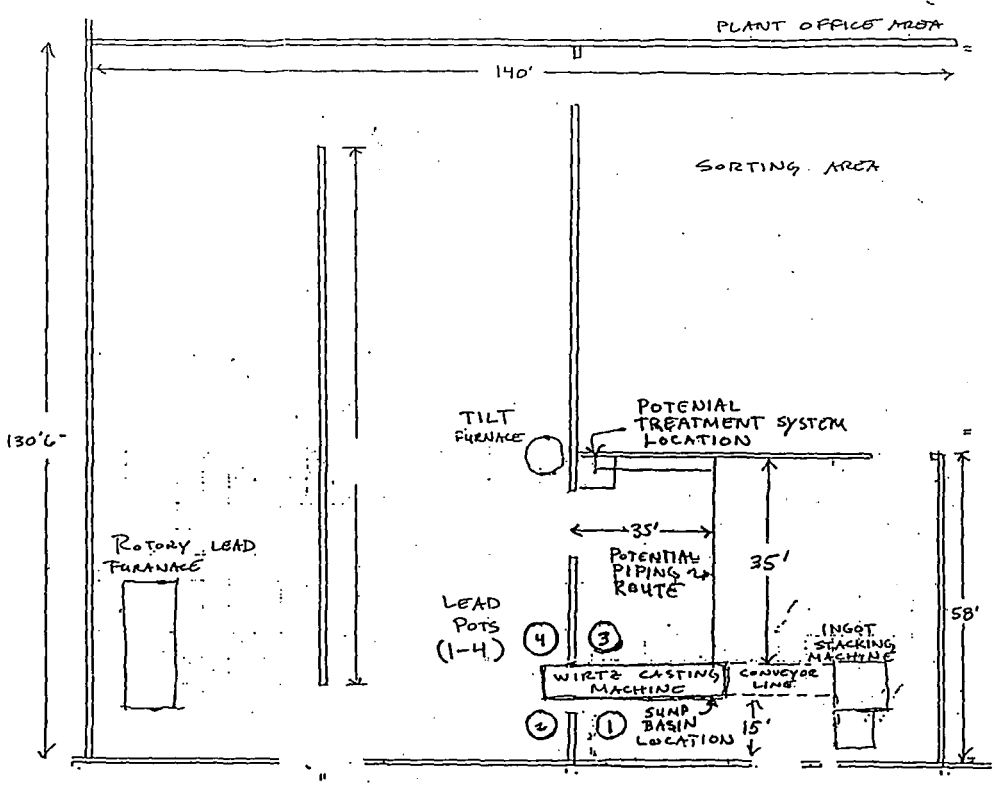


Figure 18
Lead Area

4. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 SUMMARY

Wastestream parameters and discharge limits which must be satisfied by Roth Bros. Contact Casting Cooling Water Treatment process include the following:

1. Lead removal to 0.05 mg/l to 0.10 mg/l to achieve mass based categorical pretreatment standards of 40 CFR 421(M).
2. Flow rate variations of 0.3 GPM to 7.5 GPM or 200 GPD to 4500 GPD.
3. Temperature ranges of 120 F to 150 F.
4. pH range of 5 to 9.
5. Particulate and suspended solids removal.
6. Operational simplicity.
7. Low maintenance.
8. Reliability.
9. Constructability.

Three treatment technologies for lead removal were initially evaluated:

1. Conventional precipitation using lime, lime with soda ash, and sulfide methods.
2. Reverse Osmosis.
3. Various Ion Exchange system configurations.

Conventional precipitation methods displayed a number of negative characteristics:

1. An inability to achieve the extremely low lead levels consistently and without a great deal of operator care and attention.
2. Lime methods only achieved 5 mg/l, lime and soda ash achieved 0.5 mg/l, and sulfide precipitation could reduce lead to 0.05 mg/l levels but presented special care in handling, storage and addition of solution.
3. A narrow pH range must consistently be maintained to achieve minimal solubility of the target metal complex.
4. The process is a series of open vessels requiring more floor space, and utilizing many system components, increasing maintenance and operator attention.

5. The entire wastewater volume must be handled and treated increasing chemical and other operating costs.
6. A large and dilute sludge volume must ultimately be disposed.

The Reverse Osmosis process also presented a number of negative aspects, including:

1. Better suitability to higher flow rates, above 20 gpm.
2. Better application in wastestreams with higher concentrations of dissolved solids.
3. A dissolved solids capture range of 75% to 90% rather 99%.
4. Many RO systems are being retrofitted with additional treatment steps such as Evaporation or Ion Exchange to further reduce dissolved solids concentrations.
5. Sensitivity to operator skill levels.
6. Treatment of total volume of wastestreams is reflected in higher operating costs, as with precipitation methods.

Ion Exchange treatment was found to provide a number of treatment advantages over the other alternatives for Roth Bros. application.

1. The consistent and reliable production of high purity effluent.
2. Documented ability to meet the low lead discharge limits.
3. Low operational costs, reflecting the quantity of metals removed rather than total flow volume handled.
4. Minimal maintenance requirements.
5. Minimal operator attention during operation.
6. Ideal application to dilute wastestreams by nature of it's adsorption operation.
7. The concentration of captured metals into very small volumes which are easily handled and disposed of.
8. The availability of highly selective and durable resins for heavy metals removal.

Further evaluation of Ion Exchange equipment alternatives found:

1. A high cost closed loop recycling system with a cooling tower is not needed because hardness ion interference with the correct resin's operation is negligible.

2. A simpler, single pass treatment system which discharges treated effluent to the sewer can be used in this application reducing capital, installation, operational and maintenance costs.
3. A resin regeneration operation is also not required because low cooling water flow rates and low lead concentrations allow a 1 to 2 year service life before resin exhaustion.
4. Expected resin disposal costs are minimal, under $400 per year, on a "milk run" pick up basis by a licensed hazardous waste disposal company.
5. The single use cooling water process with a resin replacement program allows the least expensive system in capital, operating and maintenance aspects. Installation, location and protection of the equipment from ongoing plant operations is the most easily accomplished of any ion exchange alternative.
6. The columns shown in Figure 16 allow high flexibility for flow rate changes. They may be operated as one on/one off, in series, or in parallel to provide flow handling of 3 GPM to 12 GPM.

The estimated installed cost of the single pass/resin replacement treatment system is $29,000. Operating and maintenance costs are $4100 per year. These costs are one half to one third those of the other Ion Exchange process alternatives.

Based on bench scale testing results of the three resins, the replacement cost of a column of resin may vary between $100 per cubic foot and $800 per cubic foot, or $300 to $2400 per column.

4.2 CONCLUSIONS AND RECOMMENDATIONS

Lead removal from Roth Bros.' casting cooling water can be achieved most consistently and reliably by the Ion Exchange process.

An ion exchange system using a dual bed, non-regenerable column arrangement and a highly lead specific resin provides the most cost effective and easily installed, operated and maintained treatment alternative.

Exchange columns should be of stainless steel construction to provide corrosion resistance and high temperature thermal expansion protection.

The sump basin and equalization tank should be of steel with epoxy coating, or stainless steel construction, for high temperature application and corrosion resistance.

Inlet piping to the treatment system should be stainless steel, for corrosion protection.

In line prefilter for suspended and particulate solids removal should be stainless steel with an applicable cartridge to achieve required removal to prevent resin fouling.

The system could be installed as shown in Figure 18, in the room corner and with a 2" pipe barrier wall and curbing to protect the system from impact damage of normal plant operations. The equalization tank could be installed above the Exchange unit to minimize space requirements.

A bench testing program should be carried out to determine the most efficient and cost-effective resin material. The lab procedures recommended by the resin manufacturer will be used in this determination.

Respectfully submitted,

MALCOLM PIRNIE, INC.

Richard W. Klippel, P.E.
Project Manager

Prepared by:

R.W. Klippel, P.E.
M.E. Florczykowski

APPENDIX A

APPENDIX A-1

40 CFR 421 (M)
CATEGORICAL PRETREATMENT STANDARDS

BPT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead scrap produced	
Antimony	.000	.000
Arsenic	.000	.000
Lead	.000	.000
Zinc	.000	.000
Ammonia (as N)	.000	.000
Total suspended solids	.000	.000
pH	(1)	(1)

(1) Within the range of 7.5 to 10.0 at all times.

(i) Subpart M—Employee Handwash.

BPT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead produced from smelting	
Antimony	.077	.035
Arsenic	.056	.023
Lead	.011	.005
Zinc	.039	.018
Ammonia (as N)	.000	.000
Total suspended solids	1.107	.527
pH	(1)	(1)

(1) Within the range of 7.5 to 10.0 at all times.

(j) Subpart M—Employee Respirator Wash.

BPT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead produced from smelting	
Antimony	.126	.056
Arsenic	.092	.038
Lead	.018	.009
Zinc	.064	.027
Ammonia (as N)	.000	.000
Total suspended solids	1.804	.858
pH	(1)	(1)

(1) Within the range of 7.5 to 10.0 at all times.

(k) Subpart M—Laundering of Uniforms.

BPT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead produced from smelting	
Antimony	.387	.164
Arsenic	.266	.110
Lead	.054	.025
Zinc	.187	.078
Ammonia (as N)	.000	.000
Total suspended solids	5.248	2.496
pH	(1)	(1)

(1) Within the range of 7.5 to 10.0 at all times.

§ 421.133 Effluent limitations guidelines representing the degree of effluent reduction attainable by the application of the best available technology economically achievable.

Except as provided in 40 CFR 125.30–125.32, any existing point source subject to this subpart shall achieve the following effluent limitations representing the degree of effluent reduction attainable by the application of the best available technology economically achievable:

(a) Subpart M—Battery Cracking.

BAT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead scrap produced	
Antimony	1.299	.579
Arsenic	.836	.384
Lead	.189	.087
Zinc	.587	.283
Ammonia (as N)	.000	.000

[421.133 table heads corrected by 49 FR 26738, June 29, 1984]

(b) Subpart M—Blast, Reverberatory, or Rotary Furnace Wet Air Pollution Control.

BAT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead produced from smelting	
Antimony	5.038	2.245
Arsenic	3.628	1.458
Lead	.731	.339
Zinc	2.682	1.096
Ammonia (as N)	0.000	0.000

(c) Subpart M—Kettle Wet Air Pollution Control.

BAT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead produced from refining	
Antimony	.087	.039
Arsenic	.063	.026
Lead	.013	.006
Zinc	.045	.019
Ammonia (as N)	.000	.000

(d) Subpart M—Lead Paste Desulfurization.

BAT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead processed through desulfurization	
Antimony	.000	.000
Arsenic	.000	.000
Lead	.000	.000
Zinc	.000	.000
Ammonia (as N)	.000	.000

(e) Subpart M—Casting Contact Cooling.

BAT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead cast	
Antimony	.042	.019
Arsenic	.031	.013
Lead	.006	.003
Zinc	.022	.009
Ammonia (as N)	.000	.000

(f) Subpart M—Truck Wash.

BAT EFFLUENT LIMITATIONS

Pollutant or pollutant property	Maximum for any 1 day	Maximum for monthly average
	mg/kg (pounds per million pounds) of lead produced from smelting	
Antimony	.041	.018
Arsenic	.029	.012
Lead	.006	.003
Zinc	.021	.009
Ammonia (as N)	.000	.000

APPENDIX A-2

SPDES PERMIT

New York State Department of Environmental Conservation
Division of Regulatory Affairs
7481 Henry Clay Boulevard
Liverpool, New York 13088
(315) 428-4697

Henry G. Williams
Commissioner

June 12, 1985

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Neal Schwartz, General Manager
Roth Brothers Smelting Corp.
6223 Thompson Road
PO Box 639
Syracuse, NY 13057

Dear Mr. Schwartz:

RE: Modification of Pollutant Discharge Elimination System Permit
NO. NY-011 0311, UPA #70-83-0442, Onondaga County

This is to inform you that pursuant to Environmental Conservation Law (ECL), Article 17, Title 8 (McKinney's) and 6NYCRR, Part 757, the New York State Department of Environmental Conervation has made a determination to modify your referenced Pollutant Discharge Elmination System Permit as per the draft permit sent May 3, 1985 to your attention. Enclosed are the revised pages 2, 3, & 4 (of 5). Please discard the previous pages and insert these new ones in the permit.
Unless otherwise specified, this modification will become effective immediately unless you petition, pursuant to ECL Section 17-0907, that you be given an opportunity to be heard in connection with this determination and where applicable, if no written objection is received by this office within 30 days after receipt of this modification by the Regional Administrator of EPA. Any such petition for a hearing shall contain specific evidence to support your contention that a hearing is necessary and that you were not previously given an opportunity to be heard.

Sincerely,

Joanne L. March
Environmental Analyst

Encl.
cc: Water Division, Region 7
R. Hannaford
Dr. R. Baker, EPA
Onondaga County Health Department

MODIFICATION DATE: February 11, 1985
MODIFICATION DATE: May 31, 1985

Final EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the Period Beginning EDP (February 1, 1984)

and lasting until (EDP + 5 years (February 1, 1989)

the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall Number & Effluent Parameter	Discharge Limitations Daily Avg.	Daily Max.	Units	Minimum Monitoring Requirements Measurement Frequency	Sample Type
001, 002, 003, 004 Process, cooling water and stormwater flow.					
Flow	Monitor Only		gal/day	Monthly	Meter
Antimony	N/A	1.0	mg/l	Monthly	6 hr. comp.
Iron	N/A	4.0	mg/l	Monthly	6 hr. comp.
Cadmium	N/A	0.8	mg/l	Monthly	6 hr. comp.
Copper	N/A	0.8	mg/l	Monthly	6 hr. comp.
Lead	N/A	0.4	mg/l	Monthly	6 hr. comp.
Oil and Grease	N/A	15	mg/l	Monthly	6 hr. comp.
Zinc	N/A	1.0	mg/l	Monthly	6 hr. comp.
Sulfite	N/A	1.0	mg/l	Monthly	6 hr. comp.
PCB	N/A	0.1	ug/l	See note 6	6 hr. comp.
pH	(6.5-8.5) Range		SU	Weekly	Grab
005 Zamac discharge. Non-contact cooling water.					
Flow	Monitoring Only			Monthly	Meter
pH	(6.5-8.5) Range		SU	Weekly	Grab

Notes

1. The permit application must list all the corrosion/scale inhibitors or biocidal-type compounds used by the permittee. If use of new boiler/cooling water additives is contemplated, application must be made prior to use.

2. Approximate flows are as follows:

001	Cooling Water	4,000 GPD
002	Storm Water	9,000 +GPD
003	Cooling Water	300 GPD
004	Storm Water	Varies
005	Cooling Water	5,440 GPD

If there is no flow in outfalls 002 and 004 during dry weather sampling events, no sample will be required.

4. Sanitary discharge goes to the local POTW.

Notes (continued)

5. A Best Management Program should be submitted within three months and should address the following substances:

   Aluminum, Lead, Copper, Zinc, PCB, Oil and Grease

6. Monthly sampling will be required for outfalls 001 and 004. Annual sampling will be required for outfalls 002 and 003.

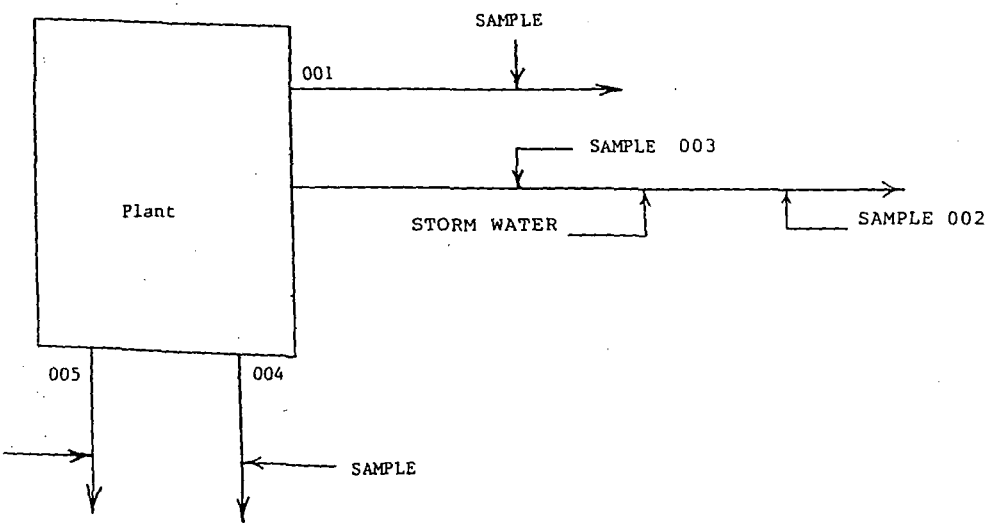
Definition of Daily Average and Daily Maximum

The daily average discharge is the total discharge by weight or in other appropriate units as specified herein, during a calendar month divided by the number of days in the month that the production or commercial facility was operating. Where less than daily sampling is required by this permit, the daily average discharge shall be determined by the summation of all the measured daily discharges in appropriate units as specified herein divided by the number of days during the calendar month when the measurements were made.

The daily maximum discharge means the total discharge by weight or in other appropriate units as specified herein, during any calendar day.

Monitoring Locations

Permittee shall take samples and measurements to meet the monitoring requirements at the location(s) indicated below: (Show locations of outfalls with sketch or flow diagram as appropriate).



-If two or more outfall pipes combine before entering receiving water, a sample may be taken after combining.

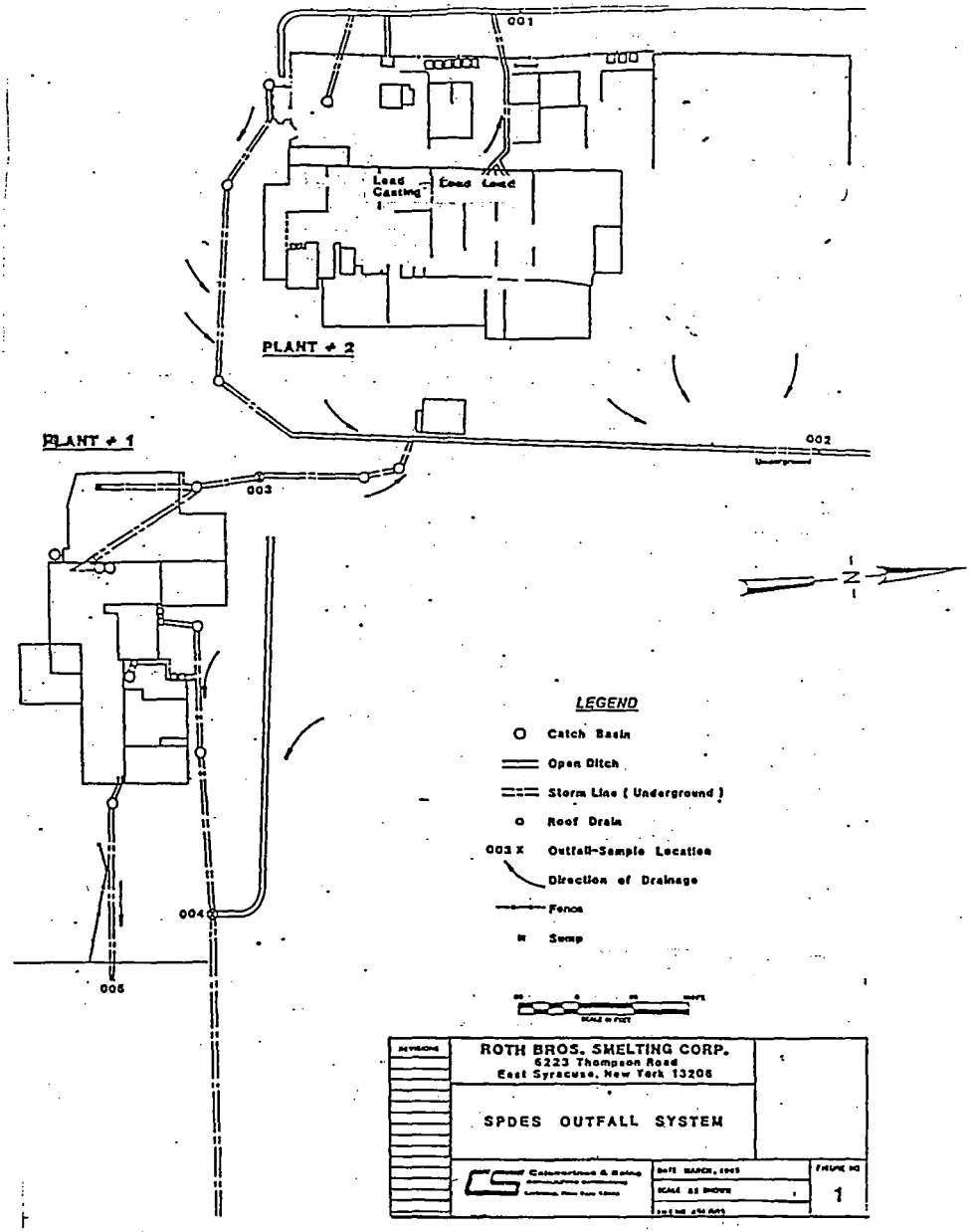


FIGURE 1

LEAD CASTING AREA
SEWER DISCHARGE

APPENDIX A-3

LEAD AREA FLOW INVENTORY

ROTH BROTHERS SMELTING CORP.

WASTEWATER FLOW INVENTORY

SPDES Outfall System

Roth Brothers has five (5) wastewater outfalls regulated by SPDES Permit. Sources of wastewater contributory to each outfall are shown in Figure 1 and listed below:

Outfall	Sources
001	Copper Rotary Furnace Cooling Water Lead Furnace Cooling Stormwater Drainage Trough near Copper and Lead Flue Dust Storage Areas Oil Separator Stormwater Catch Basin in Scrap Storage Area Runoff from Off-Property Areas
002	Stormwater Runoff from area north of Plant #2 Groundwater Seepage
003	Blowdown of recycled Aluminum Ingot Cooling Water Groundwater from dewatering pumps in Plant #1 Stormwater Catch Basins near railroad tracks at Plant #1
004	Stormwater Drainage Pipes along front of truck bays from Plant #1 Roof Drainage from Plant #1 Stormwater Catch Basins along road and in Aluminum Scrap Area Drainage Ditch along adjacent Landfill
005	Zamac Process Cooling Water Stormwater Catch basin from area east of Plant #1

The sanitary sewer system at Roth Brothers is monitored by Onondaga County at two (2) locations, as shown in Figure 2. The sanitary system in Plant #1 receives only sanitary wastes from the restrooms and a small number of floor drains. In Plant #2, wastewater sources include cooling water from the lead ingot casting process, floor drains and sumps throughout the Plant and restrooms.

APPENDIX B

COMPLIANCE ACTION SCHEDULES

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057

TELEPHONE: 315/463-9500 EASY LINK: 910 380-6093

December 15, 1987

Mr. Joseph J. Mastriano
Sanitary Engineer
Onondaga County Department
of Drainage & Sanitation
650 West Hiawatha Boulevard
Syracuse NY 13204

Dear Mr. Mastriano:

Confirming your recent discussion with Richard Klippel and Thomas Barba of Malcolm Pirnie, Inc., Roth Bros. Smelting Corp. requests a one-month extension in the December 1, 1987 and March 1, 1988 action dates as outlined in our September 9, 1987 letter to you.

This extension is requested to allow for delays from equipment supplies for the lead treatment system.

Please feel free to contact us if there are any questions.

Very truly yours,

ROTH BROS. SMELTING CORP.

NEAL SCHWARTZ
General Manager

dp

D R A F T

September 9, 1987

Mr. Joseph J. Mastriano
Sanitary Engineer
Onondaga County Department of
Drainage & Sanitation
650 West Hiawatha Boulevard
Syracuse, New York 13204

Dear Mr. Mastriano:

Enclosed are two copies of the Compliance Report for Roth Bros. Smelting Corp.'s regulated process discharges to the Onondaga County sewer system. This report covers three regulated process waste streams under the Secondary Lead subcategory of the Non-ferrous Metals Manufacturing Point Source Category.

As the report indicates, three areas of non-compliance were identified. Two of these areas (hand wash and respirator wash) are low volume, batch discharges where ammonia was present above the standard of 0.000 mg/kg. Roth Bros. has no source of ammonia in the lead smelting and casting process. Based on product information (see attached label from respirator cleaner), it appears that soaps/cleaners used in this area are contributing the ammonia. At this point, we feel that this source is beyond the intent of the regulation.

The lead in the casting cooling water also exceeded the standard. We have retained Malcolm Pirnie, Inc. to conduct a process design study to evaluate the best treatment alternative. The table below outlines the schedule that Roth Bros. has planned to bring the casting cooling water into compliance.

Date	Action
9/1/87	Retain Malcolm Pirnie, Inc. to conduct process design study.
12/1/87	Process design report due. Begin final design.
3/1/88	Complete final design. Begin acquisition of equipment and contractor.
9/1/88	Complete installation of system. Begin start-up process.
12/30/88	System on-line and operational.

We trust that this information has been useful. Please feel free to contact us if there are any questions.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

APPENDIX C

MATERIAL SAFETY DATA SHEETS FOR RESINS

INDEPENDENCE MALL WEST PHILADELPHIA, PA. 19105, U.S.A. TELEPHONE (215) 592-3000
CABLE ADDRESS: ROHMHAAS TELEX 845-247 TWX 710-670-5335 TELECOPIER (215) 592-3377

ROHM AND HAAS COMPANY

MALCOM PIRNIE
ATTN MIKE FLORCZYKOWSKI
890 SEVENTH NORTH ST
LIVERPOOL NY 13088

DECEMBER 4, 1987

Dear Rohm and Haas Company Customer:

We are sending this letter and enclosed material safety data sheet(s) (MSDS) in accordance with key provisions of federal regulations under the Occupational Safety and Health Act (OSHA) and the Toxic Substances Control Act (TSCA) for the following product(s) which you recently ordered.

* 61920 DUOLITE GT-73 RESIN
69573 AMBERLITE DP-1 RESIN
69609 AMBERLITE IRC-718 RESIN

This letter and MSDS are provided in accord with the OSHA Hazard Communication Standard (29CFR 1910.1200), and for the product which has the asterisk, in accord with the notification and hazard evaluation provisions of the Premanufacture Notification (PMN) regulations of TSCA (40CFR 720.36). The product with the asterisk contains a new chemical substance and can only be used for research and development purposes until the substance has successfully completed a PMN review. The pertinent hazard evaluation data required by the TSCA regulations are on the enclosed MSDS.

You may note that not all our products are considered hazardous under the OSHA Standard. Nevertheless, these MSDS provide you and your employees important information concerning the safe handling, use and disposal of these products.

Initially, these MSDS are being sent both to the "bill to" and "ship to" addresses if they are different. It is important that these MSDS and this letter are made available to all those who handle or use these products. We wish to help you in this task. If there are specific individuals in your organization who are in a better position to provide effective hazard communication as required under the OSHA Standard, please send me their address information. Subsequent mailings will include these individuals.

ROHM AND HAAS COMPANY

CORPORATE PRODUCT INTEGRITY DEPARTMENT
INDEPENDENCE MALL WEST
PHILADELPHIA, PA 19105

EMERGENCY TELEPHONE
215-592-3000 (ROHM AND HAAS)
800-424-9300 (CHEMTREC)

HAZARD RATING
4=EXTREME
3=HIGH
2=MODERATE
1=SLIGHT
0=INSIGNIFICANT
**=SEE SECTION IV

FIRE 1 | REACTIVITY 0 | TOXICITY 0 | SPECIAL

LIST 7

MATERIAL SAFETY DATA SHEET

NOT OSHA HAZARDOUS

MATERIAL	CODE	KEY	DOT HAZARD CLASS
AMBERLITE® IRC-718 Resin	69609	906416-6	NON-REGULATED
	DATE ISSUED 10/08/85		

FORMULA	CHEMICAL NAME OR SYNONYMS
Not applicable	Modified styrene/divinylbenzene ion exchange resin (sodium form)

I – COMPOSITIONAL INFORMATION

	CAS REG. NO.	APPROX WT %	TWA/TLV R&H	OSHA	ACGIH
Styrene/divinylbenzene cation exchange resin	NONHAZ	28-36	NE	NE	NE
Water	NONHAZ	64-72	NE	NE	NE

II – PHYSICAL PROPERTY INFORMATION

APPEARANCE - ODOR - pH.			VISCOSITY
Tan beads; odorless; pH (aqueous slurry) 5-7			NA
MELTING OR FREEZING POINT	**BOILING POINT**	**VAPOR PRESSURE (mm Hg)**	**VAPOR DENSITY (AIR=1)**
0C/32F	100C/212F IBP est.	17 20C/68F	<1
SOLUBILITY IN WATER	**PERCENT VOLATILE (BY WEIGHT)**	**SPECIFIC GRAVITY (WATER=1)**	**EVAPORATION RATE (BUTYL ACETATE=1)**
Negligible	64-72 water	1.14	<1

III – FIRE AND EXPLOSION HAZARD INFORMATION

FLASH POINT	AUTO IGNITION TEMPERATURE	LOWER EXPLOSION LIMIT (%)	UPPER EXPLOSION LIMIT (%)
NA	427C/800F est.	NA	NA

EXTINGUISHING MEDIA

☐ FOAM ☐ "ALCOHOL" FOAM ☒ CO_2 ☒ DRY CHEMICAL ☒ WATER SPRAY ☐ OTHER

SPECIAL FIRE FIGHTING PROCEDURES

Wear respirator (pressure-demand, self-contained breathing apparatus, MSHA/NIOSH-approved or equivalent) and full protective gear.

UNUSUAL FIRE AND EXPLOSION HAZARDS

Toxic combustion products include oxides of nitrogen.

IV – HEALTH HAZARD INFORMATION

ROHM AND HAAS RECOMMENDED WORK PLACE EXPOSURE LIMITS

None established

EFFECTS OF OVEREXPOSURE

Eye Contact: Possibly irritating to eyes.

EMERGENCY AND FIRST AID PROCEDURES

Eye and Skin Contact: Flush eyes with a large amount of water for at least 15 minutes. See a physician if irritation persists. Wash affected skin areas with soap and water.

V – REACTIVITY INFORMATION

STABILITY	CONDITIONS TO AVOID
[X] STABLE [ ] UNSTABLE	Temperatures over 220C/428F.

HAZARDOUS DECOMPOSITION PRODUCTS
Amines, styrene monomer, divinylbenzene.

HAZARDOUS POLYMERIZATION	CONDITIONS TO AVOID
[ ] MAY OCCUR [X] WILL NOT OCCUR	

INCOMPATIBILITY (MATERIALS TO AVOID) [ ] WATER [X] OTHER
Avoid contact with concentrated nitric acid or any other strong oxidizing agents at all times.

VI – SPILL OR LEAK PROCEDURE INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Floor may be slippery. Use care to avoid falls. Sweep up and transfer to containers for recovery or disposal.

WASTE DISPOSAL METHODS
This material can be disposed of as ordinary trash. Landfill or incinerate according to current local, state and federal regulations.

VII – SPECIAL PROTECTION INFORMATION

VENTILATION TYPE
Normal room ventilation.

RESPIRATORY PROTECTION
None required for normal operations.

PROTECTIVE GLOVES	EYE PROTECTION
	Safety glasses (ANSI Z87.1 or approved equival

OTHER PROTECTIVE EQUIPMENT

VIII – STORAGE AND HANDLING INFORMATION

STORAGE TEMPERATURE	INDOOR	HEATED	REFRIGERATED	OUTDOOR
MAX. 49C/120F MIN. 0C/32F	YES	NO	NO	YES

Avoid repeated freeze-thaw cycles.

NOTE: The maximum operating temperature recommended for this product is 100C/212F.

Footnote to Section I: NE = None established

IX – TOXICITY INFORMATION

No data

X – MISCELLANEOUS INFORMATION

Caution: Do not pack column with dry ion exchange resins. Dry beads expand when wetted; this expansion can cause a glass column to shatter.
Caution: Nitric acid and other strong oxidizing agents can cause explosive-type reactions when mixed with ion exchange resins. Proper design of equipment to prevent rapid build-up of pressure is necessary if use of an oxidizing agent such as nitric acid is contemplated. Before using strong oxidizing agents in contact with ion exchange beads, consult sources knowledgeable in handling these materials.
AMBERLITE® IS A TRADEMARK OF ROHM AND HAAS COMPANY OR ONE OF ITS SUBSIDIARIES OR AFFILIATES.

NA • NOT APPLICABLE C • CEILING VALUE	KEY	DATE OF ISSUE	SUPERSEDES
	906416-6	10/08/85	03/06/84

THE INFORMATION CONTAINED HEREIN IS BASED ON DATA CONSIDERED ACCURATE. HOWEVER, NO WARRANTY IS EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF THESE DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF.

ROHM AND HAAS COMPANY ASSUMES NO RESPONSIBILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE TO VENDEES, USERS OR THIRD PARTIES CAUSED BY THE MATERIAL. SUCH VENDEES OR USERS ASSUME ALL RISKS ASSOCIATED WITH THE USE OF THE MATERIAL.

ROHM AND HAAS COMPANY

CORPORATE PRODUCT INTEGRITY DEPARTMENT
INDEPENDENCE MALL WEST
PHILADELPHIA, PA 19105

EMERGENCY TELEPHONE
215-592-3000 (ROHM AND HAAS)
800-424-9300 (CHEMTREC)

HAZARD RATING
4=EXTREME
3=HIGH
2=MODERATE
1=SLIGHT
0=INSIGNIFICANT
**=SEE SECTION IV

FIRE 1 | REACTIVITY 0 | TOXICITY 2 | SPECIAL

MATERIAL SAFETY DATA SHEET

NOT OSHA HAZARDOUS

LIST 7

MATERIAL	CODE	KEY	DOT HAZARD CLASS
AMBERLITE® DP-1 Resin	69573	906397-9	NONREGULATED
	DATE ISSUED 10/03/85		

FORMULA	CHEMICAL NAME OR SYNONYMS
Not applicable	Methacrylic acid/DVB ion exchange resin (sodium form)

I — COMPOSITIONAL INFORMATION

	CAS REG. NO.	APPROX WT %	TWA/TLV R&H	TWA/TLV OSHA	TWA/TLV ACGIH
Methacrylic acid/DVB cation exchange resin	NONHAZ	30-40	NE	NE	NE
Water	NONHAZ	60-70	NE	NE	NE

II — PHYSICAL PROPERTY INFORMATION

APPEARANCE - ODOR - pH.			VISCOSITY
Light buff beads; odorless; pH (aqueous slurry) 9.5-11.5			NA
MELTING OR FREEZING POINT	**BOILING POINT**	**VAPOR PRESSURE (mm Hg)**	**VAPOR DENSITY (AIR=1)**
0C /32F (water)	NA	17 (water)	0.62 (water)
SOLUBILITY IN WATER	**PERCENT VOLATILE (BY WEIGHT)**	**SPECIFIC GRAVITY (WATER=1)**	**EVAPORATION RATE (BUTYL ACETATE=1)**
Negligible	60-70 (water)	1.17	<1 (water)

III — FIRE AND EXPLOSION HAZARD INFORMATION

FLASH POINT	AUTO IGNITION TEMPERATURE	LOWER EXPLOSION LIMIT (%)	UPPER EXPLOSION LIMIT (%)
NA	427C /800F (est.)	NA	NA

EXTINGUISHING MEDIA

☐ FOAM ☐ "ALCOHOL" FOAM ☒ CO_2 ☒ DRY CHEMICAL ☒ WATER SPRAY ☐ OTHER

SPECIAL FIRE-FIGHTING PROCEDURES

Wear MSHA/NIOSH-approved, pressure-demand, self-contained breathing apparatus or equivalent and full protective equipment.

UNUSUAL FIRE AND EXPLOSION HAZARDS

None known

IV — HEALTH HAZARD INFORMATION

ROHM AND HAAS RECOMMENDED WORK PLACE EXPOSURE LIMITS

None established

EFFECTS OF OVEREXPOSURE

Eye Contact: Product, as supplied, can cause eye irritation.

EMERGENCY AND FIRST AID PROCEDURES

Eye Contact: Immediately flush eyes with large amounts of water and continue for at least 15 minutes. Get prompt medical attention.

V – REACTIVITY INFORMATION

STABILITY	CONDITIONS TO AVOID
[X] STABLE [ ] UNSTABLE	Temperatures over 220C/428F.

HAZARDOUS DECOMPOSITION PRODUCTS
Methacrylate monomer, divinylbenzene.

HAZARDOUS POLYMERIZATION	CONDITIONS TO AVOID
[ ] MAY OCCUR [X] WILL NOT OCCUR	

INCOMPATIBILITY (MATERIALS TO AVOID)
[ ] WATER [X] OTHER
Avoid contact with concentrated nitric acid or any other strong oxidizing agents at all times.

VI – SPILL OR LEAK PROCEDURE INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED
Floor may be slippery. Use care to avoid falls. Sweep up and transfer to containers for recovery or disposal.

WASTE DISPOSAL METHODS
This material can be disposed of as ordinary trash.

VII – SPECIAL PROTECTION INFORMATION

VENTILATION TYPE
Normal room ventilation.

RESPIRATORY PROTECTION
None required for normal operations.

PROTECTIVE GLOVES	EYE PROTECTION
	Splash goggles (ANSI Z87.1 or equivalent)

OTHER PROTECTIVE EQUIPMENT
Eyewash facility

VIII – STORAGE AND HANDLING INFORMATION

STORAGE TEMPERATURE	INDOOR	HEATED	REFRIGERATED	OUTDOOR
MAX. 49C/120F MIN. 0C/32F	YES			YES

Avoid repeated freeze-thaw cycles.

NOTE: The maximum operating temperature recommended for this product is 121C/250F.

FOOTNOTE TO SECTION I: NE= None established

IX – TOXICITY INFORMATION

No data

X – MISCELLANEOUS INFORMATION

Caution: Do not pack column with dry ion exchange resins. Dry beads expand when wetted; this expansion can cause a glass column to shatter.
Caution: Nitric acid and other strong oxidizing agents can cause explosive-type reactions when mixed with ion exchange resins. Proper design of equipment to prevent rapid build-up of pressure is necessary if use of an oxidizing agent such as nitric acid is contemplated. Before using strong oxidizing agents in contact with ion exchange beads, consult sources knowledgeable in handling these materials.
AMBERLITE® IS A TRADEMARK OF ROHM AND HAAS COMPANY OR ONE OF ITS SUBSIDIARIES OR AFFILIATES.

NA = NOT APPLICABLE C = CEILING VALUE	KEY	DATE OF ISSUE	SUPERSEDES
	906397-9	10/03/85	08/11/82

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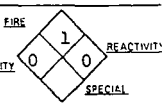
ROHM AND HAAS COMPANY NEW NAME 09/22/86

CORPORATE PRODUCT INTEGRITY DEPARTMENT
INDEPENDENCE MALL WEST
PHILADELPHIA, PA 19105

EMERGENCY TELEPHONE
215-592-3000 (ROHM AND HAAS)
800-424-9300 (CHEMTREC)

HAZARD RATING
4=EXTREME
3=HIGH
2=MODERATE
1=SLIGHT
0=INSIGNIFICANT
**=SEE SECTION IV



MATERIAL SAFETY DATA SHEET

NOT OSHA HAZARDOUS

LIST 7

MATERIAL	CODE	KEY	DOT HAZARD CLASS
DUOLITE® GT-73 Resin	61920	890394-8	NONREGULATED
	DATE ISSUED 10/16/85		

FORMULA	CHEMICAL NAME OR SYNONYMS
na	Weak and cation exchange resin-hydrogen form

I — COMPOSITIONAL INFORMATION

	CAS Reg. No.	APPROX WT %	TWA/TLV R&H	OSHA	ACGIH
Styrene/DVB cation ion exchange resin	NONHAZ	46-50	NE	NE	NE
Water	NONHAZ	50-54	NE	NE	NE

II — PHYSICAL PROPERTY INFORMATION

APPEARANCE - ODOR - pH.			VISCOSITY
Clear brown beads (0.3-1.2mm) pH=5-6			NA
MELTING OR FREEZING POINT	**BOILING POINT**	**VAPOR PRESSURE (mm Hg)**	**VAPOR DENSITY (AIR=1)**
0C/32F	100C/212F	17/20C/68F	<1
SOLUBILITY IN WATER	**PERCENT VOLATILE (BY WEIGHT)**	**SPECIFIC GRAVITY (WATER=1)**	**EVAPORATION RATE (BUTYL ACETATE=1)**
Insoluble	50-54	1.30	<1

III — FIRE AND EXPLOSION HAZARD INFORMATION

FLASH POINT	AUTO IGNITION TEMPERATURE	LOWER EXPLOSION LIMIT (%)	UPPER EXPLOSION LIMIT (%)
NA	No data	NA	NA

EXTINGUISHING MEDIA

☐ FOAM ☐ "ALCOHOL" FOAM ☒ CO_2 ☒ DRY CHEMICAL ☒ WATER SPRAY ☐ OTHER

SPECIAL FIRE FIGHTING PROCEDURES

Wear respirator (pressure-demand, self-contained breathing apparatus, MSHA/NIOSH-approved or equivalent) and full protective gear.

UNUSUAL FIRE AND EXPLOSION HAZARDS

Oxides of sulfur.

IV — HEALTH HAZARD INFORMATION

ROHM AND HAAS RECOMMENDED WORK PLACE EXPOSURE LIMITS

None established

EFFECTS OF OVEREXPOSURE

Eye Contact: Possibly irritating to the eyes.

EMERGENCY AND FIRST AID PROCEDURES

Eye Contact: Flush eyes with large amounts of water for at least 15 minutes. Get prompt medical attention.

BIBLIOGRAPHY

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4. Soda Ash Improves lead Removal In Lime Precipitation Process, Hsu and Riddell: Greeley and Hanson Engineers, Chicago, IL., Bonamico: Gilbert and Bennett Mfg. Co., Blue Island, IL.

5. Field Manual: Performance Evaluation and Troubleshooting at Metal Finishing WWTP, NTIS/PB 85-107274.

6. Advances and Changing Costs in Reverse Osmosis and Ion Exchange Systems, Little and Lefevre, Power 1983.

7. Wastewater Treatment by Membranes: What Can Be Done About Fouling?, Belfort and Marx, School of Applied Science and Technology, Jerusalem, Israel.

8. The Role of Ion Exchange in Waste Management, Alan B. Kemp, Penfield, Inc., Plantsville, CT., AESF Technical Seminar, November 21, 1987.

9. EPA Summary Report: Control and Treatment Technology For The Metal Finishing Industry: Ion Exchange, EPA/625/8-81-007.

10. Environmental Pollution Control Alternatives: Reducing Water Pollution Control Costs In The Electroplating Industry. EPA/625/5-85/016.

11. Cooling Tower Technology, Burger: Heating/Piping/Air Conditioning, August, 1987.

V – REACTIVITY INFORMATION

STABILITY: [X] STABLE [ ] UNSTABLE

CONDITIONS TO AVOID: Temperatures greater than 120C(248F)

HAZARDOUS DECOMPOSITION PRODUCTS: Styrene, and divinylbenzene monomers

HAZARDOUS POLYMERIZATION: [ ] MAY OCCUR [X] WILL NOT OCCUR

CONDITIONS TO AVOID: None known

INCOMPATIBILITY (MATERIALS TO AVOID): [ ] WATER [X] OTHER — Avoid contact with nitric acid and other strong oxidizing agents.

VI – SPILL OR LEAK PROCEDURE INFORMATION

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Floor may be slippery. Use care to avoid falls. Sweep-up and transfer to containers for recovery or disposal

WASTE DISPOSAL METHODS

Dispose of material as ordinary trash.

VII – SPECIAL PROTECTION INFORMATION

VENTILATION TYPE: Normal room ventilation

RESPIRATORY PROTECTION: None required for normal operation

PROTECTIVE GLOVES	EYE PROTECTION
Impervious	Safety glasses.

OTHER PROTECTIVE EQUIPMENT: Eyewash facility

VIII – STORAGE AND HANDLING INFORMATION

STORAGE TEMPERATURE	INDOOR	HEATED	REFRIGERATED	OUTDOOR
MAX. 100C/212F MIN. 0C/32F	YES	NO	NO	YES

Note: Maximum operating temperature is 120C(248F). (Functional group destruction and loss of capacity)

NE=None established

IX – TOXICITY INFORMATION

No data

X – MISCELLANEOUS INFORMATION

Caution: Do not pack column with dry ion exchange resins. Dry beads expand when wetted; this expansion can cause a glass column to shatter.

Caution: Nitric acid and other strong oxidizing agents can cause explosive-type reactions when mixed with ion exchange resins. Proper design of equipment to prevent rapid build-up of pressure is necessary if use of an oxidizing agent such as nitric acid is contemplated. Before using strong oxidizing agents in contact with ion exchange beads, consult sources knowledgeable in handling these materials

DUOLITE® IS A TRADEMARK OF ROHM AND HAAS COMPANY OR ONE OF ITS SUBSIDIARIES OR AFFILIATES.

NA • NOT APPLICABLE C • CEILING VALUE	KEY	DATE OF ISSUE	SUPERSEDES
	890394-8	10/16/85	09/20/85

THE INFORMATION CONTAINED HEREIN IS BASED ON DATA CONSIDERED ACCURATE. HOWEVER, NO WARRANTY IS EXPRESSED OR IMPLIED REGARDING THE ACCURACY OF THESE DATA OR THE RESULTS TO BE OBTAINED FROM THE USE THEREOF

ROHM AND HAAS COMPANY ASSUMES NO RESPONSIBILITY FOR PERSONAL INJURY OR PROPERTY DAMAGE TO VENDEES, USERS OR THIRD PARTIES CAUSED BY THE MATERIAL. SUCH VENDEES OR USERS ASSUME ALL RISKS ASSOCIATED WITH THE USE OF THE MATERIAL

APPENDIX D

RESIN SERVICE LIFE MODELLING CALCULATIONS

MALCOLM PIRNIE

BY ..... DATE ..... SHEET NO. 1 OF .....

CHKD. BY ..... DATE ..... JOB NO. .....

SUBJECT .....

Estimated Capacity of Rohm + Haas Duolite GT-73, to determine the frequency of regeneration or replacement.

Assume: 1. $[Pb^{2+}] = 2.5\ mg/\ell$

2. $Q = 5$ GPM, continuous, 24 hr flow.

3. Pb (M.W.) $= 208\ gm/gm\text{-}mole$

4. GT-73 capacity for Lead $= 0.75\ eq./\ell$ (from Figure ___)

5. Exchange Column containing 3 cu.ft of resin.

1. GT-73 Resin Capacity $= (0.75\ eq/\ell)\left(\frac{208\ gm/gm\text{-}mole}{2\ eq/gm\text{-}mole}\right)\left(\frac{0.0022\ lb/gm}{0.0353\ cuft./\ell}\right) = 4.86\ \frac{lb\ Pb}{cu.ft\ resin}$

2. Lead Loading $= (2.5\ mg/\ell)(8.34)(1000\ gall)\left(\frac{10^{-6}\ mg}{gall}\right) = \frac{0.021\ lb\ Pb}{1000\ gall\ of\ cooling\ water}$

3. A 3 cu.ft. column would remove ... $= \left(\frac{4.86\ lb\ Pb}{cuft\ resin}\right)(3\ cuft) = 14.58\ lb\ Pb$

4. GT-73 Service life until resin exhaustion ... $= \frac{(14.58\ lb)\left(\frac{1000\ gall}{0.021\ lb\ Pb}\right)}{\left(5\ \frac{gall.}{min.}\right)\left(\frac{60\ min.}{hr.}\right)} = 2313$ hours.

A Pb conc. = 1.0 mg/l under the same conditions would allow a GT-73 service life of...

Lead Loading = $(1.0\ mg/l)(8.34)(1000\ gall)\left(\frac{10^{-6}\ mg}{gall}\right) = \frac{0.00834\ lb}{1000\ gall.}$

Service Life of GT-73 (3 cu.ft.) = $\frac{14.58\ lb\left(\frac{1000\ gall}{0.00834\ lb\ Pb}\right)}{\left(\frac{5\ gall}{min}\right)\left(\frac{60\ min}{1\ hr.}\right)} = 5827$ hours.

A Pb. conc = 2.5 mg/l at Q = 2.0 GPM would allow a GT-73 Service life of...

Lead Loading = $\frac{0.021\ lb\ Pb}{1000\ gall.}$

Service life of GT-73 (3 cu.ft.) = $\frac{(14.58\ lb)\left(\frac{1000\ gall}{0.021\ lb\ Pb}\right)}{\left(\frac{2.5\ gall}{min}\right)\left(\frac{60\ min.}{hr.}\right)} = 4626$ hrs.

A Matrix of values are shown on Table 3.

TABLE 3

PROJECTED SERVICE LIFE OF GT-73 RESIN

RESIN CAPACITY = 4.86 lb. Pb / cu. ft. resin
= 14.58 lb Pb / 3 cu. ft. column

1 "DAY" = 1-10 HOUR SHIFT

1 GPM (60 MIN./HR.)(10 HOUR/DAY) = 600 GPD.

PROJECTED Pb CONC.	PROJECTED FLOW RATE		Lb. Pb. PER 1000 GAL.	Lb. Pb PER DAY	PROJECTED RESIN LIFE (3 CU. FT. COLUMN.)	
(MG/L)	GPM	(GPD)	(Lb)	(Lb)	(GALLONS)	(HRS.)
0.5	0.50	300	0.0042	0.00126	3,471,429	280,000
	0.83	500	"	0.00210	"	168,000
	1.67	1000	"	0.00420	"	84,000
	5.00	3000	"	0.0126	"	28,000
	8.33	5000	"	0.0210	"	16,800
1.0	0.50	300	0.0083	0.00240	1,756,626	140,000
	0.83	500	"	0.00415	"	84,000
	1.67	1000	"	0.00830	"	42,000
	5.00	3000	"	0.0240	"	14,000
	8.33	5000	"	0.0415	"	8,400
2.5	0.50	300	0.0210	0.0063	694,286	55,943
	0.83	500	"	0.0105	"	33,566
	1.67	1000	"	0.0210	"	16,783
	5.00	3000	"	0.0630	"	5,594
	8.33	5000	"	0.1050	"	3,357
5.0	0.50	300	0.0330	0.0099	441,818	27,971
	0.83	500	"	0.0165	"	16,783
	1.67	1000	"	0.0336	"	8,392
	5.00	3000	"	0.0990	"	2,797
	8.33	5000	"	0.1656	"	1,678
10.0	0.50	300	0.0660	0.0198	220,909	13,986
	0.83	500	"	0.033	"	8,392
	1.67	1,000	"	0.066	"	4,196
	5.00	3000	"	0.198	"	1,399
	8.33	5000	"	0.330	"	839

Pb CONC. (MG/L)	FLOW RATE (GPD)	% ANNUAL FLOW (%)	RESIN LIFE AT 100% FLOW	RESIN LIFE AT 20% FLOW
0.5	3000	20	28,000	5,600
1.0	3000	20	14,000	2,800
2.5	3000	20	5,594	1,119
5.0	3000	20	2,797	559
10.0	3000	20	1,399	80

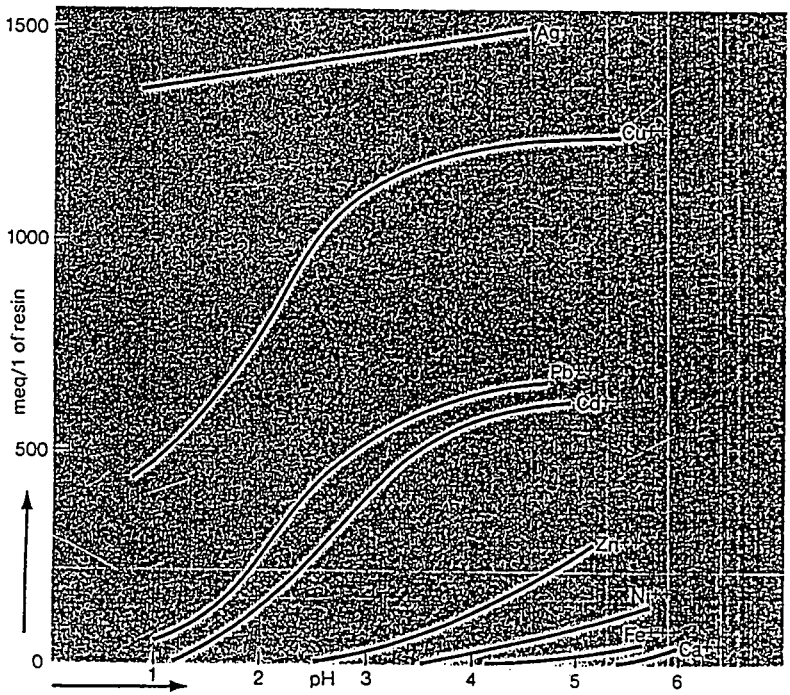


Figure 15

GT-73 Weak Acid

Metals Selectivity and ph Effects

APPENDIX E

TREATMENT SYSTEM COST SUMMARY

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.

BY ..... DATE ..... SHEET NO. ..... OF .....

CHKD. BY ..... DATE ..... JOB NO. .....

SUBJECT .....

COST ESTIMATES AND SUMMARY: NON-REGENERABLE ION EXCHANGE

INSTALLED COST (#):

EQUIPMENT:

ION EXCHANGE COLUMNS AND APPURTENANCES	15,000
CARTRIDGE PREFILTER, S.S.	200
ION EXCHANGE BEDS, 2 @ $600/FT3, 3 FT3 @	3,600
PIPING	1000
PUMPS (3)	1500
TANKS, STEEL LINED (2)	1500
CONTROLS	2000
MISC.	500
EQUIP'M. S.T. =	25,300

INSTALLATION; LABOR, MATERIALS:

SITE PREP	1000
PLUMBING	1200
ELECTRICAL	1200
MISC.	500
INST. S.T. =	3,900

TOTAL INSTALLED COST (#) = 29,200.

ANNUAL COSTS (#/YR.)

OPERATION:

LABOR	1000
MAINTAINANCE	1000
PLANT OVERHEAD	700
REPLACEMENT RESIN	1000
RESIN DISPOSAL	400
OPERATIONS S.T. =	4100

FIXED COSTS

DEPRECIATION (10% OF INV.)	2920
TAXES INSURANCE (1% OF INV.)	300

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.

BY ..... DATE ..... SHEET NO. ..... OF .....

CHKD. BY ..... DATE ..... JOB NO. .....

SUBJECT .....

COST ESTIMATES AND SUMMARY: REGENERABLE ION EXCHANGE

INSTALLED COST ($):

EQUIPMENT:

ION EXCHANGE COLUMNS AND APPURT.	22,000
CARTRIDGE PREFILTER (SS)	200
IX BEDS, 2 @ $600/cu.FT, 3 FT³ EA	3600
PIPING	1000
PUMPS (3)	1000
TANKS (2)	1500
CONTROLS	2000
MISC	
REGENGRANT TMT PROCESS TANKS,	5000
REGENERATION PROCESS TANKS, CONTROLS, PUMPS	10,000
CHEMICALS	
S.T. =	46,300

INSTALLATION, LABOR, MATERIALS

SITE REP	1500
PLUMBING	2000
ELECTRICAL	2000
MISC	1000
S.T. =	6500
TOTAL INSTALLED COST =	52,800

ANNUAL COSTS ($/YR.)

OPERATION

LABOR (50 HRS/YR @ $10/HR.)	500
MAINTAINANCE	2000
PLANT OVERHEAD	1000
REPLACEMENT RESIN	200
CHEMICALS	1000
S.T.:	4700

FIXED COSTS

DEPRECIATION (10% OF INV.)	4,630
TAXES, INSURANCE (1% OF INV.)	460
S.T.	5090

APPENDIX F

REQUIRED LEAD REMOVAL EFFICIENCY FOR DISCHARGE COMPLIANCE

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.
BY MGP DATE 12-15-87 SHEET NO. 1 OF
CHKD. BY DATE JOB NO.
SUBJECT

(1.) Required lead concentrations in treated effluent, to be in compliance with Categorical Standards 40 CFR 421 Subpart M. (Table).

(2.) Calculations are based on 1987 Baseline Monitoring Report Data.

	DATE	FLOW (GPD)	CONC. (MG/L)	TOTAL MG	KG, CAST	MG/KG	LIMIT
(1.)	6/30/87	150	2.5	1419.49	17,216	0.082	0.006
(2.)	7/01/87	300	0.41	465.59	18,782	0.025	0.006
(3.)	7/02/87	300	0.42	476.95	44,770	0.011	0.006
						0.039	0.003

(1.) $(2.5\ MG/L)(300\ GALL/DAY)(1\ DAY)\left(\frac{3.7854\ L}{GALL}\right) = 1419.52\ MG.$

(2.) $(0.41\ MG/L)(150\ GALL/DAY)(1\ DAY)\left(\frac{3.7854\ L}{GALL}\right) = 465.59\ MG.$

(3.) $(0.42\ MG/L)(150\ GALL/DAY)(1\ DAY)\left(\frac{3.7854\ L}{GALL}\right) = 476.96\ MG.$

(1) $\frac{MG}{KG} = \frac{1419.52\ MG}{17,216} = 0.0825\ \frac{MG}{KG}$

(2) $\frac{MG}{KG} = \frac{465.6\ MG}{18,782\ KG} = 0.025\ \frac{MG}{KG}$

(3) $\frac{MG}{KG} = \frac{476.96\ MG}{44720\ KG} = 0.0107 = 0.011\ \frac{MG}{KG}$

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.

BY ..... DATE 12-15-87 SHEET NO. 2 OF .....

CHKD. BY ..... DATE ..... JOB NO. .....

SUBJECT .....

	CURRENT MG/KG	LEAD CONC. TO COMPLY WITH DAILY MAX (0.006) (MG/L)	LEAD CONC. TO COMPLY WITH MONTHLY AVG (0.003) (MG/L)
(1.)	0.0825	0.18	0.09
(2.)	0.025	0.10	0.05
(3.)	0.011	0.23	0.115
RANGE:		(0.10 to 0.23)	(0.05 – 0.115)

TARGET REMOVAL LEVELS : 0.05 MG/L TO 0.09 MG/L

ROTH BROS. SMELTING CORP.
COMPLIANCE REPORT DATA
CASTING COOLING WATER

	DATE	FLOW (GPD)	CONC. (mg/l)	POUNDS CAST	mg TOTAL	kg CAST	mg/kg	LIMIT
AMMONIA	06/30/87	150	<0.04	46125	<22.71	17216	<0.001	0.000
	07/01/87	300	<0.04	50322	<45.42	18782	<0.002	0.000
	07/02/87	300	<0.04	119950	<45.42	44770	<0.001	0.000
							=====	=====
					Three Day Mean ->		<0.002	0.000
ANTIMONY	06/30/87	150	<0.50	46125	<283.90	17216	<0.016	0.042
	07/01/87	300	<0.50	50322	<567.80	18782	<0.030	0.042
	07/02/87	300	<0.50	119950	<567.80	44770	<0.013	0.042
							=====	=====
					Three Day Mean ->		<0.020	0.019
LEAD	06/30/87	150	2.5	46125	419.49	17216	0.082	0.006
	07/01/87	300	0.41	50322	465.59	18782	0.025	0.006
	07/02/87	300	0.42	119950	476.95	44770	0.011	0.006
							=====	=====
					Three Day Mean ->		0.039	0.003
ARSENIC	06/30/87	150	0.046	46125	26.12	17216	0.002	0.031
	07/01/87	300	<0.020	50322	<22.71	18782	<0.001	0.031
	07/02/87	300	<0.020	119950	<22.71	44770	<0.001	0.031
							=====	=====
					Three Day Mean ->		<0.002	0.013
ZINC	06/30/87	150	0.24	46125	136.27	17216	0.008	0.022
	07/01/87	300	<0.05	50322	<56.78	18782	<0.003	0.022
	07/02/87	300	<0.05	119950	<56.78	44770	<0.001	0.022
							=====	=====
					Three Day Mean ->		<0.005	0.009

APPENDIX G

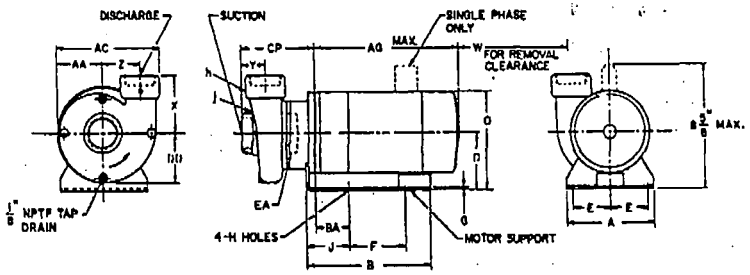
TYPICAL TREATMENT PROCESS EQUIPMENT

INGERSOLL-RAND.
PUMPS

SMP
STANDARD MOTOR PUMPS

7110.30
Sheet 501
November, 1984
Cancels 7110.30, Sh. 501, dated September 30, 1983.

GENERAL ARRANGEMENT
SMP-1000 SERIES



MAXIMUM NEMA MOTOR DIMENSIONS OPEN DRIP-PROOF & TOTALLY ENCLOSED													
Motor HP	Frame Size	A	B	AG	D	E	F	G	H	J	BA	O	Weight
½ to 1	56C	6	6⅝	10½	3½	2 7/16	3	½	11/16	3	2 5/16	6⅝	30
1½ & 2	56C	6	6⅝	12½	3½	2 7/16	3	½	11/16	3	2 5/16	6⅝	40

PUMP DIMENSIONS											
Pump Type	Suction	Disch.	CP	AA	AC	DD	W	X	Y	Z	Weight Less Motor
1¼ x 1 x 4	1¼ NPT	1 NPT	5	3	8⅝	3¼	2	3½	1⅝	2¼	23
1¼ x 1¼ x 4	1¼ NPT	1¼ NPT	5	3	7	3¼	2	3½	1⅝	2¼	25
1½ x 1½ x 3	1½ NPT	1½ NPT	5	3	7	3¼	2	3½	1⅝	2¼	25

AUXILARY CONNECTION (NPTF)	
h	½ Gage Connection Disch.
j	½ Gage Connection Suction
EA	½ Mechanical Seal Flush

GENERAL NOTES

1. Consult Instruction Book, SPAD 165 Before Installing Pump.
2. All dimensions given in inches and weight in pounds.
3. Use bolts or capscrews to secure motor feet.
4. Listed motor dimensions and weights are maximum, and vary with motor manufacturer (except foot dimensions).
5. Motors are furnished with either a conduit box or a .656 drilled hole.
6. The design of piping system, foundation, and other areas of system design is the responsibility of others. Ingersoll-Rand data and comments are offered as an aid, but I-R cannot assume responsibility for the design and operation. We recommend that the customer consult a specialist skilled in the design of foundations, piping, sumps, and related systems so as to supplement and interpret Ingersoll-Rand Company information and ensure a successful installation.

PRELIMINARY—DO NOT USE FOR CONSTRUCTION UNLESS ENDORSED BELOW

CUSTOMER	CUSTOMER ORDER NO.
PROJECT & LOCATION	CUSTOMER ITEM NO.

I-R ITEM NO.	PUMP SIZE	PUMP SERVICE	MOTOR FRAME & ENCLOSURE	H.P.	VOLTAGE	R.P.M.	PHASE	HERTZ

INGERSOLL-RAND COMPANY ORDER NO.	CERTIFIED ONLY WHEN ENDORSED PER _____ DATE _____

Printed in U.S.A.

ECONOMY STAINLESS STEEL TANK

Series EVT

STANDARD FEATURES

Type 304 stainless steel with 2B mill finish.
15° cone bottom (with drain fitting included in price).
Sanitary radius corners. All welds planished, passivated & leak tested.
Stainless steel mixer pad.
2" pipe legs in stainless steel hip sockets. (Beam legs on tanks over 3,000 gal.)
Heavy gauge construction.
STOCKED FOR QUICK DELIVERY:
18-1,000 gallon sizes

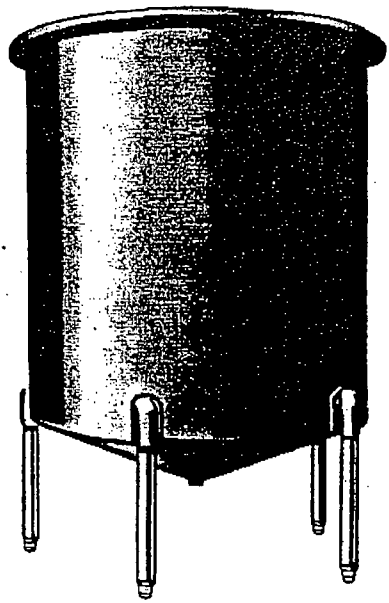
SPECIFICATIONS

Material of construction: Type 304 stainless steel.

Capacity:	18 to 5,000 gal.
Finish:	2B mill finish. All internal welds ground flush & buffed to 80 grit; emery & wire-brushed exterior welds.
Diameter:	18" to 111"
Depth:	18" to 120"
Approx. net weight:	see chart on p. 11
Legs:	2" carbon steel pipe with corrosion-resistant coating & adjustable bullet feet. 6" steel beam legs on EVT-3500 thru EVT-5000. See chart on p. 11 for number of legs on tank.
Outlet:	Female threaded half coupling. See chart p. 11 for size. Allowance is made for 12" clearance from drain fitting to floor.

OPTIONS

(allow for additional delivery time)
Tanks are available in T-316 stainless steel at extra cost. Also available: extra fittings; 1, 2 & 3-pc. covers in stainless steel & poly; mixer bracket & channels; slot in cover for mixer; liquid level gauge & sight glass; casters; push bars; closed head with manway; fiberglass insulation with stainless steel shroud; baffles; stainless steel legs; stainless steel and carbon steel floor flanges; baffles; thru-floor brackets; electric clamp-on heaters with thermostatic control [redacted] see p. 36-40.)



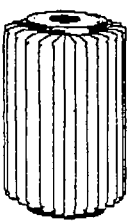
CPL SPECIFICATIONS — 150 psig Design

MODEL NO.	CONN.		MAX. REC. Flow Rate[3] (GPM)	"H" Housing Factor	DIMENSIONS — INCHES[1]					HOUSING GASKET PART NO.	ELEMENT			Approx. Weight lbs.
	Size (in.)	Style			A	B	D	E	F		Part No.	No. Req'd.	Total Filter Area Sq. Ft.	
CPL 110-005 FT	¼	FPT	12	A	3¾	¾	12¾	5¾	10¾	40315	15011K5	1	1.8	7
CPL 110-007 FT	¾	FPT	20	B	3¾	¾	12¾	5¾	10¾	40316	15011K5	1	1.8	7
CPL 110-010 FT	1	FPT	22	C	3¾	¾	12¾	4¼	10¾	40316	15011K5	1	1.8	7
CPL 115-015 MT	1¼	MPT	40	D	5¼	3	17	11	10	6003BF0	15470K5	1	3.3	20
CPL 120-015 MT[2]	1½	MPT	50	E	6¼	3	19	12	12	6004B04	12348K5	1	4.0	30
CPL 130-020 MT	2	MPT	90	F	8¼	4½	20	18	12	6005BF0	10825K5	1	7.2	45
CPL 140-030 MT	3	MPT	135	G	8¼	4½	27¾	18	17	6005BF0	10826K5	1	11.0	50
CPL 150-040 FL	4	FLG	250	H	10¾	5¼	35¾	20	21	6006BF0	10827K5	1	21.0	90
CPL 160-040 FL	4	FLG	410	H	12¾	11¼	51	22¾	26	6007B03	15469K5	1	34.0	310
CPL 170-060 FL	6	FLG	925	K	16	13	77	26	26	6008B03	10828K5	2	77.0	435
CPL 180-080 FL	8	FLG	1,500	N	16	13	77	26	26	6008B03	10829K5	2	124.0	450
CPL 190-100 FL	10	FLG	2,500	Q	20	15½	84	32	26	6009B03	10830K5	2	225.0	770
CPL 200-120 FL	12	FLG	3,500	T	24	17½	115	36	26	6010B03	10831K5	3	373.0	1,025

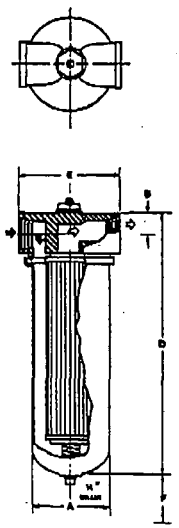
1. All dimensions are approximate.
2. See optional V-Band closure, pg. 6.
3. Based on water and standard 20 micron polyester cartridges.

- Models CPL 110 have a maximum design of 150 psig at 100°F.
- Standard filters are supplied with 20 micron polyester filter medium (medium designation #5).
- Models CPL 115 thru 200 have ¼" NPT plugged gauge connections.
- Models CPL 160 have two (2) handles for closure removal. CPL 170 thru 200 have a hinged closure with one (1) handle.
- Models CPL 150 thru 200 have three (3) leg supports with length of 18" from bottom vessel to grade.
- Drain and vent connections are plugged 3000# NPT couplings.
- All flanges are 150 lb. ANSI, raised face.

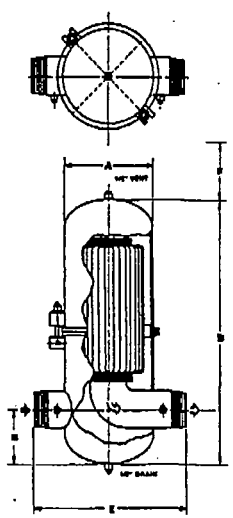
Element Style for Models CPL 110



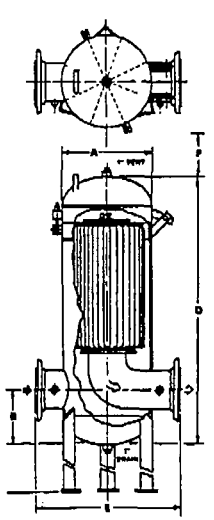
Element Style for Models CPL 115 thru 200



Models CPL110



Models CPL 115 thru 150



Models CPL 160 thru 200

LEMENT MEDIUM OPTIONS

Standard filters are supplied with medium #5 for 20 micron ominal retention. Other materials are available to meet various mperature, micron rating, and chemical compatibility require- ants. Listed below are common medium substitutions. The on table at the left is arranged and grouped by micron retention. Within micron groups the options are listed in order of cost with the least expensive shown first. Many other materials are available upon request. Selection of an optional medium will usually change the filter flow rate and differential pressure values, therefore recalculation is required.

MEDIUM OPTIONS
In Micron Retention Order

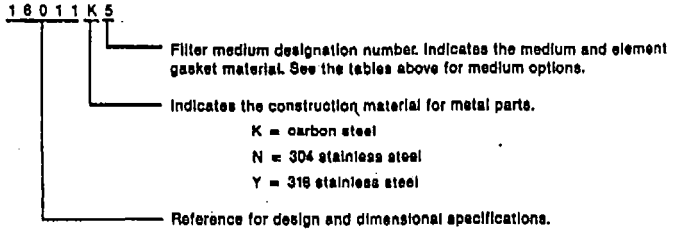
NOMINAL (98%) RETENTION RATING	MEDIUM	MAX TEMP	"M" FACTOR[3]	MEDIUM DESIGNATION
1 Micron	Woven Polyester	300°F	17.0	707
	Woven Cotton	200°F	17.0	42
	Woven Polypropylene	175°F	17.0	103
2 Micron	Woven Polyester	300°F	6.8	66
5 Micron	Woven Cotton	200°F	1.8	3
	Felted Polyester	300°F	2.0	7[1]
	Woven Polypropylene	175°F	1.8	103
	Felted Polyester	300°F	2.0	225
	Woven Nylon	250°F	2.5	59
	Woven Teflon[4]	450°F	2.5	703
8 Micron	Woven Fiberglass	700°F	2.5	135
10 Micron	Felted Polyester	300°F	1.3	120
	Felted Polypropylene	175°F	1.3	142
	Woven Polypropylene	175°F	1.8	101
	Woven Teflon[4]	450°F	1.5	701
15 Micron	Woven Polypropylene	175°F	1.3	100
	Woven Fiberglass	700°F	1.3	8
20 Micron	Felted Polyester	200°F	1.0	5[1]
	Felted Polyester	300°F	1.0	169
	Felted Nomex[4]	450°F	1.0	180
30 Micron	Woven Cotton	200°F	0.9	1
40 Micron	Woven Nylon	250°F	0.5	60
90 Micron	Woven Nylon	250°F	0.1	85
245 Micron	Felted Polyester	300°F	0.5	245

MEDIUM OPTIONS
In Designation Number Order

MEDIUM DESIGNATION	"M" FACTOR[3]	MEDIUM	NOMINAL (98%) MICRON RATING	MAX TEMP
1	0.9	Woven Cotton	30	200°F
3	1.8	Woven Cotton	8	200°F
5[1]	1.0	Felted Polyester	20	200°F
7[2]	2.0	Felted Polyester	5	300°F
8	1.3	Woven Fiberglass	15	700°F
42	17.0	Woven Cotton	1	200°F
59	2.5	Woven Nylon	5	250°F
60	0.5	Woven Nylon	45	250°F
85	0.1	Woven Nylon	90	250°F
66	6.8	Woven Polyester	2	300°F
100	1.3	Woven Polypropylene	15	175°F
101	1.5	Woven Polypropylene	10	175°F
102	1.8	Woven Polypropylene	5	175°F
103	17.0	Woven Polypropylene	1	175°F
120	1.3	Felted Polyester	10	300°F
135	2.5	Woven Fiberglass	8	700°F
142	1.3	Felted Polypropylene	10	175°F
169	1.0	Felted Polyester	20	300°F
180	1.0	Felted Nomex[4]	20	450°F
225	2.0	Felted Polyester	5	300°F
245	0.5	Felted Polyester	100	300°F
701	1.5	Woven Teflon[4]	10	450°F
703	2.5	Woven Teflon[4]	5	450°F
707	17.0	Woven Polyester	1	300°F

1. Medium #5 elements use polyester filtering material good to 300°F and wool gaskets good to 200°F. For polyester medium and gaskets for 300°F service use medium #169.
2. Medium #7 elements use polyester filtering material good to 300°F and wool gaskets good to 200°F. For polyester filtering material and gaskets for 300°F service use medium #225.
3. M = medium resistance factor.
4. Trademarks of E. I. DuPont.

ELEMENT PART NUMBER LOGIC



APPENDIX H

RESIN BENCH SCALE TEST PROCEDURE

Batch vs. Column Technique

Ion exchange applications may be carried out by either column or batch techniques. Column operations are usually preferable although the choice of method depends entirely upon the application in question.

In column operations the ion exchange resin is placed in a vertical column to form a bed. The solution to be treated is flowed through this column until a target endpoint is reached (a pre-chosen effluent concentration of those ions being removed). At this point the resin may be regenerated to use in another cycle.

In batch operations the ion exchange resin is simply agitated in a vessel together with a given quantity of the solution to be treated. When the target endpoint is reached, the treated solution is removed by decanting, and the resin may be transferred to a column for regeneration.

Usually quantitative exchange is much easier to achieve by column technique. An ion exchange column may be regarded as a series of equilibrium systems, much like the "theoretical plates of distillation theory." As the solution proceeds down the column the exchange reaction is continuously driven in the forward direction by the equilibrium requirements of each new "theoretical plate" encountered.

As an example, consider the principles involved in the following reaction:

$$Rz^+Cl^- + Na^+Br^- \rightleftharpoons Rz^+Br^- + Na^+Cl^-$$

(Rz represents the polymeric part of the ion exchange resin.)

Using an ion exchange resin like Amberlite IRA-400, chloride form, in a batch operation with a solution of sodium bromide, the bromide ions from the solution exchange with the chloride ions of the resin until equilibrium has been attained. If the concentrations of chloride and bromide ion are equal, the exchange equilibrium probably will be reached with only a small part of the available capacity of the ion exchange resin being utilized. Under the same conditions in a column operation, the removal of the bromide ion from solution by the ion exchange resin continually drives the reaction to the right, since the bromide ion already adsorbed in the upper portions of the bed cannot take part in exchange equilibria farther down the column.

Some batch reactions are much more efficient, but most laboratory application with ion exchange resins are facilitated by column technique. For these reasons the procedures discussed in this manual will be concerned with ion exchange columns.

Selection of Laboratory Columns

Various devices may be used for ion exchange columns. Some examples are shown in figures 1 and 2. Ordinary laboratory burettes can be used by inserting a small plug of glass wool in the restriction above the stopcock. More permanent columns can be made from glass tubes of various diameters by fusing into the tube a sintered glass filter and drawing down the tube at the bottom as shown. For ion exchange resins of chromato-

Fig. 1 ION EXCHANGE COLUMN

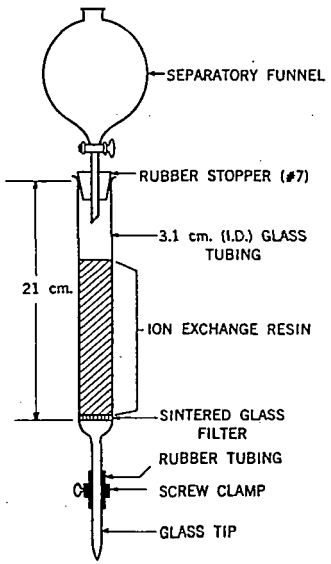
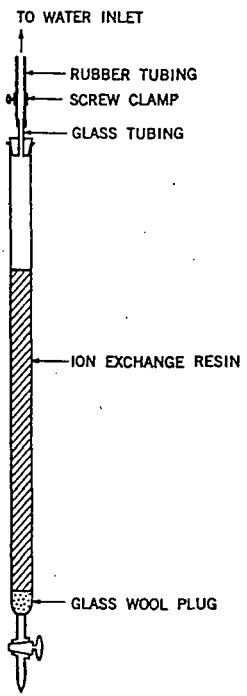


Fig. 2 BURET ION EXCHANGE RESIN COLUMN



graphic size (100 mesh or smaller) smaller columns are employed and the ion exchange resins are usually supported by fine porosity sintered glass discs. Chromatographic effects can be facilitated by using long columns with very small diameters, and many of the columns normally used in adsorption chromatography may also be employed for ion exchange chromatography.

Almost any convenient vessel can be used to hold the stock or regenerant solutions if it is attached to the top of the column with a suitable delivery tube provided with a flow control device like a screwclamp. Reservoirs should always be placed higher than the top of the column and the attachment to the column should be air tight. Separatory funnels are very useful and easy to use since they contain a stopcock which can be used to open and close the flow, and they can be seated into the top of the column by means of a rubber stopper.

Preparation of Laboratory Columns

Note: Some precautions should be kept in mind whenever an exchange column operation is to be used. Always fully hydrate an ion exchange resin sample before charging it to a column and make certain the column already contains some water. Never allow a column to become dry. During the course of an experiment be sure to maintain a constant liquid head over the top of the bed. Add the next solution to the reservoir in time to prevent such loss or else be sure to stop flow through the column while switching to another solution. If it is necessary to interrupt a column run be sure to shut off both influent and effluent valves and keep the resin completely submerged in liquid.

Charging Ion Exchange Resins Into Columns

Deionized water should be used to transfer ion exchange resins to the column. The column itself should contain some water at the start of the operation, and the ion exchange resin should be poured into the column as a water slurry, using a beaker or other vessel. Dry ion exchange resins should always be fully hydrated before introduction into the column, else the swelling pressures created may burst the glass column. The following steps, then, should be followed in charging resins properly:

1. Add resin-water slurry as described above to a column containing some water.
2. Occasionally drain excess water through the bottom of the column.
3. Do not permit the liquid level to fall below the resin level.
4. Continue adding in this manner until all resin is transferred.
5. Do not load columns more than about half way.

Backwashing

The following procedure frees the bed of entrapped air pockets, classifies the resin particles, and rids the bed of debris and resin fines:

1. Attach a water line to the bottom of the column.
2. Introduce deionized water upflow very slowly.
3. Increase the flow until the bed of resin expands to near the top end of the column.
4. Maintain this flow until all air pockets are removed and all the particles have achieved mobility. (Extremely small particles may be allowed to pass out of the column.) This step is most important and, if performed correctly, will result in good particle size classification with the smaller particles at the top, the larger ones at the bottom portion of the column.
5. Stop the flow of water and permit the resin to settle by gravity.
6. Adjust the liquid level to within 1 centimeter or so above the top of the bed.

Conditioning of Ion Exchange Resins

If the ion exchange resin is in the proper ionic form the only conditioning step necessary is a brief rinse with deionized water to remove materials that may have formed or leached from the resin during storage.

Occasionally it may be desirable to condition further. For example, where trace metals in the parts-per-billion (ppb) range are to be determined, plastic columns can be employed and the resins treated with reagent-grade hydrochloric acid before being rinsed with deionized water. Amberlite ion exchange resins are available in analytical reagent grades in which the metal content is very low; these can be employed in most cases without prior treatment.

If the ion exchange resin is not in the required ionic form, a regeneration step can be included as part of the conditioning. This is discussed in a later section.

If the ion exchange resin is to be used to treat a solvent other than water, it should be rinsed with that particular solvent. If the solvent is not water-miscible some mutually miscible solvent should be passed through the resin first, followed by the solvent itself.

Operation of the Column

Before proceeding to actually use an ion exchange column for a laboratory application, consideration should be given to the flow rates to be employed, concentrations of the solutions which will contact the resin, and the volume of these solutions required. Although the following recommendations need not be adhered to exactly, their practice will help insure that efficient ion exchange will occur. In column technique the actual exchange of ions is usually termed the "exhaustion" or "adsorption" step. If the resin is to be reused after exhaustion takes place, a "regeneration" step is necessary. This should always be preceded by a thorough backwashing operation. Following regeneration the ion exchange resin must be rinsed free of excess regenerant before proceeding to the next cycle.

Assuming that the resin has been charged to the column, backwashed and settled correctly, the liquid level adjusted, and the resin itself is in the proper ionic form, a measurement should be made of the resin volume in place in the column. It is most convenient to use pre-calibrated columns or burette-type columns because the volume can be read directly. Otherwise the top of the bed can be marked and the volume determined later. The volume of resin under these conditions is termed a "bed volume." It includes the void spaces between particles.

Flow Rates

Exhaustion Step—0.1 to 0.2 Bed Volumes (BV)/minute

Backwash Step—see "backwashing", this page

Regeneration Step—0.05 to 0.1 BV/minute

Rinse Step—same as regeneration for first BV; same as exhaustion for remainder

NOTE: These suggested flow rates are adequate for most laboratory investigations involving 16 to 50 mesh (U.S. Standard Screens) material. They should be decreased when working with finer particle size resins. A simple way to measure flow rate is to periodically collect some of the effluent in a graduated cylinder while checking the time with a stop watch. For permanent columns flowmeters can be fitted into the effluent line.

Concentrations of Solutions

Exhaustion Step—less than 0.1 Normal for *quantitative* exchange; somewhat higher concentrations can be tolerated where quantitative removal is not necessary.

Backwash Step—use deionized water for analytical experiments.

Regeneration Step—about 1.0 Normal in general; 4 to 10 percent usually acceptable.

Rinse Step—deionized water. Where exhaustion involves other solvent, displace water with solvent; if not water-miscible use mutually miscible solvent as intermediate rinse.

Volumes of Solutions

Exhaustion Step—for *quantitative* exchange use an amount which will utilize less than half of the ion exchange capacity of the resin as measured in the column.

Backwash Step—use as much as is required to achieve desired results discussed in backwash section, p. 7.

Regeneration Step—use amounts calculated to provide from 150 to 500 percent in excess of theoretical capacity of resin in column.

Rinse Step—use enough to rinse excess regenerant from the column. Usually 10 bed volumes of deionized water are adequate. Rinse can be checked chemically to insure completeness.

NOTE: About 40 to 50 percent of the total volume occupied by an ion exchange resin in a column is void space. The exhausting solution will displace the water or other solvent filling this space so it is usually desirable to discard the first bed volume before collecting the treated solution *unless* a quantitative experiment is being performed.

Regeneration

To reuse an ion exchange resin after an exhaustion step, or to convert it to another ionic form for a different experiment, a proper regeneration technique must be used. Column operation allows for a high level of regeneration and the same column used in the exhaustion cycle can be used for regeneration. The ion exchange resin should always be thoroughly backwashed before the regenerant is applied and adequate rinsing should always follow application of the regenerant. Suitable flow rates were given in the previous section. Note that the first bed volume of rinse water should be applied at the regeneration flow rate since this actually represents the completion of regeneration. Suggested concentrations of regenerants were also given in the previous section. In general, concentrations of about 1.0 Normal are used or, percentagewise, from about 4 to 10 percent. Applied at the suggested flow rates, such concentrations will allow for adequate contact time if the correct volumes of regenerants are used.

The correct volume of a regenerant depends upon the ion exchange resin in question. It is convenient to express such volume in terms of bed volumes of resin. This can be calculated from the following:

$$\text{Bed Volumes of Regenerant} = \frac{\text{Vol. Capacity of Resin} \times \text{Regenerant Requirement}}{\text{Normality of Regenerant}}$$

The "Regenerant Requirement" can be determined from the following table for various resin types and ionic forms. The volume capacity of the particular ion exchange resin must be expressed as milliequivalents per milliliter of resin or some other equivalent term.

TABLE 1

Suggested Regeneration Levels

Ion Exchange Resin	Ionic Form	Regenerant	Requirement (Meq Regen. / Meq Resin)
Strong Acid Cation	H+	HCl or H_2SO_4	3-5
	Na+	NaCl	3-5
Weak Acid Cation	H+	HCl or H_2SO_4	1.5-2
	Na+	NaOH	1.5-2
Strong Base Anion I	OH^-	NaOH	4-5
	Cl^-	NaCl or HCl	4-5
	SO_4^-	Na_2SO_4 or H_2SO_4	4-5
Strong Base Anion II	OH^-	NaOH	3-4
Weak Base Anion	Free Base	NaOH or NH_4OH or Na_2CO_3	1.5-2
	Cl^-	HCl	1.5-2
	SO_4^-	H_2SO_4	1.5-2

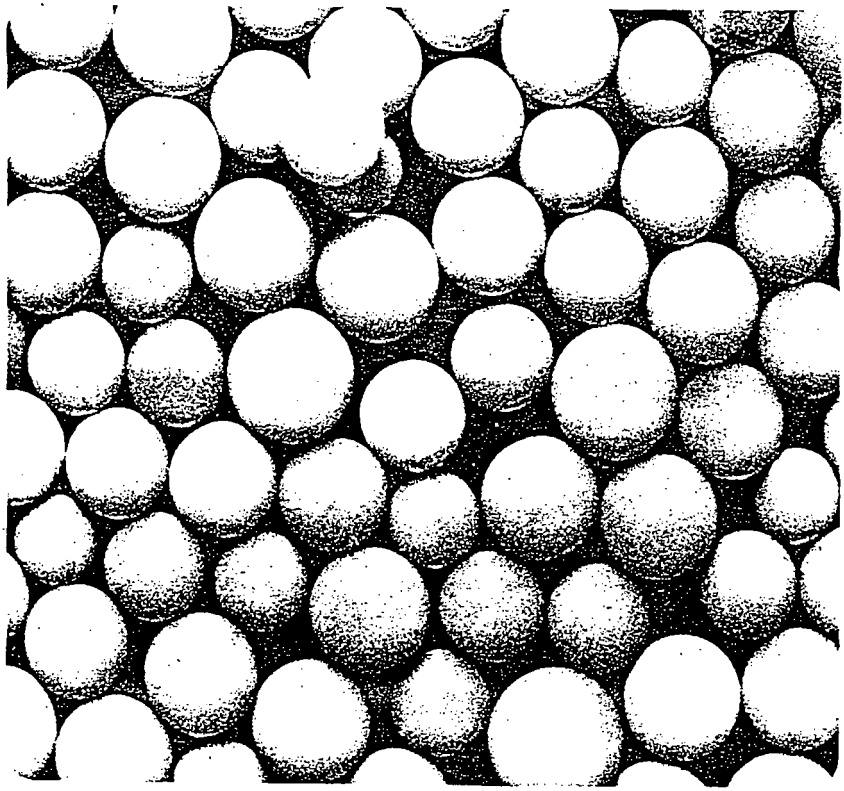
Laboratory work of an analytical nature requires as high a degree of regeneration as possible. Levels of regeneration calculated in the above manner are designed to insure that regeneration will accomplish this. It should be

noted that more moderate levels are called for in commercial operations or where quantitative removal is not necessary.

For the same reasons it is suggested that regenerants for laboratory work be formulated using reagent grade chemicals and deionized water. This can be especially important for the regeneration of strong-base anion exchange resins because they have high affinities for substances like carbonates, frequently present in impure caustic soda.

Special mention should be made of the regeneration technique for weakly-dissociated ion exchange resins. Appropriate acids should be used to convert weak-base anion exchange resins from the free-base form to a salt form and appropriate bases should be used to regenerate weak-acid cation exchange resins from the hydrogen form to a salt form. In both cases the rinse water will partly hydrolyze the converted salt form and neutral effluents will not be observed. An advantage may be found in the use of ammonia for the regeneration of weak-base anion exchange resins to the free-base form because the excess is usually easier to wash away than is the case with caustic soda.

Photomicrograph of cation exchange resin beads, magnified approximately 50 times.



APPENDIX I

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BIBLIOGRAPHY

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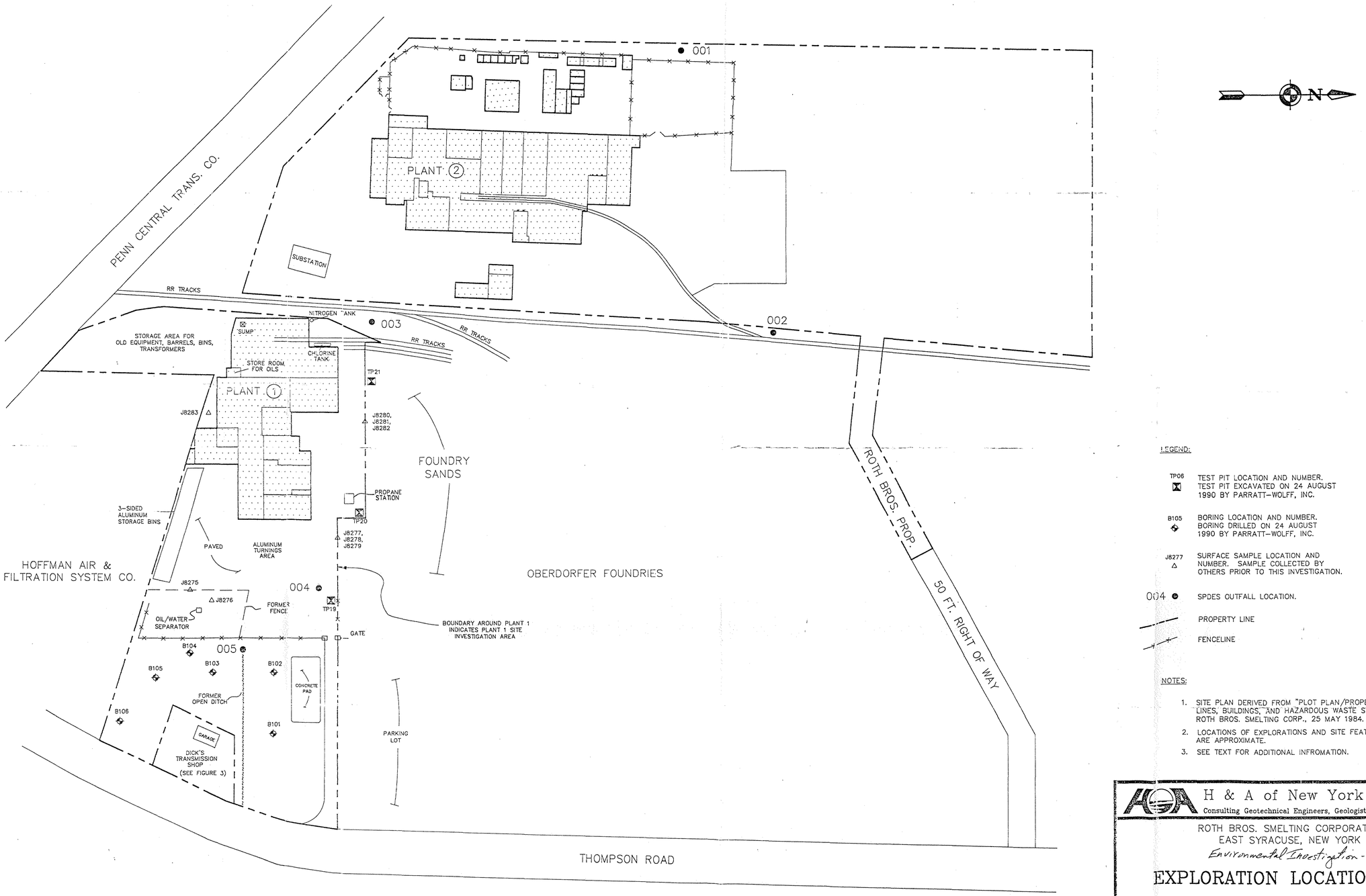

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B105 ◈	BORING LOCATION AND NUMBER. BORING DRILLED ON 24 AUGUST 1990 BY PARRATT–WOLFF, INC.
J8277 △	SURFACE SAMPLE LOCATION AND NUMBER. SAMPLE COLLECTED BY OTHERS PRIOR TO THIS INVESTIGATION.
004 ●	SPDES OUTFALL LOCATION.
	PROPERTY LINE
	FENCELINE

NOTES:

1. SITE PLAN DERIVED FROM "PLOT PLAN/PROPERTY LINES, BUILDINGS, AND HAZARDOUS WASTE STORAGE", ROTH BROS. SMELTING CORP., 25 MAY 1984.
2. LOCATIONS OF EXPLORATIONS AND SITE FEATURES ARE APPROXIMATE.
3. SEE TEXT FOR ADDITIONAL INFROMATION.

H & A of New York
Consulting Geotechnical Engineers, Geologists and Hydrogeologists

ROTH BROS. SMELTING CORPORATION
EAST SYRACUSE, NEW YORK
Environmental Investigation - Plant 1

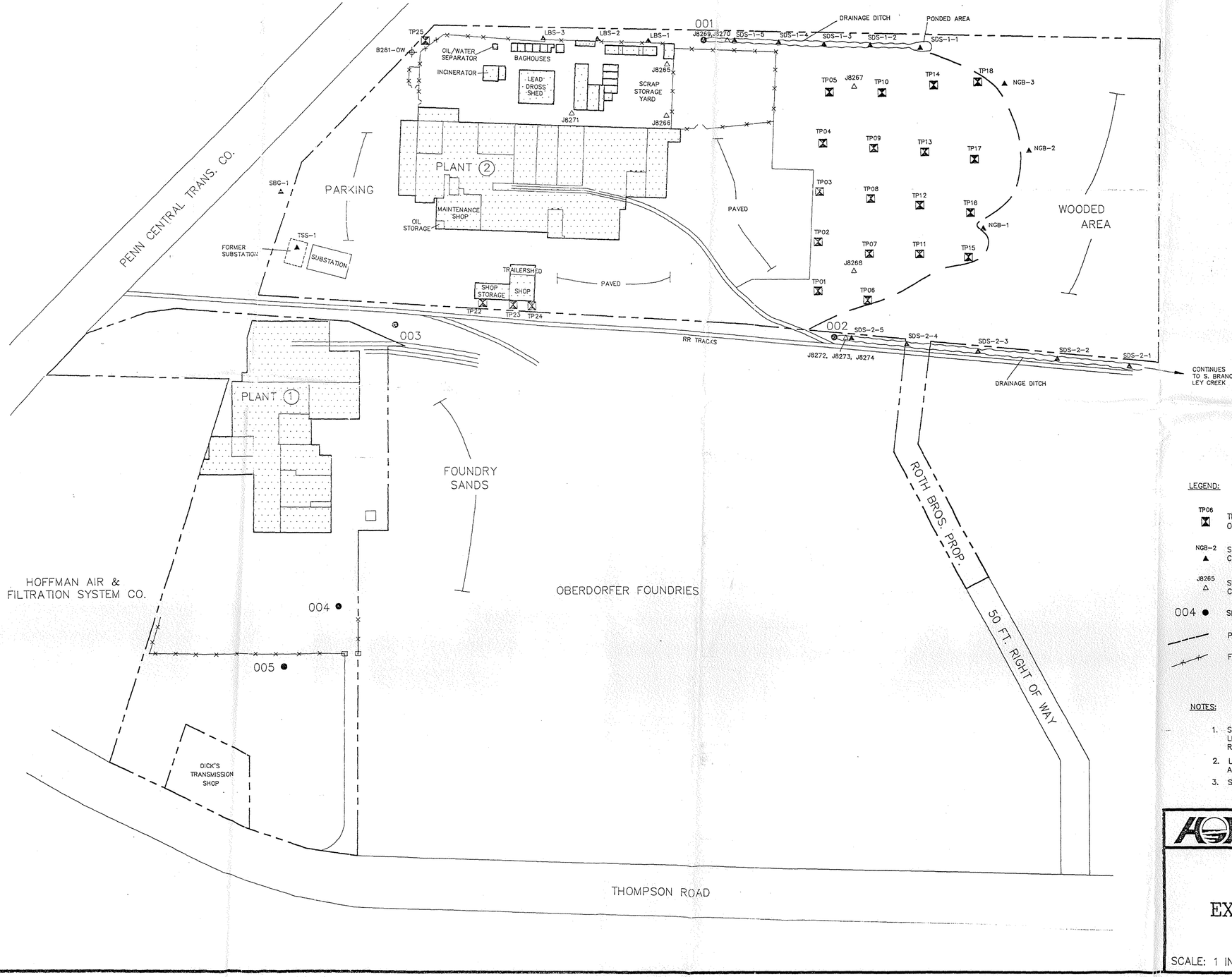
EXPLORATION LOCATION PLAN

SCALE: 1 IN. = 100 FT.

MAY 1991

FILE NO. 70185–40

FIGURE 2



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- TP06 — TEST PIT LOCATION AND NUMBER. TEST PIT EXCAVATED ON 21, 22 AND 24 AUGUST 1990 BY PARRATT-WOLFF, INC.
- NGB-2 ▲ — SURFACE SAMPLE LOCATION AND NUMBER. SAMPLE COLLECTED BY H & A OF NEW YORK.
- JB265 △ — SURFACE SAMPLE LOCATION AND NUMBER. SAMPLE COLLECTED BY OTHERS PRIOR TO THIS INVESTIGATION.
- 004 ● — SPDES OUTFALL LOCATION.
- PROPERTY LINE
- FENCELINE

NOTES:

1. SITE PLAN DERIVED FROM "PLOT PLAN/PROPERTY LINES, BUILDINGS, AND HAZARDOUS WASTE STORAGE", ROTH BROS. SMELTING CORP., 25 MAY 1984.
2. LOCATIONS OF EXPLORATIONS AND SITE FEATURES ARE APPROXIMATE.
3. SEE TEXT FOR ADDITIONAL INFROMATION.

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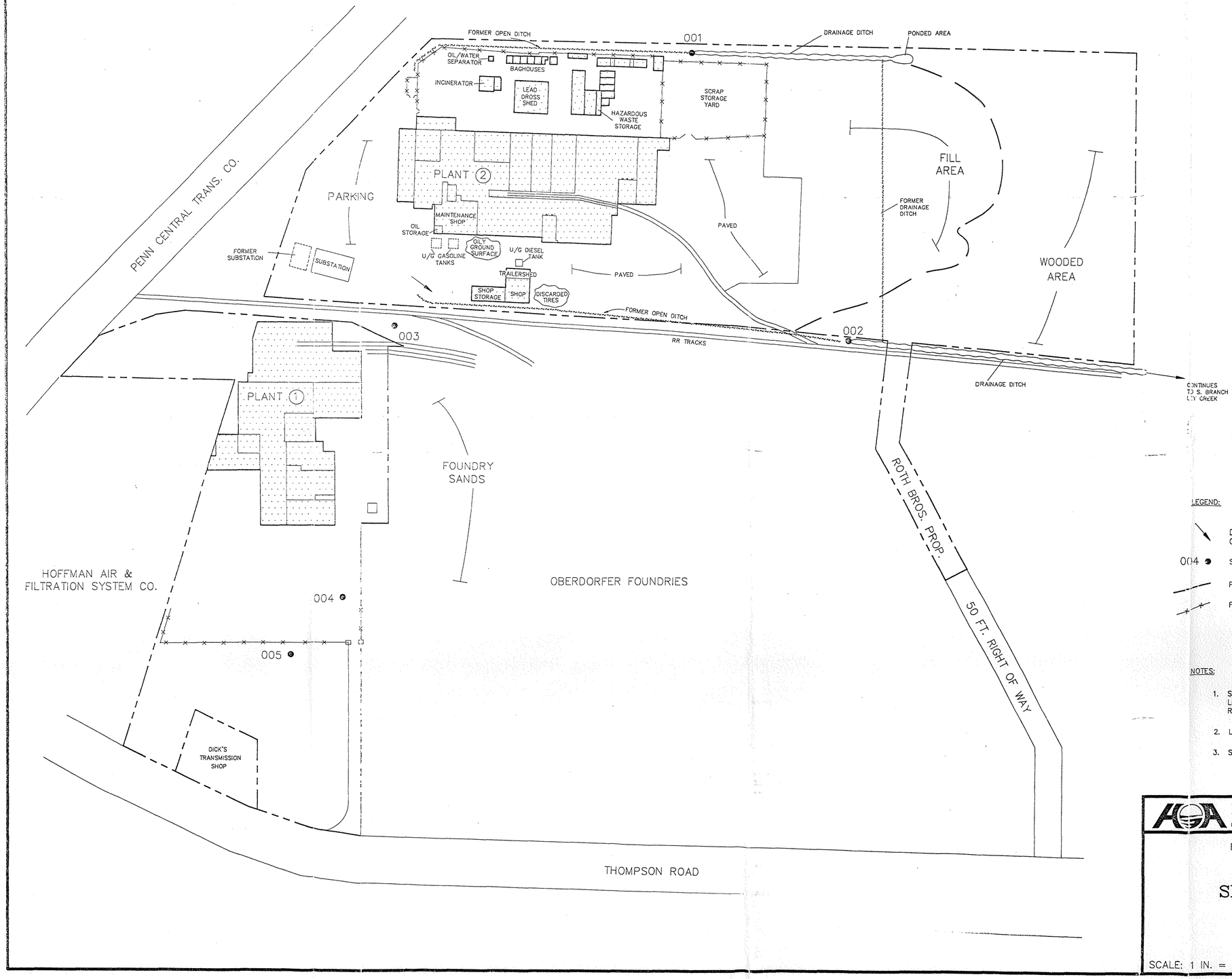
EXPLORATION LOCATION PLAN

SCALE: 1 IN. = 100 FT.

MAY 1991

FILE NO. 70185-40

FIGURE 3



LEGEND:

- DIRECTION OF DRAINAGE AS PER SPDES OUTFALL SYSTEM.
- 004 SPDES OUTFALL LOCATION.
- PROPERTY LINE
- FENCELINE

NOTES:

1. SITE PLAN DERIVED FROM "PLOT PLAN/PROPERTY LINES, BUILDINGS, AND HAZARDOUS WASTE STORAGE", ROTH BROS. SMELTING CORP., 25 MAY 1984.
2. LOCATIONS OF SITE FEATURES ARE APPROXIMATE.
3. SEE TEXT FOR ADDITIONAL INFROMATION.

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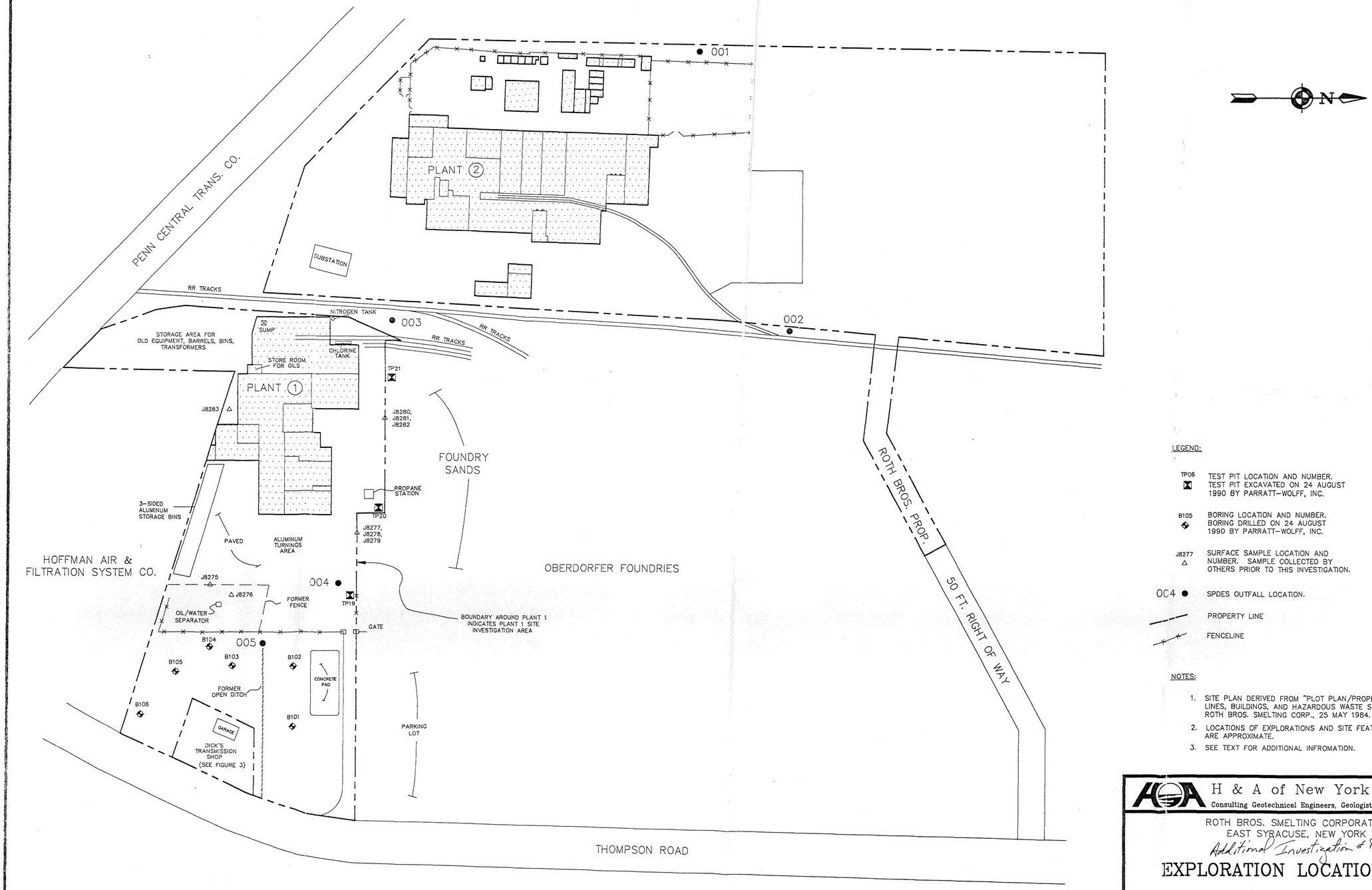
SITE PLAN – PLANT 2

SCALE: 1 IN. = 100 FT.

MAY 1991

FILE NO ____, 70185-40

FIGURE 2



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- TP06 — TEST PIT LOCATION AND NUMBER. TEST PIT EXCAVATED ON 24 AUGUST 1990 BY PARRATT-WOLFF, INC.
- B105 — BORING LOCATION AND NUMBER. BORING DRILLED ON 24 AUGUST 1990 BY PARRATT-WOLFF, INC.
- J8277 — SURFACE SAMPLE LOCATION AND NUMBER. SAMPLE COLLECTED BY OTHERS PRIOR TO THIS INVESTIGATION.
- 004 — SPDES OUTFALL LOCATION.
- PROPERTY LINE
- FENCELINE

NOTES:

1. SITE PLAN DERIVED FROM "PLOT PLAN/PROPERTY LINES, BUILDINGS, AND HAZARDOUS WASTE STORAGE", ROTH BROS. SMELTING CORP., 25 MAY 1984.
2. LOCATIONS OF EXPLORATIONS AND SITE FEATURES ARE APPROXIMATE.
3. SEE TEXT FOR ADDITIONAL INFROMATION.

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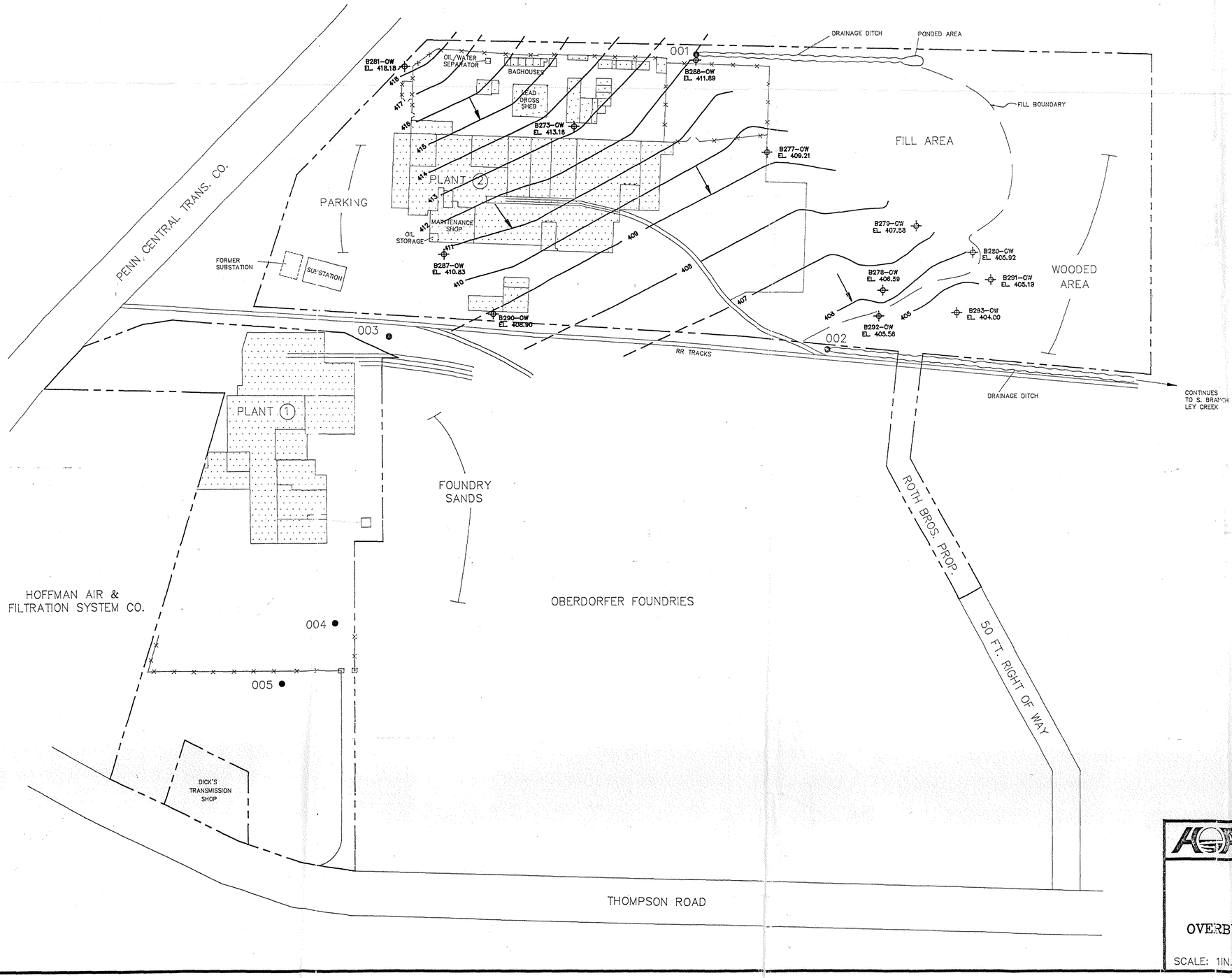
Additional Investigation of Plant 2

EXPLORATION LOCATION PLAN

SCALE: 1 IN. = 100 FT. MAY 1991

FILE NO. 70185-40

FIGURE 2



LEGEND:

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B280-OW	OBSERVATION WELL INSTALLED BY PARRATT-WOLFF.
409	POTENTIOMETRIC SURFACE ELEVATION CONTOUR IN FEET (N.G.V.D.).
	PROBABLE GROUNDWATER FLOW DIRECTION
004	SPDES OUTFALL LOCATION.
	PROPERTY LINE
	FENCELINE

NOTES:

1. BASE PLAN PREPARED BY H & A OF NEW YORK, DERIVED FROM "PLOT PLAN/PROPERTY LINES, BUILDINGS AND HAZARDOUS WASTE STORAGE", ROTH BROS. SMELTING CORP., 25 MAY 1984.
2. LOCATIONS OF EXPLORATION AND SITE FEATURES ARE APPROXIMATE.
3. GROUNDWATER LEVELS WERE MEASURED ON 24 JANUARY 1991.
4. SEE ACCOMPANYING TEXT FOR ADDITIONAL INFORMATION.

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EAST SYRACUSE, NEW YORK
Additional Investigation - Plant 2

PLANT 2
OVERBURDEN POTENTIOMETRIC SURFACE MAP

SCALE: 1IN. = 100 FT.

MAY 1991

FILE NO. 70185-42

FIGURE 3

Galson
Technical Services

Galson Technical Services, Inc.
[illegible] Road
E. Syracuse, NY 13057
[illegible]
FAX [illegible]

May 8, 1990

Mr. Larry Blue
Nixon, Hargrave, Devans & Doyle
Attorneys and Counselors at Law
P.O. Box 1051
Rochester, New York 14603

RE: SOIL AND WATER SAMPLING
ROTH BROS. SMELTING CORPORATION
GALSON PROJECT NO. GZ-025

Mr. Blue:

The following letter report is forwarded with the results of the sampling and analytical program conducted in April, 1990 at the Roth Bros. Smelting Corporation facility.

1.0 INTRODUCTION

Nixon, Hargrave, (Nixon, Hargrave) Devans & Doyle, retained Galson Technical Services Inc., (GALSON) to collect and analyze water and soil samples form specified points on the property of Roth Bros. Smelting Corporation located on Thompson Road in Syracuse, New York. This sampling was conducted as part of a comprehensive environmental audit of the facility.

2.0 SAMPLING METHODS

GALSON collected soil and water samples from areas specified by Nixon, Hargrave representatives.

Surface soil samples were collected using clean stainless steel trowels. In unpaved areas, a pit was excavated to 6 inches below grade by hand trowel, this soil material was retrieved, then composited in a stainless steel mixing bowl.

Stream sediment samples were retrieved by dragging the sample container along the stream bottom, decanting, and then repeating the procedure so that enough stream sediment could be collected for analysis.

Water samples were collected by submerging the sample bottle below water level.

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3.0 SAMPLING LOCATIONS

Samples number 1 and 2 were retrieved from the aluminum storage area in the northwest corner of the property. This is a paved area so only surface scrapings over an one square foot area were retrieved. Samples 3 and 4 were taken form the open field/fill area along the northern boundary of the property. A 6 inch pit was excavated and a representative cross section was retrieved. Samples 5 and 6 are from the small drainage swale along the western property boundary. Sample 7 was taken from the paved area outside the lead dross house. Samples 8,9, and 10 were taken from a drainage ditch along the northeastern property boundary. This area appears to drain the field form which samples 3 and 4 were collected. Samples 11 and 12 were taken form the aluminum turings storage area in the southeast portion of the property. Samples 13,14 and 15 were retrieved along the northern edge of the common property boundary with Oberdorfer Foundry. Samples 16,17 and 18 were taken about 150 m west of the samples 13,14, and 15. Sample 19 was retrieved from inside a containing wall built around 2 large petroleum tanks.

Sampling locations are noted graphically in Figure 1. Also attached are field sampling notes taken during sample retrieval.

4.0 ANALYTICAL METHODS

Soil Samples were submitted to Galson Laboratories to analyze for oil & grease, PCBs, metals (total and TCLP extraction), semi-volatile organics, and phenols. Water samples were analyzed for oil & grease. Table 2 notes which parameter methods were analyzed for each particular sample.

5.0 RESULTS

The laboratory data and results are attached, excepting the semi-volatile results. These will be forwarded upon final review.

If there are any questions, please feel free to call.

Submitted by:

Paul F. Gottler
Geologist

Approved By:

Thomas W. Moran, P.E.
Senior Environmental Engineer

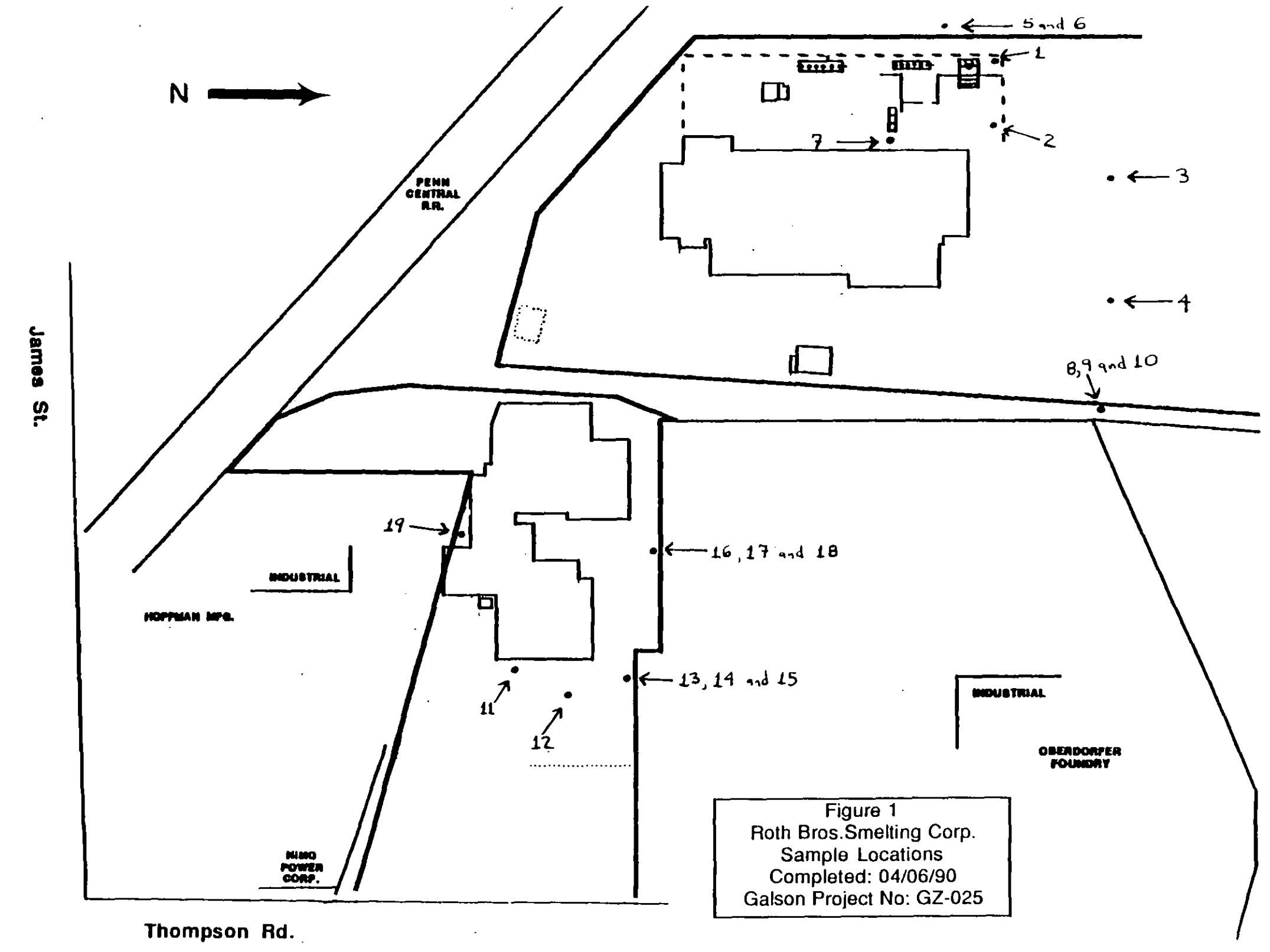

Figure 1
Roth Bros.Smelting Corp.
Sample Locations
Completed: 04/06/90
Galson Project No: GZ-025

ROTH BROTHERS SMELTING CORP.
SUMMARY OF ANALYTE ANALYSES
APRIL 6,1990
GALSON PROJECT GZ-025

SAMPLE #	LOCATION	PCB's	Phenols	Oil & Grease	Total Metals	TCLP Metals	Semivolatiles
1	Al. storage area				X	X	X
2	"				X	X	X
3	Open field to the North				X	X	
4	"				X	X	
5	Ditch to the west	X			X	X	
6	"		X				
7	Near lead dross hut				X	X	
8	Ditch near fill area	X			X	X	
9	"						X
10	"			X			
11	Al. turnings area			X			
12	"			X			
13	Oberdorfer boundry E.		X				
14	"						X
15	"				X	X	
16	Oberdorfer boundry W.						X
17	"		X				
18	"				X	X	
19	Oil tank retaining wall			X			

Galson Laboratories

6601 Kirkville Road
E. Syracuse NY 13057
TEL 315-432-0506
1-800-[illegible]

LABORATORY ANALYSIS REPORT

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

TLCP METALS

Lab ID:		J8265	J8266	J8267	J8268	J8269	J8271
Client ID:		NH-1	NH-2	NH-3	NH-4	NH-5	NH-7
		NON-TOXIC	NON-TOXIC	NON-TOXIC	NON-TOXIC	TOXIC	TOXIC
Arsenic- LEACHATE	MG/L	<2	<2	<2	<2	<2	<2
Barium- LEACHATE		4.2	3.2	4.2	3.2	4.2	4.8
Cadmium- LEACHATE		0.16	0.12	0.092	0.024	0.42	0.30
Chromium- LEACHATE		<0.02	<0.02	<0.02	<0.02	<0.02	<0.02
Lead- LEACHATE		1.1	0.52	1.6	1.2	*7.2	*12
Mercury- LEACHATE		<0.002	<0.002	<0.002	<0.002	<0.002	<0.002
Selenium- LEACHATE		<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Silver- LEACHATE		<0.06	<0.06	<0.06	<0.06	<0.06	<0.06

Method(s): EPA SW846 METHOD 1311
Footnotes: *EXCEEDS THE TLCP MAXIMUM CONCENTRATION LEVEL

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: ML, KB, AN, SH, DS
Approved by: Mary L. Withrow
Date: 26-APR-1990

Galson Laboratories

[illegible] Road
E. Syracuse NY 13057
Tel 315 432 0506
[illegible]

LABORATORY ANALYSIS REPORT

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

TCLP METALS

	Lab ID:	J8272	J8279	J8282	METHOD BLANK
	Client ID:	NH-8	NH-15	NH-18	NA
		NON-TOXIC	NON-TOXIC	NON-TOXIC	
Arsenic- LEACHATE	MG/L	<2	<2	<2	<2
Barium- LEACHATE		4.0	2.5	3.4	2.4
Cadmium- LEACHATE		0.038	0.012	0.050	<0.01
Chromium- LEACHATE		<0.02	<0.02	<0.02	<0.02
Lead- LEACHATE		1.1	0.36	0.52	<0.2
Mercury- LEACHATE		<0.002	<0.002	<0.002	<0.002
Selenium- LEACHATE		<0.1	<0.1	<0.1	<0.1
Silver- LEACHATE		<0.06	<0.06	<0.06	<0.06

Method(s): EPA SW846 METHOD 1311
Footnotes:

(<) - Less Than
(>) - Greater Than
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MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: KB, AN, ML, SH, DS
Approved by: Mary Firthrow
Date: 26-APR-1990

Galson Laboratories

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1-800-[illegible]

LABORATORY ANALYSIS REPORT

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

	Lab ID:	J8274	J8275	J8276
	Client ID:	NH-10	NH-11	NH-12
OIL AND GREASE	*MG/KG	100,000	6000	5400

Method(s): EPA 413.2
Footnotes: * DRY WEIGHT BASIS

(<) - Less Than
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NS - Not Specified
MG/KG - Milligram/Kilogram
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: PP
Approved by: S. Sialeman
Date: 24-APR-1990

Galson Laboratories

LABORATORY ANALYSIS REPORT

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: 315/432-0506

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

			Lab ID:	J8277	J8281
			Client ID:	NH-13	NH-17
PHENOL	BULK	*MG/KG		<1	<1

Method(s): EPA 420.1
Footnotes: * DRY WEIGHT BASIS

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG/KG - Milligram/Kilogram
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: PP
Approved by: S B Alexander
Date: 24-APR-1990

Galson Laboratories

LABORATORY ANALYSIS REPORT

6601 Kirkville Road
E. Syracuse, NY 13057
[illegible]
[illegible]

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

	Lab ID:	J8270	J8283
	Client ID:	NH-6	NH-19
OIL AND GREASE	MG/L	<5	19

Method(s): EPA 413.2
Footnotes:

(<) - Less Than
(>) - Greater Than
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MG - Milligrams
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M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: PP
Approved by: S.B. [illegible]
Date: 24-APR-1990

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Galson Laboratories

6601 Kirkville Road
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LABORATORY ANALYSIS REPORT

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

Lab ID:	J8265	J8266	J8267	J8268	J8269
Client ID:	NH-1	NH-2	NH-3	NH-4	NH-5
ARSENIC BULK *MG/KG	1.2	1.2	1.0	2.8	9.2
BARIUM	160	190	550	110	190
CHROMIUM	55	80	91	120	43
LEAD	1600	1400	2800	5400	7600
MERCURY	2.3	1.2	0.45	1.5	0.81
SELENIUM	<20	<20	<20	<20	<40
SILVER	1.9	2.9	2.8	3.7	4.3
CADMIUM	13	13	11	11	40

Method(s): EPA SW846 METHOD 3051
Footnotes: * DRY WEIGHT BASIS

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(>) - Greater Than
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NS - Not Specified
MG/KG - Milligram/Kilogram
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M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: ML, AN, KB, SH
Approved by: Mary Gurthrow
Date: 26-APR-1990

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Galson Laboratories

LABORATORY ANALYSIS REPORT

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

Lab ID:	J8271	J8272	J8279	J8282	METHOD BLANK
Client ID:	NH-7	NH-8	NH-15	NH-18	NA
ARSENIC BULK *MG/KG	3.2	7.3	<0.3	0.48	<0.2
BARIUM	160	170	9.9	65	<0.5
CHROMIUM	170	54	16	120	<0.5
LEAD	220,000	7300	120	1300	<5
MERCURY	0.24	1.1	0.14	0.74	<0.1
SELENIUM	<20	<50	<30	<20	<0.2
SILVER	13	3.5	0.66	2.5	<2
CADMIUM	260	34	0.49	8.5	<0.2

Method(s): EPA SW846 METHOD 3051
Footnotes: * DRY WEIGHT BASIS

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M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
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BL - Blank

Submitted by: ML, AN, KB, SH
Approved by: Mary Furthman
Date: 26-APR-1990

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Galson Laboratories

LABORATORY ANALYSIS REPORT

[illegible]

Client: NIXON HARGRAVE
Task Number: 90040927
Location: ROTH BROTHERS

Job Number: GZ024LL
Date Sampled: 6-APR-1990

POLYCHLORINATED BIPHENYLS - SOIL

		Lab ID:	J8269	J8272	METHOD
		Client ID:	NH-5	NH-8	BLANK
AROLCLOR 1016/1242		*UG/KG	6900	4000	<33
AROCLOR 1221			<1300	<1500	<33
AROCLOR 1232			<1300	<1500	<33
AROCLOR 1248			<1300	<1500	<33
AROCLOR 1254			1600	<1500	<33
AROCLOR 1260			<1300	<1500	<33
MOISTURE		%	47	55	NA

% - Percent
(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
UG/KG - Micrograms/Kilogram

Method(s): SW846/3550/8080
Footnotes: * DRY WEIGHT

Submitted by: KN
Approved by: [signature]
Date: 26-APR-1990

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon Hargrave

LOCATION Roth bros.
Aluminum storage area

CLIENT Nixon Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1000

SAMPLE I. D.: NH-1

SAMPLE LOCATION: Aluminum storage area
35' S.E of N.W corner defined by fence, 15' from E-W fence

DEPTH: 0-3"

DESCRIPTION: ground cover soil in 1" patch
peaty mud very dark

SAMPLING METHOD USED: spooned sample into bowl mixed and transferred into bottle

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-1

COMMENTS:

SAMPLED BY: Paul F. Gottler

PAGE 1 OF 19

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon-Hargraves

LOCATION: Roth Bros. Mining
Aluminum storage area

CLIENT: Nixon-Hargraves

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1015

SAMPLE I. D.: NH-2

SAMPLE LOCATION: Aluminum storage area
15' NW of NE corner of area
as defined by fence. Found hole
pavement

DEPTH: 0-2"

DESCRIPTION: ground cover [illegible] from a 1x1' square
pebbly mud, very dark
Aluminum chips

SAMPLING METHOD USED: spooned sample into stainless
steel bowl mixed and put into
sample bottle

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-2

COMMENTS:

SAMPLED BY: Paul F Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon Hargraves

LOCATION: Roth Bros Smelting Ou[illegible] field [illegible] of [illegible]ty

CLIENT: Nixon Hargraves

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1100

SAMPLE I. D.: NH-3

SAMPLE LOCATION: in North [illegible] field ~300' from N edge boundry ~90' from W edge boundry

DEPTH: 0 - 4'

DESCRIPTION: Gravelly sandy mud [illegible] 4x4' area. Iron [illegible] etc [illegible]

SAMPLING METHOD USED: [illegible] then saved in bottle

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-3

COMMENTS:

SAMPLED BY: Paul Gatter

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon - Hargraves

LOCATION: Open field at North property boundary at Roth [illegible] melting

CLIENT: Nixon Hargraves

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1130

SAMPLE I.D.: NH-4

SAMPLE LOCATION: Open field at N [illegible], above point #2 location ~ 600 ft east of NH-3

DEPTH: 0-6"

DESCRIPTION: pebbly - sandy mud, Asphalt, brick-wood, iron aluminum and rubber in all [illegible]

SAMPLING METHOD USED: Auger dug to 6", put sample in bowl, mixed and put into bottle

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-4

COMMENTS:

SAMPLED BY: Paul F Gottler

PAGE 4 OF [illegible]

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon - Hargrave

LOCATION: Roth Bros [illegible] stream sediment from W of Bldg 2 at W [illegible]

CLIENT: Nixon Hargrave

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1400

SAMPLE I. D.: NH-5

SAMPLE LOCATION: Stream sample at W [illegible] behind [illegible] house, 1st point [illegible] uncovered

DEPTH: 0-3"

DESCRIPTION: Very tk mud, high water content some and [illegible]

SAMPLING METHOD USED: scooped mud w/ bottle. Took 3-4 different scoops to get enough sample

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-5 + [illegible]-6

COMMENTS: Difficult to retrieve sample due to high water content, Mud [illegible] unnaturally blk, Oil sheen after [illegible] turbing bottom sediments

SAMPLED BY: Paul F. Gottler

PAGE 5 OF 19

GALSON TECHNICAL SERVICES
SURFACE WATER
SAMPLING LOG

PROJECT Nixon Hargrave

LOCATION Roth Broth

Stream sample at East boundry Plant 2

CLIENT Nixon Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1400

WEATHER clear & cool

SAMPLE I. D.: N H 6

SAMPLE LOCATION: Stream sample at W boundry, Just W of Plant #2 behind lead Dome house

DEPTH: –

DESCRIPTION: Generally clear

SAMPLING METHOD USED: Collected sample from sewer pipe effluent

LIST OF CONTAINERS AND AMOUNT SAMPLED: N H - 6

COMMENTS: Generally clear, slightly bundly of sheen after disturbing bottom sediments

SAMPLED BY: Paul F. Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon - Hargraves

LOCATION: Roth Bros. [illegible]

At [illegible]

CLIENT: Nixon Hargraves

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1430

SAMPLE I. D.: NH-7

SAMPLE LOCATION: Between lead dross shed and Bldg #2. ~15' from shed exit [illegible] frequently [illegible] by forklift trucks

DEPTH: 0-2"

DESCRIPTION: Blk mud, sheen in proximal puddle

SAMPLING METHOD USED: Scraped mud into [illegible] trowel. Areas where [illegible] [illegible] [illegible] out

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-7

COMMENTS:

SAMPLED BY: Paul F. Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting

Oven Field in the North along eastern edge of fill

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1430

SAMPLE I.D.: NH-8

SAMPLE LOCATION: Along Eastern edge of fill in stream bottom. ~ 200 ft east of NH4

DEPTH: 0-5"

DESCRIPTION: Sandy - mud, very dark, skunky odor.

SAMPLING METHOD USED: Spoomed sample into jar

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-8 - 500 ml

COMMENTS: Drainage of fill area. Creek was very low. Sample represents bottom sed east of creek.

SAMPLED BY: Paul F. Gottler

PAGE 8 OF 19

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting

As per page # 8

CLIENT Nixon - Hargrave

DATE(S) 9-6-90

JOB NUMBER GZ-025

TIME(S) 1430

SAMPLE I. D.: NH-9

SAMPLE LOCATION: As per NH-8

DEPTH: 0 - 5"

DESCRIPTION: Sandy - [illegible]

SAMPLING METHOD USED: Scooped sample into jar

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-9 [illegible]

COMMENTS:

SAMPLED BY: Paul F. Gotthardt

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting

as per page 2

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1430

SAMPLE I. D.: NH-10

SAMPLE LOCATION: As per NH-8 + NH-9

DEPTH: 0-5"

DESCRIPTION: Sandy [illegible] Blk mod. brn sand

SAMPLING METHOD USED: Spoomed sample [illegible]

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-10 [illegible]

COMMENTS:

SAMPLED BY: Paul F. Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting
From turnings storage
area east of Bldg #1

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1430

SAMPLE I. D.: NH-11

SAMPLE LOCATION: 35' from corner of storage bed (N.E)
- 40' from oil separator (due N)

DEPTH: 0-6"

DESCRIPTION: Fine dk gry mud w/ pebbles
and fine sand. Aluminum chips
also present

SAMPLING METHOD USED: Scanned into bowl, mixed
then transferred to jar

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-11 - 500ml

COMMENTS:

SAMPLED BY: Paul F. Gottler

PAGE 11 OF 19

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting
Turnings storage area
East of Bldg. #1

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER G2-025

TIME(S) 1430

SAMPLE I. D.: NH-12

SAMPLE LOCATION: Turnings storage area east of Bldg #1.
25' N 83° E from excavator

DEPTH:

DESCRIPTION:

SAMPLING METHOD USED:

LIST OF CONTAINERS AND AMOUNT SAMPLED:

COMMENTS:

SAMPLED BY: Paul F. Gotthelf

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting
Along boundry between Roth bros and Oberdorfer

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1530

SAMPLE I. D.: NH-13

SAMPLE LOCATION: 2' east of NM pole #6. East of dumpster along road ~30'. N 40° E from edge of bldg #1

DEPTH: 0-6

DESCRIPTION: Sand w/ some mud, pebbles, and brn, med-coarse. Mud blk w/ organics, pb's ls.

SAMPLING METHOD USED: Surface sample to stainless steel bowl, mixed and transferred to jar

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-13 ~ 500 ml
NH-14 ~ 500 ml
NH-15 ~ 500 ml

COMMENTS:

SAMPLED BY: Paul F. Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting

Along N boundry [illegible] at plant #1

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1530

SAMPLE I.D.: NH-14

SAMPLE LOCATION: see page #13

DEPTH: 0-6"

DESCRIPTION: see page #13

SAMPLING METHOD USED: see page #13

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-13 ~ [illegible]
NH-14 ~ [illegible]
NH-15 ~ [illegible]

COMMENTS:

SAMPLED BY: Paul F. Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon - Hargrave

LOCATION: Roth Bros. Smelting
Along border w/ [illegible]
East [illegible] point

CLIENT: Nixon - Hargrave

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1530

SAMPLE I. D.: NH-15

SAMPLE LOCATION: see page # 13

DEPTH: 0-6"

DESCRIPTION: see page # 13

SAMPLING METHOD USED: see page # 13

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-13 [illegible]
NH-14 [illegible]
NH-15 [illegible]

COMMENTS:

SAMPLED BY: Paul F. Gottler

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT: Nixon - Hargrave

LOCATION: Roth Bros. Smelting Along border w/ Oberdorfer west end

CLIENT: Nixon - Hargrave

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1545

SAMPLE I. D.: NH-16

SAMPLE LOCATION: Along N. border w/ Oberdorfer at bldg #1, western site ~250' west of dumpster, 10 ft W of NM pole #5

DEPTH: 0-6"

DESCRIPTION: Sand w/ mud spots. Sand med-Coarse brn, well sorted. Organic mud, [illegible] scraps, garbage

SAMPLING METHOD USED: [illegible] sample to stainless steel pan mixed and filled 3 jars

LIST OF CONTAINERS AND AMOUNT SAMPLED:
NH-16 ~ 500 ml
NH-17 ~ [illegible] ml
NH-18 ~ [illegible] ml

COMMENTS:

SAMPLED BY: Paul F. Gottler

PAGE 16 OF 19

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting
Long border of Oberlander
west site

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1545

SAMPLE I. D.: NH-17

SAMPLE LOCATION: see page #16

DEPTH: 2-6"

DESCRIPTION: see page #16

SAMPLING METHOD USED: see page #16

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH-16 - [illegible]
NH-17 - [illegible]
NH-18 - [illegible]

COMMENTS:

SAMPLED BY: Paul F. Gother

GALSON TECHNICAL SERVICES
SOIL SAMPLING LOG

PROJECT Nixon - Hargrave

LOCATION Roth Bros. Smelting
Along border [illegible]
at Run + #1 [illegible]

CLIENT Nixon - Hargrave

DATE(S) 4-6-90

JOB NUMBER GZ-025

TIME(S) 1545

SAMPLE I. D. : NH-18

SAMPLE LOCATION : See page #16

DEPTH : 0-6"

DESCRIPTION : See page #16

SAMPLING METHOD USED : See page #16

LIST OF CONTAINERS AND AMOUNT SAMPLED : NH-16 ~ [illegible]
NH-17 ~ [illegible]
NH-18 ~ [illegible]

COMMENTS :

SAMPLED BY: Paul F. Gotthelf

GALSON TECHNICAL SERVICES
SURFACE WATER
SAMPLING LOG

PROJECT: Nixon Hargrave

LOCATION: Roth Bros [illegible]

Sample at sump pump in retaining wall

CLIENT: Nixon Hargrave

DATE(S): 4-6-90

JOB NUMBER: GZ-025

TIME(S): 1500

WEATHER: Clear & Cold

SAMPLE I. D.: NH - 19

SAMPLE LOCATION: near tanks south of Bldg 1

DEPTH: Surface

DESCRIPTION: Clear, [illegible] water inside of holding wall

SAMPLING METHOD USED: bottle submersion

LIST OF CONTAINERS AND AMOUNT SAMPLED: NH - 19

COMMENTS:

SAMPLED BY: Paul Gottler

PAGE 19 OF 19

ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Brothers Smelting Corporation No. 2
0000026014

FEB 28

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

February 22, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 01/01/91 - 01/31/91

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that we have listed an excursion in outfall 004 for oil and grease. This was attributable to a mishap which occurred when a contracted snow removal service inadvertently struck a manhole cover which fed into outfall 004, setting it ajar, thus allowing infiltration of melting snow run off which contained sporadic pieces of oily process material.

The root cause of this situation has been identified and measures have been initiated to ensure this does not happen again.

Also, the entry for outfall 002 pertaining to polychlorinated biphenyls has been purposely left blank as it is a 1/360 day analysis and due to human error the sample was not collected in time for this report. The sample has since been obtained and the laboratory results are forthcoming. Upon receipt of these results your office will be forwarded a copy under separate cover.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY 0110311 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 MO 01 DAY 01 TO YEAR 91 MO 01 DAY 31

F - FINAL
PROCESS CODE
Form Approved. OMB No. 2040-0004 Approval expires 6-30-91.
NO DISCHARGE ( )
MINOR (SUBF 07) 7-01-0

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	48960	48960	(03)					0	01/31	MEASRD
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.55		7.80	(12) SU	0	04/31	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<5.0	(19) MG/L	0	01/31	COMP
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<2.0	(19) MG/L	0	01/31	COMP
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.010	(19) MG/L	0	01/31	COMP
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.03	(19) MG/L	0	01/31	COMP
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.12	(19) MG/L	0	01/31	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 02 DAY 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NY0110311 — PERMIT NUMBER

002 Y — DISCHARGE NUMBER (17-19)

F - FINAL
PCB'S

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NO DISCHARGE ( )

MINOR (SUBR 07) 7-ONO

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	02	01	TO	91	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
POLYCHLORINATED BIPHENYLS (PCBS) 9516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******		(28) UG/L			
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	4639500	91	02	20
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility Name/Location (if different)

NAME RC BROTHERS SMELTING CORP

ADDRESS (C/O: BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NYC119311 — PERMIT NUMBER (1-9)

004 X — DISCHARGE NUMBER (10-11)

F - FINAL (12)

PROCESS, COOLING WATER (13-14)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DISCHARGE ( ) (15)

MINOR (SUBR 07) (16)

7-0.0 (17-19)

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	01	01	TO	91	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7200	7200	(07) GPD	******	******	******	**** ****	0	01/31	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	7.29	******	7.78	(12) SU	0	04/31	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	71	(19) MG/L	0	01/31	COMP
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<2.0	(19) MG/L	0	01/31	COMP
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.005	(19) MG/L	0	01/31	COMP
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.06	(19) MG/L	0	01/31	COMP
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.84	(19) MG/L	0	01/31	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)		315 463-9500	91	02	20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY: ROTH BROTHERS SMELTING CORP

LOCATION:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING, WATER
NO DISCHARGE ( )

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	01	01	TO	91	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-CNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.1	(19) MG/L	0	01/31	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.22	(19) MG/L	0	01/31	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.3	(19) MG/L	0	01/31	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 59516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	< 0.05	(28) MG/L	0	01/31	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	91	02	20
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY: ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-10)	(17-19)
NY0110311	006 X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
ZAMAC DISCH. NO DISCHARGE ( )
MINOR (SUBR 07) 7-0A0

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	01	01	91	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	12960	12960	(07)	******	******	******		0	01/31	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE				GPD				**** ****			
PH	SAMPLE MEASUREMENT	******	******		7.29	******	7.46	(12)	0	04/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE				**** ****							
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	02	20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name; Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	001
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DISCHARGE ( )

MINOR (SUBP 07) 7-DNO

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	01	01	TO	91	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.1	(19) 1G/L	0	01/31	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.28	(19) 1G/L	0	01/31	COMP
ANTIMONY, TOTAL (AS SE) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	<0.3	(19) 45/L	0	01/31	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	******	0.31	(28) 1G/L	0	01/31	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	91	02	20
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME RC BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NYG110311 PERMIT NUMBER
(17-19) 002 A DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 MO 01 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 91 MO 01 DAY 31 (26-27) (28-29) (30-31)

F - FINAL
PROCESS COOLING WATER
NO DISCHARGE ( )
MINOR (SUBR 07) 7-0NO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	54720	54720	(07)	******	******	******		0	01/31	MEASRD
00056 1 0 0				GPD				****			
EFFLUENT GROSS VALUE								****			
PH	SAMPLE MEASUREMENT	******	******		7.22	******	7.72	(12)	0	06/31	GRAB
00400 1 0 0				****							
EFFLUENT GROSS VALUE				****				SU			
OIL AND GREASE - FREON EXTR-GRAV-METH	SAMPLE MEASUREMENT	******	******		******	******	<5.0	(19)	0	01/31	COMP
00556 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0	(19)	0	01/31	COMP
00740 1 0 1				****							
EFFLUENT GROSS VALUE				****				MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	01/31	COMP
01027 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	01/31	COMP
01042 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.28	(19)	0	01/31	COMP
01045 1 0 0				****							
EFFLUENT GROSS VALUE				****				MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 91 MO 02 DAY 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: H BROTHERS SMELTING CORP
6223 THOMPSON ROAD
SYRACUSE NY 13057
FACILITY: ROTH BROTHERS SMELTING CORP
LOCATION:

DISCHARGE MONITORING REPORT (DMR)

(6) NY0110311 — PERMIT NUMBER
(17-19) [illegible] — DISCHARGE NUMBER

F - FINAL
PROCESS/ COOL[illegible]

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NO DISCHARGE ( )

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
91	01	01	91	01	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR (SUBK 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.1	(19) MG/L	0	01/31	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	0.069	(19) MG/L	0	01/31	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	**** ****	******	******	<0.03	(19) MG/L	0	01/31	COMP
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										
	SAMPLE MEASUREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: NEAL SCHWARTZ, GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	91	02	20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057

TELEPHONE: 315/463-9500 • FAX: 315/433-9069

January 22, 1993

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 12/01/92 - 12/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above-referenced monitoring period.

Please note no discharge was reported at Outfall 005 for this monitoring period.

There are three excursions on this month's DMR. The first excursion is Dissolved Sulfide for Outfalls 001, 002, 005; reported as a sum total. The reportable level on the analysis is <0.1 and, therefore, one cannot calculate an exact level. Upstate Labs advises that a lower detection limit cannot be reached using the required methodology. We will research this with additional laboratories.

The second excursion is total lead for Outfalls 001, 002, and 005 reported as a sum total.

We are currently working with DEC in Albany on a Soil Remediation Program that is believed to be causing this excursion.

The third excursion is total Boron Outfall 004, that is being investigated for sourcing between Roth Bros. and a contiguous neighbor.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) SUM M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
SUM OF OUTFALLS 001, 002, 8005

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! _ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	<.06	(26)	******	******	******	( )	1	01/30	
	PERMIT REQUIREMENT	******	0.09 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.0230	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.09 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.0330	(26)	******	******	******	( )	1	01/30	
	PERMIT REQUIREMENT	******	0.03 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'MODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
4223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	001 M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	5803	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.8	******	7.9	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	****** **** ****		******	******	5.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.007	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	****** **** ****		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
NY0110311	001 M

MONITORING PERIOD

	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM	92	12	01	TO	92	12	31

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! ! ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.03	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.068	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 93 — MO 01 — DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: SOUTH BROTHERS SMELTING CORP

ADDRESS: SOUTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR 07)

F - FINAL

COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! -- ! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.20	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 001 V DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.7	(19)		01/90	
	PERMIT REQUIREMENT	******	******	****	******	******	4.7 DAILY MX	MG/L	N	STRLY	COMP-6
BARIUM, TOTAL (AS BA) 01007 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/90	
	PERMIT REQUIREMENT	******	******	****	******	******	2.5 DAILY MX	MG/L	N	STRLY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/90	
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	MG/L	N	STRLY	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(19)		01/90	
	PERMIT REQUIREMENT	******	******	****	******	******	0.12 DAILY MX	MG/L	N	STRLY	COMP-6
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		01/90	
	PERMIT REQUIREMENT	******	******	****	******	******	0.1 DAILY MX	MG/L	N	STRLY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-1P WHICH MAY NOT BE USED.)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6723 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUSR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! _ ! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	65952	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.9	******	8.20	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV. METH	SAMPLE MEASUREMENT	******	******	( )	******	******	5	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	5.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.009	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.04	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT DAILY AV	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9600

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) 92 MO (22-23) 12 DAY (24-25) 01 TO YEAR (26-27) 92 MO (28-29) 12 DAY (30-31) 31

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! _ ! ***
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	.08	(19)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	.016	(19)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.23	(19)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(19)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	0.5 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	*******	*******	****	*******	******	0.5 DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 93 MO 01 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME 20TH BROTHERS SMELTING CORP
ADDRESS 20TH BROTHERS SMELTING CORP
4223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 002 H DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 (20-21) MO 12 (22-23) DAY 01 (24-25) TO YEAR 92 (26-27) MO 12 (28-29) DAY 31 (30-31)

MINOR
(SUBR 07) Form Approved.
OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! __ ! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(23)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(26)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(25)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(23)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(29)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR 93 MO 01 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 002 V — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 0000
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	<.01	(19)		01/90	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.05 DAILY MX	MG/L		2/MTHLY	COMP-6
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	1.9	(19)		01/90	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	2.6 DAILY MX	MG/L		2/MTHLY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.7	(19)		01/90	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		2/MTHLY	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.44	(19)		01/90	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.66 DAILY MX	MG/L		2/MTHLY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE — AREA CODE 315 — NUMBER 463-9500

DATE — YEAR 93 — MO 01 — DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME 3OTH BROTHERS SMELTING CORP
ADDRESS 3OTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

NY0110311	004 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.8	******	7.9	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	6	(19)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	150 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	2	(19)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	500 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.03	(19)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (SEE 18 U.S.C. § 1001 AND 33 USC § 1319). (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ERMITTEE NAME/ADDRESS (Include cility Name/Location if different)
AME ROTH BROTHERS SMELTING CORP
DDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
ACILITY
OCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	004 M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	.33	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L	F	ONCE/MONTH	GRAB-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	.008	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.4 DAILY MX	MG/L	F	ONCE/MONTH	GRAB-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	.11	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L	F	ONCE/MONTH	GRAB-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L	F	ONCE/MONTH	GRAB-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	1	(19)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L	F	ONCE/MONTH	GRAB-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	UG/L	F	ONCE/MONTH	GRAB-6
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	*******	******	<.5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	UG/L	F	ONCE/MONTH	GRAB-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 93 MO 01 DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BOTH BROTHERS SMELTING CORP
ADDRESS BOTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	12	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ! __ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.14	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .5	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004 V
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	2.4	(19)		01/90	
	PERMIT REQUIREMENT	******	******	******	******	******	3.7 DAILY MX	MG/L		STBLY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	5.5	(19)	1	01/90	
	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX	MG/L		STBLY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	93	01	22
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3220-1 (Rev. 9-88) Previous editions may be used.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME 20TH BROTHERS SMELTING CORP
ADDRESS 20TH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311
(17-19) DISCHARGE NUMBER: 005 M

MONITORING PERIOD
FROM YEAR 92 MO 12 DAY 01 TO YEAR 92 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
(SUBR 07) F - FINAL
ZAMAC PROCESS/STORMWATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

YXX
*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT DAILY MX	0.0025 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 93 | MO 01 | DAY 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BOTH BROTHERS SMELTING CORP
ADDRESS BOTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 005 V DISCHARGE NUMBER

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	10	01	TO	92	10	31

MINOR
(SUBR 07)
F - FINAL
ZAMAC PROCESS/STORMWATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! XX 1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	0.08 DAILY MX	MG/L		RTBLY	COMP-6
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	5.5 DAILY MX	MG/L		RTBLY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		RTBLY	COMP-6
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		RTBLY	COMP-6
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	0.55 DAILY MX	MG/L		RTBLY	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	0.75 DAILY MX	MG/L		RTBLY	COMP-6
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	****	******	******	0.14 DAILY MX	MG/L		RTBLY	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
93	01	22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM 7-43 WHICH MAY NOT BE USED.)

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

COPY

December 31, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 11/01/92 - 11/30/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above-referenced monitoring period.

Please note no discharge was reported at Outfall 005 for this monitoring period.

There are three excursions on this month's DMR. The first excursion is Dissolved Sulfide for Outfalls 001, 002, 005; reported as a sum total. The reportable level on the analysis is <0.1 and, therefore, one cannot calculate an exact level. Upstate Labs advises that a lower detection limit cannot be reached using the required methodology.

The second excursion of total zinc in Outfall 001 is due to the dismantling of the zinc die cast operation and storage of out-of-service equipment and debris.

Roth Bros. will undertake an extensive yard clean-up as weather permits.

Our third excursion in Outfall 004 for oil and grease is of unknown origin. A subsequent sample has been drawn and sent to Upstate Labs for a constituent analyzation. Pending results will be forthcoming in future correspondence.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

NSdc

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 PERMIT NUMBER
(17-19) SUM M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 MO 11 DAY 01 TO YEAR 92 MO 11 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
SUM OF OUTFALLS 001, 002, &035

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	(26)	******	******	******	( )	1	01/30	
	PERMIT REQUIREMENT	***	0.08 DAILY MX	LBS/DY	******	******	******	*** ****	0	ONCE/MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	***	0.03 DAILY MX	LBS/DY	******	******	******	*** ****	0	ONCE/MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	***	0.021 DAILY MX	LBS/DY	******	******	******	*** ****	0	ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (TYPED OR PRINTED)
NEAL SCHWARTZ
GENERAL MANAGER

I CERTIFY UNDER [illegible] NALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR [illegible] ITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY [illegible] THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE [illegible] ORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURA[illegible] AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALT[illegible] FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY [illegible] FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *[illegible]alties under these statutes may include fines up to $10,000 and/or maximum [illegible] imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 12, DAY 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (If different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE !!! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6	******	(07)	******	******	******	(.)		01/30	
	PERMIT REQUIREMENT	REPORT DAILY AVG	38	GPD				*** ****		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	*** ******	( )	7.5 ******	******	7.5 ******	(12)		01/07	
	PERMIT REQUIREMENT			*** ****	MINIMUM		MAXIMUM	SU		ONCE/ WEEK	GRAB
OIL AND GREASE FREON EXTR GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	*** ******	( )	******	******	2.1	(19)		01/30	
	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	*** ******	( )	******	******	2	(19)		01/30	
	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	*** ******	( )	******	******	0.1	(19)		01/30	
	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	*** ******	( )	******	******	.005	(19)		01/30	
	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	*** ******	( )	******	******	.16	(19)		01/30	
	PERMIT REQUIREMENT			*** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 12 DAY 23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13 7

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7 - F - FINAL

COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) (46-) QUANTITY OR LOADING (54-61) AVE.	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	( )	******	******	.29	(19)		01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	( )	******	******	.24	(19)		01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	( )	******	******	1.1	(19)	1	01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	( )	******	******	<.5	(19)		01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*	***	( )	******	******	<.05	(25)		01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**	***	( )	******	******	<.05	(25)		01/30	
	PERMIT REQUIREMENT	**	***	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9300

DATE: YEAR 92 | MO 12 | DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 5' FOR SULFIDE, COPPER AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	001 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	11	01	TO	92	11	30

MINOR
(SUBR 07) 7 - OTHER
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE !!! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	AVERAGE	(46-53) MAXIMUM	(54-61) UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	** ***	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	***	******	*** ****	******	******	0.3 DAILY MX	UG/L		INCL/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	** ***	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	***	******	*** ****	******	******	0.3 DAILY MX	UG/L		INCL/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	** ***	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	***	******	*** ****	******	******	0.3 DAILY MX	UG/L		INCL/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	** ***	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	***	******	*** ****	******	******	0.3 DAILY MX	UG/L		INCL/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	** ***	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	***	******	*** ****	******	******	0.3 DAILY MX	UG/L		INCL/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 SEE 18 USC §1001 AND 33 USC §1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 92	MO 12	DAY 28
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25) →		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	94464	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		CONT	
PH	SAMPLE MEASUREMENT	******	******	( )	7.4	******	8.0	(12)		01/07	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	******	SU		GRAB	
OIL AND GREASE FREON EXTR-GRAV MET 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		GRAB	
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		GRAB	
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		GRAB	
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		GRAB	
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.03	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 12 | DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	002 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	11	01	TO	92	11	30

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INSOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.35	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	6.0 MONTHLY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.011	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.097	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 92	MO 12	DAY 28
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1243 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.05	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ, GENERAL MANAGER

(TYPED OR PRINTED)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	12	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE !!! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	******	GPD	******	******	******	*** ****		WCE/ MONTH	EASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.3	******	8.2	(12)		01/07	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****			6.0 DAILY MN		9.0 DAILY MX	SU		WCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	******	20	(19)		01/30	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****					50.0 DAILY MX	MG/L		WCE/ MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	31	(19)	1	01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****					15.0 DAILY MX	MG/L		WCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	2.	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****					4.0 DAILY MX	MG/L		WCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****					0.0 DAILY MX	MG/L		WCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.04	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****					0.0 DAILY MX	MG/L		WCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		92	12	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.36	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	6.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.003	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.24	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 12, DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 12 DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	005 M
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07) 7-
F - FINAL
ZAMAC PROCESS/STORMWATER
XX
*** NO DISCHARGE ! ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	11	01	TO	92	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE Q	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	[illegible] MINIMUM	******	[illegible] MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0075 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	12	28
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
** NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6043 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

December 16, 1992

Mr. John Menchella
Roth Bros. Smelting Corp.
6223 Thompson Rd.
E. Syracuse, NY 13057

Re: Analysis Report #121692001 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were received on November 24, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala Sr

Anthony J. Scala
Director

AJS/jd

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 12/14/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 12/16/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 121692001
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _CJO_
QC: _JH_
Lab I.D.: 10170

MONTHLY SPDES
(PROCESS WATER 001 11/24/92)

ULI I.D.: 32992045

Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	4.4gpm 6336	31
	pH	7.5SU	17
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	06
	Sulfide	<0.1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.16mg/l	
Total	Iron	0.29mg/l	
Total	Lead by furnace method	0.24mg/l	
Total	Zinc	1.1mg/l ←	
	EPA 608		
	Aroclor 1016	<0.05ug/l	
	Aroclor 1221	<0.05ug/l	
	Aroclor 1232	<0.05ug/l	
	Aroclor 1242	<0.05ug/l	
	Aroclor 1248	<0.05ug/l	
	Aroclor 1254	<0.05ug/l	
	Aroclor 1260	<0.05ug/l	
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 12/16/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 121692001
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
(COOLING WATER 002 11/24/92)

ID 94464

ULI I.D.: 32992046 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	65.6gpm	31
	pH	7.6SU	17
	Sulfite	<2mg/l	
	Oil & Grease	<1mg/l	06
	Sulfide	<0.1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.35mg/l	
Total	Lead by furnace method	0.011mg/l	27
Total	Zinc	0.097mg/l	
	EPA 608		
	Aroclor 1016	<0.05ug/l	
	Aroclor 1221	<0.05ug/l	
	Aroclor 1232	<0.05ug/l	
	Aroclor 1242	<0.05ug/l	
	Aroclor 1248	<0.05ug/l	
	Aroclor 1254	<0.05ug/l	
	Aroclor 1260	<0.05ug/l	
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 12/16/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 121692001
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: JH
Lab I.D.: 10170

MONTHLY SPDES
(STORM WATER 004 11/24/92)

ULI I.D.: 32992047

Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm 2448	31
	pH	7.5SU	17
	Sulfite	<2mg/l	
	Oil & Grease	31mg/l	06
	Total Suspended Solids	20mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.04mg/l	
Total	Iron	0.36mg/l	
Total	Lead by furnace method	0.003mg/l	27
Total	Zinc	0.24mg/l	
	EPA 608		
	Aroclor 1016	<1ug/l	
	Aroclor 1221	<1ug/l	
	Aroclor 1232	<1ug/l	
	Aroclor 1242	<1ug/l	
	Aroclor 1248	<1ug/l	
	Aroclor 1254	<1ug/l	
	Aroclor 1260	<1ug/l	
	Total PCB	<1ug/l	01

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 MG/L / PPB
15 MG/L(MILLIGRAMS PER LITER), PPM(PARTS PER MILLION)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY
37 MG/L / LBS PER DAY
38 MG/LCL2 / LBS PER DAY
39 UG/L / LBS PER DAY
40 MG/L LAS / LBS/DAY

UPSTATE LABORATORIES, INC.

ROTH BROTHERS SMELTING CORP.

Flow Data
November 1992

Client I.D.	Flow Rate
005	No Flow Available

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

INFORMATION REGARDING YOUR CHAIN OF CUSTODY RECORD

Any information on this report that appears in parentheses may be information that did not originally appear on your Chain of Custody Record and was later added by ULI personnel.

Please let one of our Tech Specialist representatives know if we could provide you with a typed Chain of Custody Record for this or any of your projects. This typed Chain of Custody Record may facilitate a faster turnaround time of your project through our laboratory.

Thank you.

32992045-47

12/10 HDD

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME
	ROTH BROS. SMELTING CORP.

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	FLOW	SO3, pH	S=	TSS	OHG	T-Al, Sb, Cd	T-Cu, Fe, Pb*, Zn	WBC, PCB	REMARKS
															Water
45	(11/24)				(Process water 001)	5	X	X	X		X	X	X	X	9-74
46	(11/24)				(Cooling water 002)	5	X	X	X		X	X	X	X	9-75
47	(11/24)				(Storm water 004)	4	X	X		X	X	X	X	X	9-587

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	11/24/92 1330				

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Dave Hill	11/24/92 1:50				

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
		Cassie Najdek	11/24/92 1:50	

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

November 19, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 10/01/92 - 10/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 001 and outfall 005 for this monitoring period.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311

(17-19) DISCHARGE NUMBER: SUM M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
SUM OF OUTFALLS 001, 002, &005

*** NO DISCHARGE ! - ! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.027	(26)	*******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.04 DAILY MX	LBS/DY	*******	******	******	**** ****		ONCE/ MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.005	(26)	*******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.09 DAILY MX	LBS/DY	*******	******	******	**** ****		ONCE/ MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.009	(25)	*******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.05 DAILY MX	LBS/DY	*******	******	******	**** ****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 11 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO W T WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 0120
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE XXX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(03)	******	******	******	( )			
00056 1 Q 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	*** ****		ONCE/MONTH	ESTMTE
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******	(12)		******		(12)			
00400 1 0 0	PERMIT REQUIREMENT	******	******	*** ***	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00556 1 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	(19)	******	******		(19)			
00740 1 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	5.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE											
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	(19)	******	******		(19)	1		
00746 1 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	(19)	******	******		(19)			
01027 1 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.6 DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	(19)	******	******		(19)			
01042 1 0 0	PERMIT REQUIREMENT	******	******	*** ***	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP-6
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	11	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE XXX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	6.0	DAILY MX	MG/L		ONCE/MONTH
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	REPORT	DAILY MX	MG/L		ONCE/MONTH
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	1.0	DAILY MX	MG/L		ONCE/MONTH
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	1.0	DAILY MX	MG/L		ONCE/MONTH
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	4.0	DAILY MX	MG/L		ONCE/MONTH
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(23)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.3	DAILY MX	UG/L		ONCE/MONTH
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(23)	******	******					
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.3	DAILY MX	UG/L		ONCE/MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 11 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 — PERMIT NUMBER

001 M — DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE XXX ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB GR
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.5 DAILY MX	UG/L	2	ONCE/ MONTH	GRAB GR
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB GR
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB GR
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ***	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB GR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 11 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! - ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	32688	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.3	******	7.6	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	6	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-24
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<0.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	(REPORT) DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	<0.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	0.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	(REPORT) DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 11 DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! - ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.30	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.033	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.078	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< 0.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< 0.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

→ TYPED OR PRINTED

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Neal Schwartz

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	11	19
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT TOTAL PCB = <0.05

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0110311 (2-16) PERMIT NUMBER
002 M (17-19) DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 (20-21) MO 10 (22-23) DAY 01 (24-25) TO YEAR 92 (26-27) MO 10 (28-29) DAY 31 (30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) AVERAGE (46-53)	QUANTITY OR LOADING MAXIMUM (54-61)	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) MINIMUM (38-45)	QUALITY OR CONCENTRATION AVERAGE (46-53)	QUALITY OR CONCENTRATION MAXIMUM (54-61)	QUALITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(	******	******	8	(.23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 11 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOAL PCB CONTENT TOTAL PCB = < 0.05

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM SCRAP DRAINAGE DITCH Approval expires 6-30-91.

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	*******	(07)	*******	*******	*******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*******	GPD	*******	*******	*******	*** ****		ONCE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*******	*******	( )	6.8	*******	7.5	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	6.5 MINIMUM	*******	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******	9	(19)		01/30	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	30 DAILY MX	MG/L		ONCE/MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******	4	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	3.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******	<0.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*******	*******	( )	*******	*******	0.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	*******	*** ****	*******	*******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 11 DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! _ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.43	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	6.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	0.006	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	0.04 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.19	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	0.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	0.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	6.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	***	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE: 315
NUMBER: 463-9500

DATE

YEAR	MO	DAY
92	11	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT TOTAL PCB = 0.05

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	10	01	TO	92	10	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.14	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 11 — DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSEVE TO THE TOTAL PCB CONTENT TOTAL PCB = .14

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311

(17-19) DISCHARGE NUMBER: 005 M

MINOR
(SUBR 07)
F - FINAL
ZAMAC PROCESS/STORMWATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR (20-21)	MO. (22-23)	DAY (24-25)		YEAR (26-27)	MO. (28-29)	DAY (30-31)
FROM	92	10	01	TO	92	10	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY MX	******	GPD	******	******	******	****		ONCE/ MONTH	ESTMD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0075 DAILY MX		LBS/DY	******	******	******	****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 11, DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (518) 459-3134

November 17, 1992

Mr. John Menchella
Roth Bros. Smelting Corp.
6223 Thompson Rd.
E. Syracuse, NY 13057

Re: Analysis Report #111792001 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were received on October 28, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala

Anthony J. Scala
Director

AJS/cd

Enclosures: report, field data, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 11/13/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 11/17/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 111792001
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: asp
QC: JH
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 10/28/92 0730-1230H GC

ULI I.D.: 30292052
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	22.7gpm	31
	pH	8.0SU	17
	Sulfite	<2mg/l	
	Oil & Grease	6mg/l	
	Sulfide	<0.1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.02mg/l	
Total	Iron	0.30mg/l	
Total	Lead by furnace method	0.033mg/l	
Total	Zinc	0.078mg/l	
	EPA 608		
	Aroclor 1016	<0.05ug/l	
	Aroclor 1221	<0.05ug/l	
	Aroclor 1232	<0.05ug/l	
	Aroclor 1242	<0.05ug/l	
	Aroclor 1248	<0.05ug/l	
	Aroclor 1254	<0.05ug/l	
	Aroclor 1260	<0.05ug/l	
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 11/17/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 111792001
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _asp_
QC: _JH_ _ _
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 10/28/92 0730-1230H GC

ULI I.D.: 30292053 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	31
	pH	7.8SU	17
	Sulfite	<2mg/l	
	Oil & Grease	4mg/l	
	Total Suspended Solids	9mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.02mg/l	
Total	Iron	0.43mg/l	
Total	Lead by furnace method	0.006mg/l	27
Total	Zinc	0.19mg/l	
	EPA 608		
	Aroclor 1016	<0.14ug/l	
	Aroclor 1221	<0.14ug/l	
	Aroclor 1232	<0.14ug/l	
	Aroclor 1242	<0.14ug/l	
	Aroclor 1248	0.14ug/l	
	Aroclor 1254	<0.14ug/l	
	Aroclor 1260	<0.14ug/l	
	Total PCB	0.14ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 MG/L / PPB
15 MG/L(MILLIGRAMS PER LITER), PPM(PARTS PER MILLION)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY
37 MG/L / LBS PER DAY
38 MG/LCL2 / LBS PER DAY
39 UG/L / LBS PER DAY
40 MG/L LAS / LBS/DAY

UPSTATE LABORATORIES, INC.

ROTH BROTHERS SMELTING CORP.

Flow Data
October 1992

Client I.D.	Flow Rate
001	No Flow Available
005	No Flow Available

302A2052-53

UPSTATE LABORATORIES, INC.

331

CHAIN OF CUSTODY RECORD

DUE DATE: ~~2 WEEKS~~ 11/11

HDD

CLIENT	PROJECT NAME
ROTH BROS. SMELTING CORP.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow	SO3, pH	S=	TSS	O+G	T-Al, Sb, Cd	Cu, Fe, Pb, Zn *	608(PCB)		Water
	10-28-92	0730/1230	*	*	NO FLOW PROCESS WATER 001	5	X	X	X		X	X	X	X		KL
52	10-28-92	0730/1230	*	*	COOLING WATER 002	5	X	X	X		X	X	X	X		9-75
53	10-28-92	0730/1230	*	*	STORM WATER 004	4	X	X		X	X	X	X	X		9-587

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	10/28/92 1330				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
David Hill	10/28/92 1345				
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
		Kimberly Lupia	10/28/92 1345		

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

DATE: / /

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _ _ _ _
QC: _ _ _ _
Lab I.D.: 10170
Sampled by: Client

DRAF

ID:30292052 Mat:Water MONTHLY SPDES COOLING WATER 002 10/28/92 0730-1230H GC

	PARAMETERS	RESULTS	DATE ANAL.	KEY
	Flow Rate	22.7gpm	10/28/92	31
	pH	8.0SU	10/28/92	17
	Sulfite	<2mg/l	10/28/92	
	Oil & Grease	6mg/l	11/06/92	
	Sulfide	<0.1mg/l	10/29/92	
Total	Aluminum	<0.5mg/l	11/10/92	
Total	Antimony	<0.3mg/l	11/11/92	
Total	Cadmium	<0.005mg/l	11/10/92	
Total	Copper	0.02mg/l	11/10/92	
Total	Iron	0.30mg/l	11/10/92	
Total	Lead by furnace method	0.033mg/l	11/05/92	
Total	Zinc	0.078mg/l	11/10/92	
	EPA 608			
	Aroclor 1016		11/12/92	34
	Aroclor 1221		11/12/92	34
	Aroclor 1232		11/12/92	34
	Aroclor 1242		11/12/92	34
	Aroclor 1248		11/12/92	34
	Aroclor 1254		11/12/92	34
	Aroclor 1260		11/12/92	34
	Total PCB	<0.05ug/l	11/12/92	

ID:30292053 Mat:Water MONTHLY SPDES STORM WATER 004 10/28/92 0730-1230H GC

	PARAMETERS	RESULTS	DATE ANAL.	KEY
	Flow Rate	1.7gpm	10/28/92	31
	pH	7.8SU	10/28/92	17
	Sulfite	<2mg/l	10/28/92	
	Oil & Grease	4mg/l	11/06/92	
	Total Suspended Solids	9mg/l	11/03/92	
Total	Aluminum	<0.5mg/l	11/10/92	
Total	Antimony	<0.3mg/l	11/11/92	
Total	Cadmium	<0.005mg/l	11/10/92	
Total	Copper	0.02mg/l	11/10/92	
Total	Iron	0.43mg/l	11/10/92	
Total	Lead by furnace method	0.006mg/l	11/05/92	27
Total	Zinc	0.19mg/l	11/10/92	
	EPA 608			
	Aroclor 1016		11/12/92	34

All results are on an as rec.d basis unless otherwise stated.

DATE: / /

Upstate Laboratories, Inc.
Analysis Results
Report Number:
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _ _ _ _
GC: _ _ _ _ _
Lab I.D.: 10170
Sampled by: Client

DRAFT

ID:30292053 Mat:Water MONTHLY SPDES STORM WATER 004 10/28/92 0730-1230H GC

PARAMETERS	RESULTS	DATE ANAL.	KEY
Aroclor 1221		11/12/92	34
Aroclor 1232		11/12/92	34
Aroclor 1242		11/12/92	34
Aroclor 1248	0.14ug/l	11/12/92	
Aroclor 1254		11/12/92	34
Aroclor 1260		11/12/92	34
Total PCB	0.14ug/l	11/12/92	

All results are on an as rec.d basis unless otherwise stated.

Upstate
Laboratories inc.

Shipping: 6034 Corporate Dr. * East Syracuse 13057
Mailing: Box 289 * Syracuse, New York 13206

Phone (315) 437 0255
Fax Phone (315) 437 1209

FAX REPORT

Please Advise if all pages do not transmit properly

Date: 11/13

Client: Roth Bros.

Total Page(s): 3

Report#:

Contact: John Mencilla

Project: Spdes

Phone to Fax to: 433-9069

Notes: Spdes results.

Signed: Marlene

Upstate Rochester (Fax)
(716) 436 2723

Upstate Binghamton (Fax)
(607) 771 0673

WATER SAMPLES

	pH OUTFALL NUMBERS				
DATE	001	002	003	004	005
10-5-92	WF	7.6		7.5	WF
10-9-92	7.6	7.3		7.2	7.4
10-16-92	—	7.3		6.9	—
10-30-92	—	7.45		~~6.9~~ 7.1	—
11-13-92	—	7.4		7.3	—

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057

TELEPHONE: 315/463-9500 • FAX: 315/433-9069

October 22, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 09/01/92 - 09/30/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 001 and outfall 005 for this monitoring period.

As previously stated in our letter of July 24, 1992, it is our belief that the high boron level in outfall 4 are the results of a leaching effect of a contiguous neighbor.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13052
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY 110311	SUM M
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07) 7 -
F - FINAL
SUM OF OUTFALLS 001, 002, 3005

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	09	01		92	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! ! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	.027	(26)	******	******	******	( )		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0 DAILY X	LBS/DY	******	******	******	*** ****		NCE/ MONTH	CALCTD
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	.005	(26)	******	******	******	( )		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0 DAILY X	LBS/DY	******	******	******	*** ****		NCE/ MONTH	CALCTD
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	.002	(26)	******	******	******	( )		01/30	
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0 DAILY X	LBS/DY	******	******	******	*** ****		NCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	92 YEAR	10 MO	14 DAY
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 110511 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	07	01	TO	92	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE [XX] ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		*****	(07)	******	******	******	(.)			
	PERMIT REQUIREMENT	REPORT	DAILY MX	GPD				***			
								****			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*****	( )		******		(12)			
	PERMIT REQUIREMENT			***				SU			
				****							
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
	PERMIT REQUIREMENT			***				MG/L			
				****							
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
	PERMIT REQUIREMENT			***				MG/L			
				****							
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
	PERMIT REQUIREMENT			***				MG/L			
				****							
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
	PERMIT REQUIREMENT			***				MG/L			
				****							
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
	PERMIT REQUIREMENT			***				MG/L			
				****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	92 YEAR	10 MO	14 DAY
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1303
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 (PERMIT NUMBER) 001 M (DISCHARGE NUMBER)

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! XX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(28)			
	PERMIT REQUIREMENT						DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(28)			
	PERMIT REQUIREMENT						DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 10 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
92	09	01	2	09	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7-
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! XX ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		NLE/ MONTH	RAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	UG/L		NLE/ MONTH	RAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	UG/L		NLE/ MONTH	RAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	UG/L		NLE/ MONTH	RAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	UG/L		NLE/ MONTH	RAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	92	10	14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DICHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0110311 (PERMIT NUMBER) (2-10)

001 V (DISCHARGE NUMBER) (11-13)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) ? - FINAL
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE [XX] ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********	( ) ***	********	********		(19) MG/L			
	PERMIT REQUIREMENT	********	********	****			30 DAILY MX				
BARIUM, TOTAL (AS BA) 01007 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********	( ) ***	********	********		(19) MG/L			
	PERMIT REQUIREMENT	********	********	****			4 DAILY MX				
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********	( ) ***	********	********		(19) MG/L			
	PERMIT REQUIREMENT	********	********	****			10 DAILY MX				
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********	( ) ***	********	********		(19) MG/L			
	PERMIT REQUIREMENT	********	********	****			5 DAILY MX				
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	********	********	( ) ***	********	********		(19) MG/L			
	PERMIT REQUIREMENT	********	********	****			0.01 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	92	10	14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

* NO DISCHARGE

Facility Name/Location (If different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
3223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORI.. REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER

002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	9 2	0 9	0 1	TO	9 2	0 9	3 0
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	32688	******	(07)	***	*****	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD				*** ****		NGE/ MONTH	ESTMD
PH	SAMPLE MEASUREMENT	*****	******	( )	7.5	*****	7.9	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****	MINIMUM		MAXIMUM	SU		NGE/ 7 DAYS	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	*** **	******	( )	*** **	*****	< 1	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L		NGE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*** **	******	( )	*** **	*****	< 2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L		NGE/ MONTH	CMPTD
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	*** **	******	( )	*** **	*****	< .1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****			REPORT DAILY MX	MG/L		NGE/ MONTH	CMPTD
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*****	******	( )	*** **	*****	< .005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L		NGE/ MONTH	CMPTD
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*** **	******	( )	*** **	*****	< .02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****			REPORT DAILY MX	MG/L		NGE/ MONTH	CMPTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	92	10	14
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110511 — PERMIT NUMBER
002 N — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 MO 09 DAY 01 TO YEAR 92 MO 09 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7-
F = FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	.32	(19)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	****	******	2.0 DAILY MX	MG/L		REC/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	.008	(19)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	****	******	0.1 DAILY MX	MG/L		REC/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	.024	(19)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	****	******	0.5 DAILY MX	MG/L		REC/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	.3	(19)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	****	******	1.0 DAILY MX	MG/L		REC/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	.5	(19)		01/30	
	PERMIT REQUIREMENT	*****	******	** ****	****	******	2.0 DAILY MX	MG/L		2/MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	****	******	1.0 DAILY MX	UG/L		REC/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	****	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	****	******	1.0 DAILY MX	UG/L		REC/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 10 DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING IS NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT TOTAL PCB = <.05 ug/1

Facility Name/Location (If different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1305

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)

NY0110311 — PERMIT NUMBER

002 R — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	09	01	TO	92	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR C7) 7 - F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	*****	******	*	(23)		01/30	
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	*****	******	*	(23)		01/30	
	PERMIT REQUIREMENT			*** ****				UG/L		MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	*****	******	*	(28)		01/30	
	PERMIT REQUIREMENT			*** ****			TOXIC PX	UG/L		MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	*****	******	*	(25)		01/30	
	PERMIT REQUIREMENT			*** ****			TOXIC PX	UG/L		MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	*****	******	*	(23)		01/30	
	PERMIT REQUIREMENT			*** ****			TOXIC PX	UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		315	463-9500	92	10	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET-WEATHER CONDITIONS.

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT TOTAL PCB $< .05$ ug/l.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Different))

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
5223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110511 — PERMIT NUMBER

002 V — DISCHARGE NUMBER (17-19)

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	9			TO			

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						< .01	MG/L		01/90	
	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L			GRAB
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						.8	MG/L		01/90	
	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L			GRAB
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						.3	MG/L		01/90	
	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L		01/90	GRAB
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT						< .05	MG/L		01/90	
	PERMIT REQUIREMENT	****	****	*** ****			DAILY MX	MG/L			GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and the maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 10 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1305

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR) (2-16)

NY0110311 — PERMIT NUMBER

004 M — DISCHARGE NUMBER (17-19)

MINOR

(SUBR 07) 7 - FINAL

ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	07	01	TO	92	07	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	***	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD				*** ***		DAILY MONTH	GRAB
PH	SAMPLE MEASUREMENT	*** **	******	( )	7.3	******	7.4	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****	*** ****		MINIMUM		MAXIMUM	SU		DAILY MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	***	******	7	(19)		01/30	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****	*** ****					MG/L		DAILY MONTH	24-HR COMP
OIL AND GREASE FREON EXTR GRAV METH	SAMPLE MEASUREMENT	******	******	( )	***	******	<1	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****	*** ****					MG/L		DAILY MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	***	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****	*** ****					MG/L		DAILY MONTH	24-HR COMP
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	***	******	<.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****	*** ****					MG/L		DAILY MONTH	GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	***	******	.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ****	*** ****				QUALITY MX	MG/L		DAILY MONTH	24-HR COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 10 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1305

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	09	01	TO	92	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 8-30-91.
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE !-! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	.43	(19)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	.001	(19)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	.11	(19)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	.3	(19)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	.5	(19)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	MG/L		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	( )	*****	*****	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 10 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT TOTAL PCB = <.05/ug/l

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	004 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM				TO			

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH
*** NO DISCHARGE [ ] ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		NLT 1/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		NLT 1/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		NLT 1/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		NLT 1/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 00 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		NLT 1/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	315 463-9500	92	10	14
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

** INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT TOTAL PCB < .05 ug/1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1505

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 V — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	07	01	TO	92	07	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - Other
F - FINAL
ALUMINUM SCRAP DRAINAGE

*** NO DISCHARGE !!! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	3.0	( )		01/90	
	PERMIT REQUIREMENT	****	****	*** ****				MG/L			GRAB
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	8.3	( )	1	01/90	
	PERMIT REQUIREMENT	****	****	*** ****				MG/L			GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Neal Schwartz

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	10	14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 005 H — DISCHARGE NUMBER

MINOR

(SUBR 07) 7 - ZAMAC PROCESS/STORMWATER

F = FINAL

*** NO DISCHARGE [XX] ***

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM		07		TO		07	30

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 00056 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD				*** ****			
PH 00400 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
	PERMIT REQUIREMENT	******	******	*** ****				SU			
SULFIDE, DISSOLVED (AS S) 00746 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		ONCE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		ONCE/ MONTH	GRAB
PHENOLS 46000 1 Q 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
	PERMIT REQUIREMENT	******	REPORT DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 10 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NOD1 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET-WEATHER CONDITIONS:
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0113511	005 V
PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ZAMAC PROCESS/STORMWATER

*** NO DISCHARGE XX ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	GRAB
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	COMP-24 HR
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	COMP-24 HR
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	COMP-24 HR
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	COMP-24 HR
SURFACTANTS (MBAS) 33260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	COMP-24 HR
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****			DAILY MX	MG/L		1/DAY	COMP-24 HR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)		315	463-9500	92	10	14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (518) 459-3134

October 9, 1992

Mr. John Menchella
Roth Bros. Smelting Corp.
6223 Thompson Rd.
E. Syracuse, NY 13057

Re: Analysis Report #100992006 - Qrtly & Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were received on September 24, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala

Anthony J. Scala
Director

AJS/cd

Enclosures: report, field data, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 10/8/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 10/09/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 100992006
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
QRTLY&MONTHLY SPDES
COOLING WATER 002 (9/24/92 1400H)

ULI I.D.: 26892122 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	22.7gpm	
	pH	7.5SU	17
	MBAS	<0.05mg/lLAS	
	Sulfite	<2mg/l	
	Amenable Cyanide	<0.01mg/l	
	Fluoride	0.8mg/l	
	Oil & Grease	<1mg/l	06
	Sulfide	<0.1mg/l	
	Total Boron	0.3mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.32mg/l	
Total	Lead by furnace method	0.008mg/l	27
Total	Zinc	0.024mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 10/09/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 100992006
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
QRTLY&MONTHLY SPDES
STORM WATER 004 (9/24/92 1400H)

ULI I.D.: 26892123
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	7.9SU	17
	Sulfite	<2mg/l	
	Fluoride	3.0mg/l	
	Oil & Grease	<1mg/l	06
	Total Boron	8.3mg/l	
	Total Suspended Solids	7mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.02mg/l	
Total	Iron	0.43mg/l	
Total	Lead by furnace method	0.001mg/l	27
Total	Zinc	0.11mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 MG/L / PPB
15 MG/L(MILLIGRAMS PER LITER), PPM(PARTS PER MILLION)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY
37 MG/L / LBS PER DAY
38 MG/LCL2 / LBS PER DAY
39 UG/L / LBS PER DAY

UPSTATE LABORATORIES, INC.

ROTH BROTHERS SMELTING CORP.

Flow Data

September 1992

Client I.D.	Flow Rate
001	No Flow Available
005	No Flow Available

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

INFORMATION REGARDING YOUR CHAIN OF CUSTODY RECORD

Any information on this report that appears in parentheses may be information that did not originally appear on your Chain of Custody Record and was later added by ULI personnel.

Please let one of our Tech Specialist representatives know if we could provide you with a typed Chain of Custody Record for this or any of your projects. This typed Chain of Custody Record may facilitate a faster turnaround time of your project through our laboratory.

Thank you.

2684821822-123

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

DUE DATE: ~~2 WEEKS~~ 10/8 Hard

CLIENT	PROJECT NAME
ROTH BROS. SMELTING	QRTLY & MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow, pH, SO4, F-, T-B, O&G	MBAS	TSS	Sulfide	A-Cn	T-Al, Sb, Cd, Cu, Fe, Pb, Zn	T-Ba	BEHP	PCB (608)	
	~~9/24~~	~~1400~~			~~PROCESS WATER 001~~	~~6~~	X	X		X		X	X	X	X	water not rec'd
22	9/24	1400			COOLING WATER 002	6	X	X		X	X	X			X	9-246
23	↓	↓			STORM WATER 004	4	X		X			X			X	9-255

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	9/24/92 1400				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Stuart Sperah	9.24.92 1400				
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
		Kimberly Dupla	9/24/92 1400		

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

September 17, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 08/01/92 - 08/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 001, outfall 004 and outfall 005 for this monitoring period.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) SUM M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
SUM OF OUTFALLS 001, 002, 3005

*** NO DISCHARGE ! - ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.03	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.06 DAILY MX	LBS/DY				*** ****		ONCE/ CALCTD MONTH	
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.008	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.09 DAILY MX	LBS/DY				*** ****		ONCE/ CALCTD MONTH	
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.009	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.08 DAILY MX	LBS/DY				*** ****		ONCE/ CALCTD MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 17 | DAY 09

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 110311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE !XX! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	(4 Card Only) QUALITY OR CONCENTRATION MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		*****	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	******	******	******	*** ***		ONCE/ MONTH	CALCULATED
PH	SAMPLE MEASUREMENT	******	***	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM 6.0	*****	MAXIMUM 9.0	SU		CONTINUOUS	RECORDER
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	******	******	DAILY MX 15.0	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	******	******	DAILY MX 0.0	MG/L		ONCE/ MONTH	COMPOS 6 P.
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	******	******	DAILY MX REPORT	MG/L		ONCE/ MONTH	COMPOS 6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	******	******	DAILY MX 0.0	MG/L		ONCE/ MONTH	COMP=6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	******	******	DAILY MX REPORT	MG/L		ONCE/ MONTH	COMP=6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 09 — DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
*NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY 110311 (2-16) — PERMIT NUMBER

001 M (17-19) — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE !XX! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(19)	*******	******		MG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(19)	*******	******		MG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(19)	*******	******		MG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(19)	*******	******		MG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(19)	*******	******		MG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(28)	*******	******		UG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	****	(28)	*******	******		UG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	*****	*** ****	*******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) MINOR
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE !XX! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.03 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.03 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.03 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.03 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.03 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

Facility Name/Location (If different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 MO 08 DAY 01 (20-21) (22-23) (24-25) TO YEAR 92 MO 08 DAY 31 (26-27) (28-29) (30-31)

MINOR
(SUBR 07) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	45648	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	******	GPD	******	******	******	*** ****		CONT/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******	( )	7.3	******	7.7	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	MINIMUM	******	MAXIMUM	SU		CONT/	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	3	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		CONT/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		CONT/ MONTH	UNPRES GRAB
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		CONT/ MONTH	UNPRES GRAB
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		CONT/ MONTH	UNPRES GRAB
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		CONT/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .03	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.026	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.050	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1.1	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

Neal Schwartz

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSDIVE TO THE TOTAL PCB CONTENT TOTAL PCB = < .05ug/1

Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		08	01	TO	92	08	31
	(21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMU	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	***	(	******	******	*	(.28)		01/30	
	PERMIT REQUIREMENT	******	****	*** ****			DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	***	(	******	******	*	(.28)		01/30	
	PERMIT REQUIREMENT	******	****	*** ****			DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	***	(	******	******	*	(.28)		01/30	
	PERMIT REQUIREMENT	******	****	*** ****			DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	***	(	******	******	*	(.28)		01/30	
	PERMIT REQUIREMENT	******	****	*** ****			DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	***	(	******	******	*	(.28)		01/30	
	PERMIT REQUIREMENT	******	****	*** ****			DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I VE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION S ITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IM IATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM E THAT THERE ARE SIG NIFICANT PENALTIES FOR SUBMITTING FAL INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMEN SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 month 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT THEY ARE INCLUSDIVE TO THE TOTAL PCB CONTENT TOTAL PCB = <.05 ug/l

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NYG 10311 — PERMIT NUMBER
(17-19) 004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
Approval expires 6-30-91.
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ! XX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	*****	*****	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	*****	GPD	******	******	******	*** ****		ONCE/MONTH	ESTMD
PH	SAMPLE MEASUREMENT	*****	*****	( )	6	******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	MINIMUM	*****	DAILY MX	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	30	DAILY MX	MG/L		ONCE/MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	*****	( )	******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	15	DAILY MX	MG/L		ONCE/MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*****	*****	( )	******	******		(19)			
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	5.0	DAILY MX	MG/L		ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*****	*****	( )	******	******		(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	0.69	DAILY MX	MG/L		ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	1.0	DAILY MX	MG/L		ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

NY 0110311 — PERMIT NUMBER

004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM SCRAP DRAINAGE DITCH Approval expires 6-30-91.

*** NO DISCHARGE !XX! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******		MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******		MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******		MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******		MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(19)	******	******		MG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******		UG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******		UG/L		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY 110311 (2-16) — PERMIT NUMBER
004 M (17-19) — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 (20-21) MO 09 (22-23) DAY 01 (24-25) TO YEAR 92 (26-27) MO 09 (28-29) DAY 30 (30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ! XX ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	(28)	******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 09 | DAY 17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 005 M DISCHARGE NUMBER

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ZAMAC PROCESS/STORMWATER Approval expires 6-30-91.

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	08	01	TO	92	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (40-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	CALCD
PH	SAMPLE MEASUREMENT	* *****	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ***	******	*** ****	MINIMUM	******	MAXIMUM	SU		4/WEEK	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	* *****	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ***	******	*** ****	******	******	REPORT MONTHLY AVG	MG/L		ONCE/ MONTH	CMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	* *****	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ***	******	*** ****	******	******	REPORT MONTHLY AVG	MG/L		ONCE/ MONTH	CMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	* *****	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ***	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	CMP-6
PHENOLS	SAMPLE MEASUREMENT	* *****	******	(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** ***	REPORT DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	CALCD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	09	17
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (518) 459-3134

September 9, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #090992018 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water sample which was picked up by ULI personnel on August 25, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/lw

Enclosures: report, field data, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 9/8/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 09/09/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 090992018
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: ___
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 8/25/92 0800-1300H C

ULI I.D.: 23892050

Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	31.7gpm	
	pH	7.9SU	17
	Sulfite	<2mg/l	
	Oil & Grease	3mg/l	
	Sulfide	<0.1mg/l	
Total	Aluminum	1.1mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.02mg/l	
Total	Iron	<0.03mg/l	
Total	Lead by furnace method	0.026mg/l	
Total	Zinc	0.050mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

UPSTATE LABORATORIES, INC.

ROTH BROTHERS SMELTING CORP.

Flow Data
August 1992

Client I.D.	Flow Rate
001	No Flow Available
004	No Flow Available
005	No Flow Available

23892050-

UPSTATE LABORATORIES, INC.

331

CHAIN OF CUSTODY RECORD

DUE DATE: ~~2 WEEKS~~ 9/9 hau

CLIENT	PROJECT NAME
ROTH BROS. SMELTING CORP.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow	SO3, pH	S=	TSS	O+G	T-Al, Sb, Cd	Cu, Fe, Pb, Zn	608(PCB)	Water
					PROCESS WATER 001	5	X	X	X		X	X	X	X	
	8-25-92	8:00	X		COOLING WATER 002	5	X	X	X		X	X	X	X	9-75
					STORM WATER 004	5	X	X		X	X	X	X	X	

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	8-25-92 1400				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
	8-25-92 3:25 P.	Eric Schultheis			
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
Eric Schultheis	8-25-92 3:30 P	Kimberly Lupia	8/25/92 1530		

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

November 17, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, NY 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: June 1992 & July 1992

Dear Sir:

Please find enclosed corrected DMR's for the June and July 1992 reporting period. The total PCB content has been adjusted to an accurate level. Also enclosed are the analytical documents from Upstate Labs that support these changes.

Please feel free to contact me if you have any questions regarding this matter.

Very truly yours,

ROTH BROS. SMELTING CORP.

NEAL SCHWARTZ
General Manager

dc
ENC

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME SOUTH GEDDES SMELTING CORP

ADDRESS SOUTH GEDDES SMELTING CORP

5225 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0119911 — PERMIT NUMBER

(17-19) 004 — DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR (20-21)	MO. (22-23)	DAY (24-25)	TO YEAR (26-27)	MO. (28-29)	DAY (30-31)

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1242 (AROCHLOR 1242) 39492 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( )			*	( )		01/30	
	PERMIT REQUIREMENT			* * * * * *			DAILY MX	UG/L		MONTH	
PCB-1248 (AROCHLOR 1248) 39496 1 0 8 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( )			*	( )		01/30	
	PERMIT REQUIREMENT			* * * * * *			DAILY MX	UG/L		MONTH	
PCB-1254 (AROCHLOR 1254) 39500 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( )			.25	( )		01/30	
	PERMIT REQUIREMENT			* * * * * *			DAILY MX	UG/L		MONTH	
PCB-1254 (AROCHLOR 1254) 39504 1 0 3 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( )			*	( )			
	PERMIT REQUIREMENT			* * * * * *			DAILY MX	UG/L		MONTH	
PCB-1260 (AROCHLOR 1260) 39506 1 0 6 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( )			*	( )			
	PERMIT REQUIREMENT			* * * * * *			DAILY MX	UG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 (AREA CODE)	463-9500 (NUMBER)	92 (YEAR)	08 (MO)	12 (DAY)
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMT BUT ARE INCLUSIVE TO THE TOAL PCB CONTENT. TOAL PCB = ~~.04~~ .25 ug/l

Facility Name/Location (if different)

NAME ALCOA DEFENSE SMELTING CORP

ADDRESS ALCOA DEFENSE SMELTING CORP

625 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16) NYC110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MINOR

(SUBR 07)

F FINAL

ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1016 (ARCHLOR 1016) 1 0 1	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
PCB-1221 (ARCHLOR 1221) 1 0 2	SAMPLE MEASUREMENT	******	******	( )	******	******	.12	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
PCB-1232 (ARCHLOR 1232) 1 0 3	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
PCB-1242 (ARCHLOR 1242) 1 0 4	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
PCB-1248 (ARCHLOR 1248) 1 0 5	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
PCB-1254 (ARCHLOR 1254) 1 0 6	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
PCB-1260 (ARCHLOR 1260) 1 0 7	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	0	ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
92	07	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* TOTAL PCB ~~.05~~ .12 UG/L; INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

X

ERMITTEE NAME/ADDRESS (Include
acility Name/Location if different)
NAME [illegible]
ADDRESS [illegible]
[illegible]
[illegible] SYRACUSE NY 13057
FACILITY
LOCATION
[illegible] NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] TOTAL ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.19	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
[illegible] TOTAL ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.012	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
[illegible] TOTAL ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.16	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
[illegible] TOTAL ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
[illegible] TOTAL ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
[illegible] ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
[illegible] ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	92	07	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* TOTAL PCB ~~.05~~ .12 UG/L; INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE ~~OF~~ THE TOTAL PCB CONTENT.

/10/92

tate Laboratories, Inc.
nalysis Results
Report Number: 081092060
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ _ _
QC: BB _ _ _ _
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 (7/22/92 1330H)

ULI I.D.: 20592015
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	7.7SU	17
	Sulfite	<2mg/l	
	Oil & Grease	1mg/l	
	Total Suspended Solids	<1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.006mg/l	
Total	Copper	0.02mg/l	
Total	Iron	0.52mg/l	
Total	Lead by furnace method	0.008mg/l	27
Total	Zinc	0.082mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.25ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.25ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 07/14/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 071492025
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ Ap
QC: DC _ _ _ _
Lab I.D.: 10170
QRTLY&MONTHLY SPDES
STORM WATER 004 (6/25/92 1400H)

ULI I.D.: 17792146
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm 2448	31
	pH	7.7SU	17
	Sulfite	<2mg/l	
	Fluoride	2.4mg/l	
	Oil & Grease	2mg/l	
	Total Boron	5.8mg/l	
	Total Suspended Solids	<1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.19mg/l	
Total	Lead by furnace method	0.012mg/l	
Total	Zinc	0.16mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242	0.12ug/l	
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.12ug/l	

All results are on an as rec.d basis unless otherwise stated.

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

August 12, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 07/01/92 - 07/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 001 and outfall 005 for this monitoring period.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 PERMIT NUMBER
(17-19) SUM H DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 91 MO 07 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 92 MO 07 DAY 31 (26-27) (28-29) (30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
SUM OF OUTFALLS 001, 002, 3005 Approval expires 6-30-91.

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS (62-63)	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.02	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.5 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	CALCD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.005	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.5 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	CALCD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.002	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.5 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	CALCD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 08 DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MINOR
(SUBR 07) Form Approved.
OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
COPPER ROTARY/LEAD FURNACE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	07	01	TO	92	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	15. DAILY MX		MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	5.0 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY 0110311	001 M

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)
92	07	01	92	07	31

MINOR
(SUBR 07) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE [YYX] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(25)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(26)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
78	07	01	92	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! XX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	08	12
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM INGOT/DEWATERING PUMP Approval expires 6-30-91.

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	92	07	01	TO	92	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	28800	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	ESTIM
PH	SAMPLE MEASUREMENT	******	******	( )	7.4	******	7.9	(12)		01/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		CONTINUOUS	MEASURED
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.006	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0115371	002 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	07	01	TO	92	07	31

MINOR
(SUBR 07) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F = FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.25	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	CMPSTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.009	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	CMPSTD
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.030	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	CMPSTD
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	CMPSTD
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	86	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	CMPSTD
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(26)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(26)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB = <.05 ug/l

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	002 M

MINOR
(SUBP 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM INGOT/DEWATERING PUMP Approval expires 6-30-91.

*** NO DISCHARGE !__! ***

MONITORING PERIOD

	YEAR (20-21)	MO. (22-23)	DAY (24-25)		YEAR (26-27)	MO. (28-29)	DAY (30-31)
FROM	--	07	01	TO	--	07	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB = <.05 ug/l

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	07	01	TO	92	07	31

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM SCRAP DRAINAGE DITCH Approval expires 6-30-91.

*** NO DISCHARGE ! - ! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.4	******	7.5	(12)		01/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	MINIMUM	******	MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(17)		01/30	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	50 DAILY MX	MG/L		ONCE/MONTH	COMPOS
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/MONTH	GRAB
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.006	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/MONTH	COMPOS
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 08 — DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 A — DISCHARGE NUMBER

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
Approval expires 6-30-91.
ALUMINUM SCRAP DRAINAGE DITCH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	91	07	01	TO	91	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.52	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ORGL/ MONTH	COMPOS
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.008	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L		ORGL/ MONTH	COMPOS
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.082	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ORGL/ MONTH	COMPOS
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ORGL/ MONTH	COMPOS
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ORGL/ MONTH	COMPOS
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ORGL/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(26)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ORGL/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

*INDIVIDUAL AROCLORS DO NOT CARRY A DETECITON LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB = .25

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER
(17-19) U04 R — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	92	07	01	TO	92	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM SCRAP DRAINAGE DITCH Approval expires 6-30-91.

*** NO DISCHARGE ! -- ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.25	(25)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

*INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMT BUT ARE INCLUSIVE TO THE TOAL PCB CONTENT. TOAL PCB = <.05 ug/l

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6225 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NYG110511 — PERMIT NUMBER

(17-19) 005 A — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	92	07	01	TO	92	07	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR 07) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

F - FINAL

ZAMAC PROCESS/STORMWATER

*** NO DISCHARGE ! XX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	ESTMT
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
65000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.00 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	CMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 08 | DAY 12

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (518) 459-3134

August 10, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #0810920600 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were received on July 22, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/jd

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 8/7/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

ATE: [illegible]

Postage [illegible]
Analysis Results
Report Number: [illegible]
Client I.D.: [illegible]TH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL
C: BB
Lab [illegible]

MONTHLY SPDES
COOLING WATER [illegible]

[illegible] I.D.: [illegible]14 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	20gpm	
	pH	7.8SU	17
	Sulfite	<2mg/l	
	Oil & Grease	1mg/l	
	Sulfide	<0.1mg/l	
Total	Aluminum	0.6mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.006mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.25mg/l	
Total	Lead by furnace method	0.009mg/l	27
Total	Zinc	0.030mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

ATE: [illegible]

[illegible] Laboratories, Inc.
Analysis Results
Report Number: [illegible]
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
CC: BB
Lab I.D.: [illegible]

MONTHLY SPDES
STORM WATER [illegible] ([illegible]/92 [illegible])

ULI I.D.: [illegible]

Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	7.7SU	17
	Sulfite	<2mg/l	
	Oil & Grease	1mg/l	
	Total Suspended Solids	<1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.006mg/l	
Total	Copper	0.02mg/l	
Total	Iron	0.52mg/l	
Total	Lead by furnace method	0.008mg/l	27
Total	Zinc	0.082mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.25ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.25ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

Upstate Laboratories inc.

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Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

INFORMATION REGARDING YOUR CHAIN OF CUSTODY RECORD

Any information on this report that appears in parentheses may be information that did not originally appear on your Chain of Custody Record and was later added by ULI personnel.

Please let one of our Tech Specialist representatives know if we could provide you with a typed Chain of Custody Record for this or any of your projects. This typed Chain of Custody Record may facilitate a faster turnaround time of your project through our laboratory.

Thank you.

UPSTATE LABORATORIES, INC.

331

CHAIN OF CUSTODY RECORD

DUE DATE: 2 WEEKS 8/5 hard

CLIENT	PROJECT NAME
ROTH BROS. SMELTING CORP.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow	SO3, pH	S=	TSS	O+G	T-Al, Sb, Cd,	Cu, Fe, Pb, Zn *	608 (PCB)		Water
					PROCESS WATER 001	5	X	X	X		X	X	X	X		bottles not filled
14	7/22	1330			COOLING WATER 002	5	X	X	X		X	X	X	X		9-75
15	7/22	1330	PW		STORM WATER 004	4	X	X		X	X	X	X	X		9-587

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	7-22-92 1330	+ S. Spevak			
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
+ S. Spevak	7/22/92 4:30 PM	R Damiano	7/22/92 4:30p	

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057

TELEPHONE: 315/463-9500 • FAX: 315/433-9069

July 24, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 06/01/92 - 06/30/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 001 and outfall 005 for this monitoring period.

Upstate Laboratories has conducted an extensive investigation regarding the continuing boron excursions at outfall 004. After speaking to representatives from Upstate Laboratories and examining the results of their study, it is our belief that the high levels of boron are a result of a leaching effect from a contiguous neighbor.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON RD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NYC110311 PERMIT NUMBER

(17-19) SUM M DISCHARGE NUMBER

MINOR

(SUBR 07)

F - FINAL

SUM OF OUTFALLS 001, 002, &001

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	06	01	TO	92	06	30

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
	PERMIT REQUIREMENT	******	.031 0.04 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
	PERMIT REQUIREMENT	******	.006 0.09 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
	PERMIT REQUIREMENT	******	.004 0.03 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER (TYPED OR PRINTED)	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 92	MO 07	DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 R DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR 07)

F - FINAL

COPPER ROTARY/LEAD FURNACE

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

*** NO DISCHARGE ! ** ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 07 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ECIA BROTHERS SMELTING CORP

ADDRESS ECIA BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MINOR (SUBR 07) F - FINAL COPPER ROTARY/LEAD FURNACE

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
92	06	01	92	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE THIS MONTH ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 07 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! XX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	07	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

223 THOMPSON ST

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 V — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! XX ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.7 DAILY MX	MG/L		1/WEEK	COMP-6
BARIUM, TOTAL (AS BA) 01007 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.5 DAILY MX	MG/L		1/WEEK	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		1/WEEK	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.12 DAILY MX	MG/L		1/WEEK	COMP-6
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.1 DAILY MX	MG/L		1/WEEK	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	92 YEAR	07 MO	24 DAY
TYPED OR PRINTED							

COMMENT, AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

4223 THOMPSON ROAD

EAST SYRACUSE NY 1303

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	002 M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	0715	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	16ASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.55	******	7.80	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( ),	******	******	5	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	CQHP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	CQHP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	CQHP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	CQHP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	07	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI -' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1303
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	002 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	05	01	TO	92	06	30

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	.20	(19)		01/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	.013	(19)		01/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	.045	(19)		01/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	.6	(19)		01/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 463-9500		92	24	07
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'N001 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* TOTAL PCB <.05 UG/L: INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1305
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER
(17-19) 002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved. OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	(54-61) UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	*****	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	*****	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	*****	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	*****	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(25)			
	PERMIT REQUIREMENT	*****	****** **** ****		******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 07 — DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* TOTAL PCB .05 UG/L; INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 IN[illegible] ROAD
EAST SYRACUSE NY 13[illegible]
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 V DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM INGOT/DEWATERING PUMP Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	******	( )	******	******	.01	(19)		01/90	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.02 DAILY MX	MG/L		STRLY	COMP-6
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	******	( )	******	******	.5	(19)		01/90	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	2.6 DAILY MX	MG/L		STRLY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	******	( )	******	******	.95	(19)		01/90	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	1.0 DAILY MX	MG/L		STRLY	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	******	( )	******	******	.05	(19)			
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.06 DAILY MX	MG/L		STRLY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	07	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 130

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) U04 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ! __ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	******	******	******	(.)		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	*** **	******	( )	7.45	******	7.60	(12)		01/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*** **	****** **** ****		6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	1	(19)		01/30	
	PERMIT REQUIREMENT	*** **	****** **** ****		******	******	50 DAILY MX	MG/L		ONCE/ MONTH	EQMP-6
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	2	(19)		01/30	
	PERMIT REQUIREMENT	*** **	****** **** ****		******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	2	(19)		01/30	
	PERMIT REQUIREMENT	*** **	****** **** ****		******	******	5.0 DAILY MX	MG/L		ONCE/ MONTH	GMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	.005	(19)		01/30	
	PERMIT REQUIREMENT	*** **	****** **** ****		******	******	0.69 DAILY MX	MG/L		ONCE/ MONTH	EQMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	******	( )	******	******	.02	(19)		01/30	
	PERMIT REQUIREMENT	*** **	****** **** ****		******	******	0.21 DAILY MX	MG/L		ONCE/ MONTH	GMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
92	07	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME BOTH BROTHERS SMELTING CORP

ADDRESS BOTH BROTHERS SMELTING CORP

6225 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	06	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE ! __ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.19	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.012	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.16	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 07 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* TOTAL PCB .05 UG/L; INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE OF THE TOTAL PCB CONTENT.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	06	01	TO	92	06	30

MINOR (SUBR 07) (18)

F - FINAL

ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE !__! ***

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(.28)			
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.12	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	****** **** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	****** *** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 07 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* TOTAL PCB .05 UG/L; INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6023 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004 V
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! -- ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	2.4	(19)		01/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.7 DAILY MX	MG/L	1	QTRLY 01/80	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		QTRLY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC §1001 AND 33 USC §1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	07	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

4223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311

(17-19) DISCHARGE NUMBER: 005 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	06	01	TO	92	06	30

MINOR (SUBR 07) Form Approved. OMB No. 2040-0004.

F - FINAL Approval expires 6-30-91.

ZAMAC PROCESS/STORMWATER XX --

*** NO DISCHARGE ! -- ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0075 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME AND OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 07 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE * FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

ENTER NOD1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON RD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 005 V DISCHARGE NUMBER

MINOR

(SUBR 07) ZAMAC PROCESS/STORMWATER

F - FINAL

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.08 DAILY MX	MG/L		QTRLY	COMP-6
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	5.5 DAILY MX	MG/L		QTRLY	COMP-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	COMP-6
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.6 DAILY MX	MG/L		QTRLY	COMP-6
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.55 DAILY MX	MG/L		QTRLY	COMP-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.74 DAILY MX	MG/L		QTRLY	COMP-6
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.14 DAILY MX	MG/L		QTRLY	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 07, DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

NO DISCHARGE

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

04190/92060-2040

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (518) 459-3134

July 14, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #071492025 - Qrtly&Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on June 25, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/jw

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: [illegible]

Upstate Laboratories, Inc.
Analysis Results
Report Number: 921492025
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: cyp
CC: DC
Lab I.D.: [illegible]
QRTLY&MONTHLY SPDES
COOLING WATER 002 (6/25/92 1400H)

ULI I.D.: 19792145 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	25.8gpm 37,152	31
	pH	7.7SU	17
	MBAS	<0.05mg/lLAS	
	Sulfite	<2mg/l	
	Amenable Cyanide	<0.01mg/l	
	Fluoride	0.5mg/l	
	Oil & Grease	5mg/l	
	Sulfide	<0.1mg/l	
	Total Boron	0.7mg/l	
Total	Aluminum	0.6mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.02mg/l	
Total	Iron	0.20mg/l	
Total	Lead by furnace method	0.013mg/l	
Total	Zinc	0.045mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 7 14/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 071492025
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ AP
CC: DC _ _ _ _
Lab I.D.: 10179
QRTLY&MONTHLY SPDES
STORM WATER 004 (6/25/92 1400H)

ULI I.D.: 17792146 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm 2448	31
	pH	7.7SU	17
	Sulfite	<2mg/l	
	Fluoride	2.4mg/l	
	Oil & Grease	2mg/l	
	Total Boron	5.8mg/l	
	Total Suspended Solids	<1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.19mg/l	
Total	Lead by furnace method	0.012mg/l	
Total	Zinc	0.16mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242	0.12ug/l	
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.12ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

June 30, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 05/01/92 - 05/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 001 and outfall 005 for this monitoring period.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 PERMIT NUMBER

(17-19) SUM M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
SUM OF OUTPALLS 001, 002, 3005 Approval expires 6-30-91.

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	.032	(26)	******	******	******	( )		01/30 ONCE/ CALCTD	
	PERMIT REQUIREMENT	****	0.0 DAILY MX	LBS/DY	******	******	******	*** ****		MONTH	
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	.006	(26)	******	******	******	( )		01/30 ONCE/ CALCTD	
	PERMIT REQUIREMENT	****	0.02 DAILY MX	LBS/DY	******	******	******	*** ****		MONTH	
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.002	(26)	******	******	******	( )		01/30 ONCE/ CALCTD	
	PERMIT REQUIREMENT	****	0.0 DAILY MX	LBS/DY	******	******	******	*** ****		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 06 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6225 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! XX ! ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT			(07)				( )			
00056 1 0 0	PERMIT REQUIREMENT	REPORT		GPD			REPORT	***		ONCE/ MONTH	CASRE
EFFLUENT GROSS VALUE		DAILY AV					DAILY MX	****			
PH	SAMPLE MEASUREMENT			( )				(12)			
00400 1 0 0	PERMIT REQUIREMENT	6.0		***	6.0		9.0			ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT			( )				(19)			
00556 1 0 0	PERMIT REQUIREMENT			***			15			ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
SULFITE (AS SO3)	SAMPLE MEASUREMENT			( )				(19)			
00740 1 0 0	PERMIT REQUIREMENT			***			3.0			ONCE/ MONTH	COMP 6
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT			( )				(19)			
00746 1 0 0	PERMIT REQUIREMENT			***			REPORT			ONCE/ MONTH	COMP 6
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT			( )				(19)			
01027 1 0 0	PERMIT REQUIREMENT			***			0.0			ONCE/ MONTH	COMP 6
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT			( )				(19)			
01042 1 0 0	PERMIT REQUIREMENT			***			REPORT			ONCE/ MONTH	COMP 6
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	06	30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER
(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		05		TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
COPPER ROTARY/LEAD FURNACE Approval expires 6-30-91

*** NO DISCHARGE !XX! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L (19)		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						REPORT DAILY MX	MG/L (19)		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L (19)		ONCE/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L (19)		ONCE/ MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(19)			
	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L (28)		ONCE/ MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(28)			
	PERMIT REQUIREMENT						0.7 DAILY MX	UG/L (28)		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT							(28)			
	PERMIT REQUIREMENT						0.7 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. (See 18 USC § 1001 and 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	92	06	30
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER (2-16): NY0110511

DISCHARGE NUMBER (17-19): 001 M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) Form Approved.
FC FINAL OMB No. 2040-0004.
COPPER ROTARY/LEAD FURNACE Approval expires 6-30-91.

*** NO DISCHARGE [XX] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 06 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

Facility Name/Location (Edit if req'd)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR 07) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91

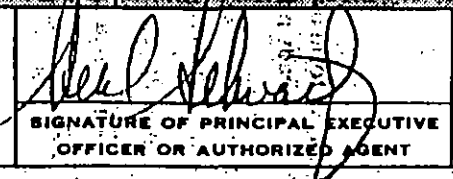
F - FINAL

ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	38880	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPOR DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	CN-60
PH	SAMPLE MEASUREMENT	****	******	( )	7.55	******	7.55	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****	MINIMUM	******	MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****	******	******	30 DAILY MX	MG/L		ONCE/ MONTH	COMP-24
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*****	******	( )	******	******	<.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	******	( )	******	******	<.02	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)		315 (AREA CODE)	463-9500 (NUMBER)	92 (YEAR)	06 (MO)	30 (DAY)
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0110511 (2-16) PERMIT NUMBER
002 M (17-19) DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 (20-21) MO 05 (22-23) DAY 01 (24-25) TO YEAR 92 (26-27) MO 05 (28-29) DAY 31 (30-31)

MINOR
(SUBR 07) Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! -- ! ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.27			01/30	
	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L (19)		ONCE/MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.005			01/30	
	PERMIT REQUIREMENT						.087 DAILY MX	MG/L (19)		ONCE/MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.029			01/30	
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L (19)		ONCE/MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<.3			01/30	
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L (19)		ONCE/MONTH	GRAB
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.8			01/30	
	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L (19)		ONCE/MONTH	GRAB
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						* 0.3			01/30	
	PERMIT REQUIREMENT						DAILY MX	UG/L (28)		ONCE/MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						* 0.3			01/30	
	PERMIT REQUIREMENT						DAILY MX	UG/L		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 06 DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1305
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	N	ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	N	ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	N	ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(26)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	N	ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L	N	ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 06 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Facility Name/Location (if different)
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ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM				TO			

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM SCRAP DRAINAGE DITCH Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS (07)	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, RATE	SAMPLE MEASUREMENT	2448	******		******	******	******			01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.30	******	7.30			01/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		6.5 MINIMUM	******	8.5 MAXIMUM	SU (12)		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******	2			01/30	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	50 DAILY MX	MG/L (19)		ONCE/ MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	1			01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	15 DAILY MX	MG/L (19)		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2			01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	3.0 DAILY MX	MG/L (19)		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<.005			01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	0.03 DAILY MX	MG/L (19)		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	<.02			01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	******	0.03 DAILY MX	MG/L (19)		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and maximum imprisonment of between 6 months and 5 years.)

Neal Schwartz
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	06	30
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

MINOR
(SUBR 07) Form Approved.
F - FINAL OMB No. 2040-0004.
ALUMINUM SCRAP DRAINAGE DITCH Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.36	(19)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	4.0 DAILY MX	MG/L			
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.004	(19)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	0.4 DAILY MX	MG/L			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.10	(19)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	1.0 DAILY MX	MG/L			
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	1.0 DAILY MX	MG/L			
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.5	(19)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	1.0 DAILY MX	MG/L			
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(25)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	0.2 DAILY MX	UG/L			
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(23)		01/30 ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	******	****** *** ****		******	******	0.2 DAILY MX	UG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 06 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

** INDIVIDUAL AROCHORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB .05 UG/L.

Facility Name/Location if different

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)	TO	YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM							

MINOR
(SUBR 07)
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! _ ! ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 06 — DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*INDIVIDUAL AROCHORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB .05 UG/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0110511 (2-16) — PERMIT NUMBER

005 M (17-19) — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	05	01	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ZAMAC PROCESS/STORMWATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91

*** NO DISCHARGE [ ] XX ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, RATE	SAMPLE MEASUREMENT		******	(07)	*******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	*****	GPD				*** ****		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	MINIMUM		MAXIMUM	SU		ONCE/ MONTH	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******	( )	*******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	*** ****			REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****			REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	*******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****			REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(20)	*******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	0.057 DAILY MX	LBS/DY				*** ****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	06	30
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (518) 459-3134

June 26, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #062692023 - 61892 PCB Water

Dear Mr. Menchella:

Please find enclosed the PCB results for your water samples which were received on June 18, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala Jr.

Anthony J. Scala
Director

AJS/mvd

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed and verbal results were given to your office on 6/25 and 6/26/92, respectively. There will be no Hustle Charge for this Analysis. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 06/26/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 062692023
Client I.D.: ROTH BROS. SMELTING CORP.

APPROVAL: _ _ Cyp
QC: no _ _ _ _ _
Lab I.D.: 10170
Sampled by: Client

ID:17092027 Mat:Water 61892 PCB WATER 618A OUTFALL 2 6/18/92 0900H G

PARAMETERS	RESULTS	KEY
EPA 608		
Aroclor 1016		34
Aroclor 1221		34
Aroclor 1232		34
Aroclor 1242		34
Aroclor 1248		34
Aroclor 1254		34
Aroclor 1260		34
Total PCB	<0.05ug/l	

ID:17092028 Mat:Water 61892 PCB WATER 618B T ROGERS OUTFALL 6/18/92 0900H G

PARAMETERS	RESULTS	KEY
EPA 608		
Aroclor 1016		34
Aroclor 1221		34
Aroclor 1232		34
Aroclor 1242		34
Aroclor 1248		34
Aroclor 1254		34
Aroclor 1260		34
Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

17092027-28

6/25 Hard

ROTH BROS. SMELTING CORP.
CHAIN OF CUSTODY RECORD

SAMPLE LOG No.	PROJECT NAME & DESCRIPTION
61892	PCB WATER

SAMPLERS NAME: John Menchella DATE SAMPLED: 6/18/92

	SAMPLE No.	DATE	TIME	SAMPLE LOCATION	GRAB	COMP.	SAMPLE TYPE	No. OF CONTAINERS	REMARKS
27	618 A	6/18/92	9:00	OUTFALL 2	X		WATER	1	PCB ONLY
28	618B	6/18/92	9:00	T. Rogers outfall	X		WATER	1	PCB ONLY
				PCB ONLY					
				1 WEEK TURNAROUND					
							TOTAL:	2	

RELINQUISHED BY: (SIGN)	DATE	TIME	RECEIVED BY (SIGN)
1 Stuart Sprak	6.18.92	9:40 AM	2 Katherine Mustico
RELINQUISHED BY: (SIGN)	DATE	TIME	RECEIVED BY (SIGN)
2			3

I HEREBY CERTIFY THAT I AM QUALIFIED TO OBTAIN SAMPLES AND THAT THIS SAMPLE WAS TAKEN ACCORDING TO THE SAMPLING REQUIREMENTS SET FORTH IN 40 CFR 261 (SW – 846) (SIGN): J. Menchella

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

Mr. [illegible] Menchella
[illegible] Brothers Smelting Corporation
[illegible] Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #061592041 - Monthly SPDES and Monthly SPDES Resample

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up and collected by ULI personnel on May 22 and 26, 1992, respectively.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala sh

Anthony J. Scala
Director

AJS/jd

Enclosures: report, invoice

Copy-encs: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 06/15/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061592041
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 5/21/92 0800-1300H GC

ULI I.D.: 14392056
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	27gpm 3811	
	pH	7.8SU	17
	Oil & Grease	<1mg/l	
	Sulfide	<0.1mg/l	
Total	Aluminum	0.8mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.27mg/l	
Total	Lead by furnace method	0.005mg/l	27
Total	Zinc	0.029mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.59ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.59ug/l	

All results are on an as rec.d basis unless otherwise stated.

< 0.05

DATE: 06/15/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061592041
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
MONTHLY SPDES
STORM WATER 004 5/21/92 0800-1300H GC

ULI I.D.: 14392057 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	7.6SU	17
	Oil & Grease	1mg/l	
	Total Suspended Solids	2mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.36mg/l	
Total	Lead by furnace method	0.004mg/l	27
Total	Zinc	0.10mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 06/15/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061592041-RESAMPLE
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: ULI

APPROVAL: _ _ AJP
QC: _ _ _ _ MJ
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER LOC 002 5/26/92 0730-1545H C

ULI I.D.: 14892003 Matrix: Water

PARAMETERS	RESULTS	KEY
Sulfite	<2mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 06/15/92

Upstate Laboratories, Inc. APPROVAL: _ _ ap
Analysis Results QC: _ _ _ MF
Report Number: 061592041-RESAMPLE Lab I.D.: 10170
Client I.D.: ROTH BROS. SMELTING CORP. MONTHLY SPDES
Sampled by: ULI STORM WATER LOC 004 5/26/92 0745-1600H C

ULI I.D.: 14892004 Matrix: Water

PARAMETERS	RESULTS	KEY
Sulfite	<2mg/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

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2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
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13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
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20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

1434056-57

6/8 hard

UPSTATE LABORATORIES, INC.

331

CHAIN OF CUSTODY RECORD

DUE DATE: ~~2 WEEKS~~

CLIENT	PROJECT NAME
ROTH BROS. SMELTING CORP.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow	SO3, pH	S=	TSS	O+G	T-Al, Sb, Cd,	Cu, Fe, Pb, Zn *	608 (PCB)		Water
					PROCESS WATER 001	5	X	X	X		X	X	X	X		no Sample.
56	5-21-92	0800/1300	*	*	COOLING WATER 002	(5)	X	X	X		X	X	X	X		9-75
57	5-21-92	0800/1300	*	*	STORM WATER 004	(7)(5)	X	X		X	X	X	X	X		9-587

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	5-21-92 1400				
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
	5/22/92 10AM	Erin S. Roth			
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks	
Erin S. Roth	5/22/92 11AM	Kimberly A. Wint	5/22/92 1155		

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

14892003-4

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

DUE DATE: 6/9 Hard

CLIENT	PROJECT NAME	NO. OF CONTAINERS	503									Water
Roth Bros.	Monthly SPDES Resample											

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	503									Water
3	5-26-92	7:30 / 9:45	X		(COOLING WATER) it Loc 002	1	X									
4	5-26-92	7:45 / 4pm	X		(STORM WATER) it Loc 004	1	X									

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
[signature]	5/26				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
[signature]	5-26-92 4:40pm	[signature]	5/26/92 1640		

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

May 18, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 04/01/92 - 04/30/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 005 for this monitoring period.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) SUM M — DISCHARGE NUMBER

MINOR

(SUBR 07) FINAL

SUM OF OUTFALLS 001, 002, 005

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

*** NO DISCHARGE ! _ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.033 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	0.013	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.07 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	0.015	(26)	******	******	******	( )		01/30	
	PERMIT REQUIREMENT	******	0.05 DAILY MX	LBS/DY	******	******	******	*** ****		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 05 | DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! __ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	7632	******	(07)	******	******	******	( )		01/30	
00056 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.38	******	7.98	(12)		1/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	2	WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	4	(19)		01/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L	2	ONCE/MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		01/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L	2	ONCE/MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		01/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L	2	ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.005	(19)		01/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L	2	ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.12	(19)		01/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L	2	ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 05, DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311
(17-19) DISCHARGE NUMBER: 001 M

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! __ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) AVERAGE (46-53)	QUANTITY OR LOADING MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) MINIMUM (38-45)	QUALITY OR CONCENTRATION AVERAGE (46-53)	QUALITY OR CONCENTRATION MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.31	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.21	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.50	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.6	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 05 DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT AREIINCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB .05 UG/L

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR

(SUBR 07)

F - FINAL

COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		01/30	
	PERMIT REQUIREMENT	*****	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 05 — DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB .05 UG/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MINOR

(SUBR 07) F - FINAL

ALUMINUM INGOT/DEWATERING PUMP

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! __ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

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PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	32688	******	(07)	******	******	******	( )		01/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY MX	******	GPD	******	******	******	*** ****		ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.60	******	7.76	(12)		1/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		1/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		1/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		1/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		1/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.02	(19)		1/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 05 | DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER "NODI 9" FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Includ. Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1305
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110311 B 1
(17-19) DISCHARGE NUMBER: 002 M L

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07)
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(5 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .29	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.006	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.020	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.7	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 08 DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.'
* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOAL PCB CONTENT. TOTAL PCB .05 UG/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 B — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MINOR (SUBR 07) F - FINAL

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	04	01	TO	92	04	30

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	*******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	*******	*******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	*******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	*******	*******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	*******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	*******	*******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	*******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	*******	*******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	*******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	*******	*******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC §1001 AND 33 USC §1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 05 — DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT. TOTAL PCB .05 UG/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MINOR

(SUBR 07) OMB No. 2040-0004.

F - FINAL Approval expires 6-30-91.

ALUMINUM SCRAP DRAINAGE DITCH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	******	******	******	( )		1/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPO DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.37	******	7.37	(12)		1/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	******	47	(19)		1/30	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	50 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	4	(19)		1/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		1/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	33.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		1/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.02	(19)		1/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 05 — DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP

6223 THOMPSON ROAD

EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MINOR (SUBR 07) F - FINAL

Form Approved. OMB No: 2040-0004. Approval expires 6-30-91.

ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE | _ | ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	04	01	TO	92	04	30

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	.25	(19)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	.007	(19)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	.12	(19)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	<.3	(19)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	<.5	(19)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	*****	****** *** ****		******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 05 | DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOAL PCB CONTENT. TOTAL PCB .05 UG/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THONROE ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MINOR
(SUBR D7)
F - FINAL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

ALUMINUM SCRAP DRAINAGE DITCH

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
92	05	18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* INDIVUUAL AROCHLORS DO NOT HARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOAL PCB CONTENT. TOTAL PCB .05 UG/L.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
4223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 005 M — DISCHARGE NUMBER

MINOR
(SUBR 07) OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ZAMAC PROCESS/STORMWATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	04	01	TO	92	04	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE !XX! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	*******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	*******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	*******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	*******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	*******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****** 0.0	0.0075 DAILY MX	LBS/DY	*******	******	******	*** ****		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 05 — DAY 18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* NO DICHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

May 12, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #051292020 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on April 29, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala SL

Anthony J. Scala
Director

AJS/jd

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

12/92

Laboratories, Inc.
Results
Number: 051292020
I.D.: ROTH BROS. SMELTING CORP.
By: Client

APPROVAL: _ _ _
QC: _ _ _ _ _
Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 4/29/92 0800-1300H

ULI I.D.: 12092082 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	5.3gpm 7632	
	pH	8.0SU	17
	Sulfite	<2mg/l	
	Oil & Grease	4mg/l	
	Sulfide	<0.1mg/l	
al	Aluminum	0.6mg/l	
al	Antimony	<0.3mg/l	
al	Cadmium	0.005mg/l	
al	Copper	0.12mg/l	
al	Iron	0.31mg/l	
al	Lead by furnace method	0.21mg/l	
al	Zinc	0.50mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

ts are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

UPSTATE LABORATORIES, INC.

12092082-84

331

CHAIN OF CUSTODY RECORD

DUE DATE: 2 WEEKS 5/13 hard

CLIENT	PROJECT NAME
ROTH BROS. SMELTING CORP.	MONTHLY SPDES

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow	SO3, pH	S=	TSS	O+G	T-Al, Sb, Cd	Cu, Fe, Pb, Zn	608(PCB)		water
82	4-29-92	0800/1300			PROCESS WATER 001	5	X	X	X		X	X	X	X		9-74
83	4-29-92	0800/1300			COOLING WATER 002	5	X	X	X		X	X	X	X		9-75
84	4-29-92	0800/1300			STORM WATER 004	5	X	X		X	X	X	X	X		9-587

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winckell	4/29/92 1400				

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
	4/29/92 2:15 P	Eric Schultz			

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
Eric Schultz	4/29/92 2:30 P	R Damiano	4/29/92 2:30 PM	Uli Pu

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

WATER SAMPLES

pH OUTFALL NUMBERS					
DATE	001	002	003	004	005
1-10-92	7.40	7.60	—	7.58	—
1-13-92	7.30	7.46	—	7.31	7.10
1-17-92	—	7.67	—	7.52	7.18
1-24-92	—	7.48	—	7.63	7.36
2-7-92	—	7.88	—	7.82	7.76
2-14-92	—	6.81	—	6.93	7.08
2-21-92	7.06	7.60		7.38	—
2-28-92	8.01	7.88		7.62	7.55
3-6	7.50	7.10		7.20	—
3-13	7.18	7.40		7.32	—
3-20	7.25	7.20		7.30	6.90
3-27	7.02	7.30		7.27	7.21
4-3	7.40	7.60		7.37	—
4-10	7.65	7.70		7.45	—
4-17	7.38	7.60		7.58	7.50
4-24	7.98	7.76		7.70	NF

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

May 1, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 03/01/92 - 03/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 005 for this monitoring period.

On May 6, 1992, representatives of Roth Bros. Smelting and the Albany DEC will be meeting to discuss remediation procedures.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) SUM M DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
SUM OF OUTFALLS 001, 002, 3005

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	(54-61) AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.08	(26)	******	******	******	( )	*	1/30	
	PERMIT REQUIREMENT		DAILY MX	LBS/DY				*** ****		ONCE/ MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.03	(26)	******	******	******	( )		1/30	
	PERMIT REQUIREMENT		DAILY MX	LBS/DY				*** ****		ONCE/ MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.304	(26)	******	******	******	( )	1	1/30	
	PERMIT REQUIREMENT		DAILY MX	LBS/DY				*** ****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I [illegible]VE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION S[illegible]TTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IM[illegible]EDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE T[illegible] SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM [illegible]RE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FAL[illegible] INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT [illegible]LE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 04 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* SEE ATTACHED LETTER FROM UPSTATE LABS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER
(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 (20-21) MO. 03 (22-23) DAY 01 (24-25)
TO YEAR 92 (26-27) MO. 03 (28-29) DAY 31 (30-31)

MINOR
(SUBR 07) 7 - F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

*** NO DISCHARGE !__! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	80960	******	(07)	******	******	******	( )		1/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******	( )	7.02	******	7.5	(12)		1/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	MINIMUM	******	DAILY MX	SU		PER DAY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		1/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		1/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	<.1	(19)		1/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.062	(19)		1/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.36	(19)		1/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 04 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	001 M

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.46	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1.1	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	2.3	(19)	1	1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.6	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.1 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.1 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	001 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE | | | ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		ONCE/MONTH	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L			
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.35	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.17	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	315	463-9500	92	04	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	001 V

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! ! ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.9	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		STRLY COMPOS	
BARIUM, TOTAL (AS BA) 01007 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		STRLY COMPOS	
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.8	(19)	1	1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		STRLY COMPOS	
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.08	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		STRLY COMPOS	
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	<5 ug/L	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	MG/L		STRLY COMPOS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 04 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP
ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	05	01	TO	92	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	66960	******	(07)	******	******	******	( )		1/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY MX	******	GPD	******	******	******	*** ****		ONCE/ MONTH	EASRD
PH	SAMPLE MEASUREMENT	******	******	(*** ****)	7.10	******	7.70	(12)		1/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	******	SU		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******	(*** ****)	******	******	< 1	(19)		1/30	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	(*** ****)	******	******	< 2	(19)		1/30	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	(*** ****)	******	******	< .1	(19)		1/30	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	(*** ****)	******	******	< .005	(19)		1/30	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	(*** ****)	******	******	.03	(19)		1/30	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL AMANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 04 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: NY0110511

(17-19) DISCHARGE NUMBER: 002 M

MINOR
(SUBR 07) 7 - OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	03	01	TO	92	03	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.41	(19) MG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.036	(19) MG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.1	(19) MG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.3	(19) MG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.8	(19) MG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28) UG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28) UG/L		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	92	04	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - F - FINAL
ALUNINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	1.3	(28)	1	1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.28	(28)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		315 463-9500	92	04	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
*INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENTL

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 002 V DISCHARGE NUMBER

MINOR (SUBR 07) F - FINAL

ALUMINUM INGOT/DEWATERING PUMP

*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	01	01	TO	92	05	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	< .01	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 DAILY MX	MG/L		QTRLY	COMP-G
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.8	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L		QTRLY	COMP-G
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.4	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		QTRLY	COMP-G
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	.06	(19)		1/90	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.25 DAILY MX	MG/L		QTRLY	COMP-G
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 92	MO 04	DAY 24
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - OMB No. 2040-0004.
F = FINAL Approval expires 6-30-91.
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	6768	******	(07)	******	******	******	( )		1/30	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY MX	*****	GPD	*****	*****	*****	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )	7.20	******	7.32	(12)		1/30	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<1	(19)		1/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	30 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	7	(19)		1/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<2	(19)		1/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	30 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	<.005	(19)		1/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.04	(19)		1/30	
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 04, DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - P - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.19	(19)		01/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/ MONTH	CMP-6
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.008	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/ MONTH	CMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.12	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.1 DAILY MX	MG/L		ONCE/ MONTH	CMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/ MONTH	CMP-6
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		ONCE/ MONTH	CMP-6
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 92, MO 04, DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
ALUMINUM SCRAP DRAINAGE DITCH

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	05	01	TO	92	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.08	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.05	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		1/30	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 04 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

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ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 V DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM SCRAP DRAINAGE

*** NO DISCHARGE ! _ ! ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	1.2	(19)		1/90	
	PERMIT REQUIREMENT			*** ****				MG/L		GTRLY	COMPOS
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******	2.0	(19)		1/90	
	PERMIT REQUIREMENT			*** ****				MG/L		GTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 04 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 005 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	03	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - F = FINAL
ZAMAC PROCESS/STORMWATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

XX
*** NO DISCHARGE ! _ ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	******	SU		ONCE/ WEEK	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****** NO DISCHARGE	0.0075 DAILY MX	LBS/D	******	******	******	*** ****		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 04 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER '-0021' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
*** NO DISCHARGE

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 005 V DISCHARGE NUMBER

MINOR
(SUBR 07) 7
F - FINAL
ZAMAC PROCESS/STORMWATER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! XX 1 ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	03	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 DAILY MX	MG/L		1/MONTH	GRAB-6
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.4 DAILY MX	MG/L		1/MONTH	GRAB-6
BORON, TOTAL (AS B) 01022 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.65 DAILY MX	MG/L		1/MONTH	GRAB-6
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.10 DAILY MX	MG/L		1/MONTH	GRAB-6
ZINC, TOTAL (AS ZN) 01092 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.20 DAILY MX	MG/L		1/MONTH	GRAB-6
SURFACTANTS (MBAS) 38260 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.25 DAILY MX	MG/L		1/MONTH	GRAB-6
BIS (2-ETHYLHEXYL) PHTHALATE 39100 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.014 DAILY MX	MG/L		1/MONTH	GRAB-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 04 DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

* NO DISCHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

April 13, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #041392004 - Qrtly&Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on March 26, 1992.

We have included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/cs

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 4/9/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 04/13/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 041392004
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL
QC:
Lab I.D. 10170
QRTLY&MONTHLY SPDES
PROCESS WATER 001 3/26/92 0700-1200H GC

ULI I.D.: 08692117 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	21.5gpm 30960	
	pH	7.6SU	17
	Sulfite	<2mg/l	
	MBAS	0.08mg/lLAS	
	Sulfide	<0.1mg/l	
	Fluoride	0.9mg/l	
	Oil & Grease	<1mg/l	
	Total Boron	0.8mg/l	
Total	Aluminum	0.6mg/l	
Total	Antimony	<0.3mg/l	
Total	Barium	<0.3mg/l	
Total	Cadmium	0.062mg/l	
Total	Copper .005#	0.36mg/l	
Total	Iron	0.46mg/l	
Total	Lead by furnace method .284#	1.1mg/l	
Total	Zinc	2.3mg/l	
	Bis(2-ethylhexyl)Phthalate	<5ug/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242	0.35ug/l	
	Aroclor 1248		34
	Aroclor 1254	0.17ug/l	
	Aroclor 1260		34
	Total PCB	0.52ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 04/13/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 041392004
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
QRTLY&MONTHLY SPDES
COOLING WATER 002 3/26/92 0700-1200H GC

ULI I.D.: 08692118
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	46.5gpm -66960	
	pH	7.7SU	17
	Sulfite	<2mg/l	
	MBAS	0.06mg/lLAS	
	Sulfide	<0.1mg/l	
	Fluoride	0.8mg/l	
	Oil & Grease	<1mg/l	
	Total Boron	0.4mg/l	
Total	Aluminum	0.8mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper .016#	0.03mg/l	
Total	Iron	0.41mg/l	
Total	Lead by furnace method .07#	0.036mg/l	
Total	Zinc	0.10mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242	1.3ug/l	
	Aroclor 1248		34
	Aroclor 1254	0.28ug/l	
	Aroclor 1260		34
	Total PCB	1.6ug/l	
	Amenable Cyanide	<0.01mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 04/13/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 041392004
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
QRTLY&MONTHLY SPDES
STORM WATER 004 3/26/92 0700-1200H GC

ULI I.D.: 08692119
Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	4.7gpm	
	pH	7.6SU	17
	Sulfite	<2mg/l	
	Total Suspended Solids	<1mg/l	
	Fluoride	1.2mg/l	
	Oil & Grease	7mg/l	
	Total Boron	2.0mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	0.04mg/l	
Total	Iron	0.19mg/l	
Total	Lead by furnace method	0.008mg/l	
Total	Zinc	0.12mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242	0.08ug/l	
	Aroclor 1248		34
	Aroclor 1254	0.05ug/l	
	Aroclor 1260		34
	Total PCB	0.13ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER), PPB(PARTS PER BILLION)
17 PARAMETER NOT ANALYZED WITHIN 15 MINUTES OF SAMPLING
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

08692117-119

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

DUE DATE: 2 WEEKS 4/9 hard

CLIENT	PROJECT NAME	NO. OF CONTAINERS
ROTH BROS. SMELTING	QRTLY & MONTHLY SPDES	

SAMPLE PRES.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow, pH, SO3 F-, T-B, O&G	MBAS	TSS	Sulfide ACN not performed	T-Cn	T-Al, Sb, Cd, Cu, Fe, Pb, Zn	T-Ba	BEHP	PCB (608)	WATERS
117	3-26-92	0700 / 1200	X	X	PROCESS WATER 001	6	X	X		X		X	X	X	X	9-245
118	3-26-92	0700 / 1200	X	X	COOLING WATER 002	6 6 6	X	X		X	X	X			X	9-246
119	3-26-92	0700 / 1200	X	X	STORM WATER 004	4	X		X			X			X	9-255
																ACN recd 3/27

Sampled by: (Signature) John R. Winchell	Date/Time 3/26/92 1300	Received by: (Signature)	Relinquished by: (Signature) 3-26-92 3pm	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time 3-26-92 3:15pm	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time 3/26/92 4:30 p	Received for Laboratory by: (Signature)	Date/Time 3/26/92 3:15PM 3:30pm	Remarks	

WITNESS: _____ DATE/TIME: _____

WEATHER CONDITIONS: _____

WATER SAMPLES

pH OUTFALL NUMBERS					
DATE	001	002	003	004	005
1-10-92	7.40	7.60	—	7.58	—
1-13-92	7.30	7.46	—	7.31	7.10
1-17-92	—	7.67	—	7.52	7.18
1-24-92	—	7.48	—	7.63	7.36
2-7-92	—	7.88	—	7.80	7.76
2-14-92	—	6.81	—	6.93	7.08
2-21-92	7.06	7.60		7.38	—
2-28-92	8.01	7.88		7.68	7.55
3-6	7.50	7.10		7.20	—
3-13	7.18	7.40		7.32	—
3-20	7.25	7.20		7.30	6.90
3-27	7.07	7.30		7.27	7.21
4-3	7.40	7.60		7.37	—

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

March 25, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 02/01/92 - 02/29/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfall 005 for this monitoring period.

The excursions noted on this reporting period are believed to be from the results of the decontamination and clean up of our lead operation that has since been closed. As this cleaning process began in the Winter, there might be temporary excursions caused by residual melting of snow.

Please feel free to contact me if you have any questions regarding this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
5223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 — PERMIT NUMBER

(17-19) SUM M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOP
(SUBR 07) 7
F - FINAL
SUM OF OUTFALLS 001, 002, &005

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.042	(26)	******	******	******	( )	*		
	PERMIT REQUIREMENT	******	0.06 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/ MONTH	CALCT
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.038	(26)	******	******	******	( )			
	PERMIT REQUIREMENT	******	0.02 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/ MONTH	CALCT
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	.076	(26)	******	******	******	( )			
	PERMIT REQUIREMENT	******	0.02 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/ MONTH	CALCT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC 1001 AND 33 USC 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-0506

DATE: YEAR 92 | MO 03 | DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* SEE ATTACHED LETTER FROM UPSTAT LA

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	001 A

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	02	01	TO	92	02	29

MINOR
(SUBR 07) 7-
F - FINAL
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13392	******	(07)	******	******	******	( )		01/29	
	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	****** ****	****		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	7.06	******	8.01	(12)		01/7	
	PERMIT REQUIREMENT	******	****** ****	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV MET 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< 1	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< 2	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	30 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
SULFIDE, DISSOLVED (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .1	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.23	(19)		01/29	
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.26	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	92	03	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 001 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR
(SUBR 07) 7 - OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
COPPER ROTARY/LEAD FURNACE

*** NO DISCHARGE ! __ ! ***

NOTE: Read Instructions before completing this form.

Form Approved.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.38	(.19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-(
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.4	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-(
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	6.4	(19)	1	01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	7.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-(
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.7	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-(
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.5	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-(
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

MITTEE NAME/ADDRESS (Include
...dity Name/Location If different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
2225 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	001 M

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	02	01	TO	92	02	29

MINOR
(SUBR 07) 7
F - FINAL
COPPER ROTARY/LEAD FURNACE

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.12	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9600

DATE: YEAR 92, MO 03, DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* INDIVIDUAL AROCHLOR'S DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT

NAME AND ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MINOR
(SUBR 07) 7
F - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	37,584	******	(17)	******	******	******	(.)		01/29	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASURD
PH	SAMPLE MEASUREMENT	******	******	( )	6.81	******	7.88	(12)		01/7	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	MINIMUM	******	MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV MET	SAMPLE MEASUREMENT	******	******	( )	******	******	2	(19)		01/29	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	< 2	(19)		01/29	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-C
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******	< .1	(19)		01/29	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-C
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.010	(19)		01/29	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-C
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.03	(19)		01/29	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-C

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	03	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME: ROTH BROTHERS SMELTING CORP

ADDRESS: ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 002 M — DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEHATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! __ ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.38	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	6.0 DAILY MX	MG/L	NA	ONCE/ MONTH	COMP-G
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	< .1	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L	NA	ONCE/ MONTH	COMP-G
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.14	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L	NA	ONCE/ MONTH	COMP-G
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L	NA	ONCE/ MONTH	COMP-G
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	.6	(19)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L	NA	ONCE/ MONTH	COMP-G
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L	NA	ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L	NA	ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
MR NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 03 — DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ENTER '-0001' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
INDIVIDUAL AROCHLORS DO NOT ACHIEVE A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NY0110311	002 M

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM INGOT/DEWATERING PUMP

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	92	02	01	TO	92	02	29

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.33	(28)	1	01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	*	(28)		01/29	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	03	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

*ENTER NOAE'S FOR FULL LOE COPPER AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
INDIVIDUAL AROCHLOR'S DO NOT CARRY A DETECTION LIMIT, BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
0223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 — PERMIT NUMBER

(17-19) 004 R — DISCHARGE NUMBER

MINOR
(SUBR 07) 7 - ALUMINUM SCRAP DRAINAGE DITCH
P - FINAL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [ ] ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )		01/20	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASURE
PH	SAMPLE MEASUREMENT	******	******	( )	6.93	******	7.80	(12)		01/29	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	MINIMUM		MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******	( )	******	******	8	(19)		01/29	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	30 DAILY MX	MG/L		ONCE/ MONTH	COMP-24 HR
OIL AND GREASE FREON EXTR-GRAV. METH	SAMPLE MEASUREMENT	******	******	( )	******	******	1	(19)		01/29	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******	( )	******	******	2	(19)		01/29	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.3 DAILY MX	MG/L		ONCE/ MONTH	COMP-24 HR
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******	( )	******	******	.005	(19)		01/29	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP-24 HR
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******	.06	(19)		01/29	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP-24 HR

NAME & TITLE OF PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 03 — DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) NY0110511 PERMIT NUMBER
(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 MO 02 DAY 01 (20-21) (22-23) (24-25)
TO YEAR 92 MO 02 DAY 29 (26-27) (28-29) (30-31)

MINOR
(SUBR 07) 7 - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

*** NO DISCHARGE !__! ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.20	(19)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	< .1	(19)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.20	(19)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	1.284 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******	.3	(19)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	4.84 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	( )	******	******		(28)		01/28	
	PERMIT REQUIREMENT	******	******	****	******	******	0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		92	03	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110511 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MINOR
(SUBR 07) 7-
F - FINAL
ALUMINUM SCRAP DRAINAGE DITCH

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	02	01	TO	92	02	29
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ! ! ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	(	******	******		(.26)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	(	******	******		(.28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	(	******	******		(.28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	(	******	******		(.28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******	(	******	******		(.28)			
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	02	03	24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
INDIVIDUAL AROCHLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0110311 (2-16) — PERMIT NUMBER
005 M (17-19) — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 92 (20-21) MO 02 (22-23) DAY 01 (24-25) TO YEAR 92 (26-27) MO 02 (28-29) DAY 29 (30-31)

MINOR
(SUBR 07) 7 - Form Approved. OMB No. 2040-0004. Approval expires 6-30-91.
F - FINAL
ZAMAC PROCESS/STORMWATER
X
*** NO DISCHARGE | | ***
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******	( )			
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	REMARK
PH	SAMPLE MEASUREMENT	******	******	( )		******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******	( )	******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******	( )			
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0075 DAILY MX	LBS/D	******	******	******	**** ****		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NEAL SCHWARTZ

8. NAME & OFFICIAL TITLE OF PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9600
DATE: YEAR 92, MO 03, DAY 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"NO DISCHARGE"
ENTER NOD1 FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9110

March 3, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #030392015 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on February 17, 1992.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala sh

Anthony J. Scala
Director

AJS/mvd

Enclosures: report, invoice

cc/encs: N. Scala, ULI
file

Note: Faxed results were given to your office on 3/2/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 03/03/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030392015
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
PROCESS WATER 001 2/17/92 0800-1300H GC

ULI I.D.: 04892081 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	9.3gpm	
	pH	7.2SU	
	Sulfite	<2mg/l	
	Sulfide	<0.1mg/l	
	Oil & Grease	<1mg/l	
Total	Aluminum	<0.5mg/l	
Total	Antimony	0.7mg/l	
Total	Cadmium	0.23mg/l	
Total	Copper	0.26mg/l	
Total	Iron	0.38mg/l	
Total	Lead	0.4mg/l	
Total	Zinc	6.4mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.12ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.12ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 03/03/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030392015
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 2/17/92 0800-1300H GC

ULI I.D.: 04892082

Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	26.1gpm	
	pH	7.5SU	
	Sulfite	<2mg/l	
	Sulfide	<0.1mg/l	
	Oil & Grease	2mg/l	
Total	Aluminum	0.6mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	0.010mg/l	
Total	Copper	0.03mg/l	
Total	Iron	0.38mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.14mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.33ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.33ug/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

04842-081-83

UPSTATE LABORATORIES, INC.

3/2/92 hard

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME	NO. OF CONTAINERS	Flow	SO3, IH	S=	TSS	O+G	TAL, SB, CD	Cu, Fe, Pb, Zn	608 (PCB)	REMARKS
	ROTH BROS. SMELTING CORP.										

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	Flow	SO3, IH	S=	TSS	O+G	TAL, SB, CD	Cu, Fe, Pb, Zn	608 (PCB)	REMARKS
81	2/17/92	0800/1300	*	*	001	(5)	*	*	*		*	*	*	*	Waters 9-74
82	2/17/92	0800/1300	*	*	002	(5)	*	*	*		*	*	*	*	9-75
83	2/17/92	0800/1300	*	*	004	(4)	*	*		*	*	*	*	*	9-58

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John J. Winchell	2/17/92 1400				
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
	2/17/92 3PM	Eric Schlichter			
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
Eric Schlichter	2/17/92 3:15	R. Durit	2/17/92 3:16 PM		

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

February 17, 1992

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 01/01/92 - 01/31/92

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note that no discharge was reported at outfalls 001 and 005 for this monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0010311 — PERMIT NUMBER

(17-19) SUM M — DISCHARGE NUMBER

F - FINAL

SUM OF OUTFALL 005

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DATA ( )

MINOR (SUBR 07) 7-DNO

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	YL	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SULFIDE, DISSOLVED, (AS S) 00746 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	.017	(26)	******	******	******			01/31	
	PERMIT REQUIREMENT		0.(DAILY M	LBS/DY				**** ****		ONCE/ MONTH	CALCTD
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	.0034	(26)	******	******	******			01/31	
	PERMIT REQUIREMENT		0.(DAILY M	LBS/DY				**** ****		ONCE/ MONTH	CALCTD
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	.017	(26)	******	******	******			01/31	
	PERMIT REQUIREMENT		0.(DAILY M	LBS/DY				**** ****		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I H[AVE] PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SU[BMITTED] HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMM[EDIATELY] RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE TH[AT] SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AV[ARE] THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALS[E] INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT [FOR KNOWING VIOLATIONS.] 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes [may] include fines up to $10,000 and/or maximum imprisonment of between 6 months [and] 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 92 — MO 02 — DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY 10311 (2-16) — PERMIT NUMBER
001 M (17-19) — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 91 MO 01 DAY 01 (20-21) (22-23) (24-25) TO YEAR 92 MO 01 DAY 31 (26-27) (28-29) (30-31)

F - FINAL
COPPER ROTARY

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NO DATA (X)

MINOR (SUBR 07) 7-DNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		*****	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1 PR RT DAILY AV	*****	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	*****	*****			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	******	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	*****		******	******		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.0	3.0	*** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.0	0.0	*** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 02 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'N001 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

...y Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 1 05

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL ...LLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 10311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	...R	01	01	TO	91	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

COPPER ROTARY

Form Approved, OMB No. 2040-0004. Approval expires 6-30-91.

NO DATA (X)

MINOR (SUBR 07) 7-DAY

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	GRAB
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP-24
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP-24
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(19)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP-24
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I ...E PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SU...ITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMM...IATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE TH... SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM A...E THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALS... INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT ...CE 18 U.S.C. § 1001, AND, 33 U.S.C. § 1319. (Penalties under these statutes ... include fines up to $10,000 and/or maximum imprisonment of between 6 months ... 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 91 | MO 02 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

ENTER 'N001 9' FOR SULFIDE, COPPER, AND LEAD W... N MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

F - FINAL

COPPER ROTARY / NO DATA (X)

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

(2-16) NYU 10311 — PERMIT NUMBER

(17-19) 001 M — DISCHARGE NUMBER

MINOR (SUBR 07) 7-ONG

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		******	******		(28)			
	PERMIT REQUIREMENT	*****	*****	**** ****	******	******	DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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, (SEE 18 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 92 | MO 02 | DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

* NO DISCHARGE

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY 0110311 PERMIT NUMBER

(17-19) 002 M DISCHARGE NUMBER

F - FINAL

ALUMINUM INGOT CASTING SUMP

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91.

NO DATA ( )

MINOR (SUBR G7) 7-ONC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	23723	****	(07)	******	******	******			01/31	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	****	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	****		7.46	******	7.68	(12)		01/07	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****	**** ****	MINIMUM		MAXIMUM	SU		2/WEEK	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	****		******	******	5	(19)		01/31	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****	**** ****	******	******	30 DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	****		******	******	< 8.0	(19)		01/31	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****	**** ****	******	******	DAILY MX	MG/L		ONCE/ MONTH	COMP-G
SULFIDE, DISSOLVED (AS S)	SAMPLE MEASUREMENT	******	****		******	******	< .1	(19)		01/31	
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	****		******	******	< .005	(19)		01/31	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-G
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	****		******	******	< .02	(19)		01/31	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-G

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I [illegible] PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SU[illegible]ITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IM[illegible]ATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE TH[illegible] SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM A[illegible]E THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALS[illegible] INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT [illegible]CE 18 U.S.C. § 1001 AND 33 USC § 1319 (Penalties under these statutes [illegible] include fines up to $10,000 and/or maximum imprisonment of between 6 months [illegible] 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 02 DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD W[illegible] MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) (2-16)

NY 0110311 — PERMIT NUMBER (2-16)
002 M — DISCHARGE NUMBER (17-19)

MONITORING PERIOD (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		01	01	TO	92	01	31

F - FINAL
ALUMINUM INGOT PUMP
NO DATA ( )
MINOR (SUBR 07) 7-GRO

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.33	(19)		01/31	
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-G
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< .1	(19)		01/31	
	PERMIT REQUIREMENT							MG/L		ONCE/ MONTH	COMP-G
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.089	(19)		01/31	
	PERMIT REQUIREMENT							MG/L		ONCE/ MONTH	COMP-G
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< .3	(19)		01/31	
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-G
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.41	(19)		01/31	
	PERMIT REQUIREMENT						DAILY MX	MG/L		ONCE/ MONTH	COMP-G
PCB-1016 (AROCHLOR 1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I [illegible] PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SU[illegible] ITED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IM[illegible] ATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE T[illegible] SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM A[illegible] E THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALS[illegible] INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT [illegible] LE 18 U.S.C. § 1001) AND 33 USC § 1319 (Penalties under these statutes include fines up to $10,000 and a maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	46300500	92	02	14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NOOI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.'

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311 1	002 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

P = FINAL
ALUMINUM INGOT CASTING PUMP
NO DATA (X)
MINOR (SUBR 07) 7=ONO
NOTE: Read instructions before completing this form.

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						.18	(28)		01/31	
	PERMIT REQUIREMENT						0.2 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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 (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	92	02	14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13 5

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NYC110311 — PERMIT NUMBER

(17-19) 004 M — DISCHARGE NUMBER

F - FINAL
ALUMINUM SCRAP [illegible] TCH
NO DATA ( )

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-0NO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	2448	******	(07)	******	******	******			01/31	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	[illegible]	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******		7.31	******	7.63	(12)		01/31	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	[illegible]	[illegible]	[illegible]	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	******	4	(19)		01/31	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	[illegible] DAILY MX	MG/L		ONCE/ MONTH	COMP-C
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	3	(19)		01/31	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	[illegible] DAILY MX	MG/L		ONCE/ MONTH	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	2	(19)		01/31	
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	[illegible] DAILY MX	MG/L		ONCE/ MONTH	COMP-C
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	< .005	(19)		01/31	
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	[illegible] DAILY MX	MG/L		ONCE/ MONTH	COMP-C
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	< .02	(19)		01/31	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	[illegible] DAILY MX	MG/L		ONCE/ MONTH	COMP-C

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. 18 U.S.C. § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and [illegible] years.)

Neal Schwarz

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	02	14
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03801/920103-1913

Facility Name/Location (if different)

NAME ROTH BROTHERS SMELTING CORP

ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057

FACILITY ROTH BROTHERS SMELTING CORP

LOCATION

ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) NY0110311 PERMIT NUMBER

(17-19) 004 M DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

ALUMINUM SCRAP MATCH

NO DATA ( )

MINOR (SUBR 07) 7-GND

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Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.27	(19)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-C
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .1	(19)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-C
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.46	(19)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-C
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .3	(19)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-C
ALUMINUM, TOTAL (AS AL) 01105 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .085	(19)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	MG/L		ONCE/ MONTH	COMP-
PCB-1016 (AROCHLOR-1016) 34671 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1221 (AROCHLOR 1221) 39488 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT			**** ****			DAILY MX	UG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 92 MO 02 DAY 14

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	004 M
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
ALUMINUM SCRAP ... TCH
NO DATA ( )

Form Approved.
OMB No: 2040-0004.
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MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-ONO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PCB-1232 (AROCHLOR 1232) 39492 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1242 (AROCHLOR 1242) 39496 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1248 (AROCHLOR 1248) 39500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1254 (AROCHLOR 1254) 39504 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
PCB-1260 (AROCHLOR 1260) 39508 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< .05	(28)		01/31	
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.3 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	02	14
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-46 WHICH MAY NOT BE USED.)

03803/920103-1913

ROTH BROTHERS SMELTING CORP
ADDRESS ROTH BROTHERS SMELTING CORP
6223 THOMPSON ROAD
EAST SYRACUSE NY 13057
FACILITY ROTH BROTHERS SMELTING CORP
LOCATION
ATTN: NEAL SCHWARTZ

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
NY0110311	005 M
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
ZAMAC PROCESS/OMB No. 2040-0004.
Form Approved.
Approval expires 6-30-91.
NO DATA ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	92	01	01	TO	92	01	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

MINOR (SUBR 07) 7-0N0

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT		******	(07)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	******	GPD	******	******	******	**** ****		ONCE/ MONTH	MEASRC
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	MINIMUM	******	MAXIMUM	SU		WEEKLY	GRAB
SULFIDE, DISSOLVED, (AS S)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
00746 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-A
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-C
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******		(19)			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP-C
PHENOLS	SAMPLE MEASUREMENT	******		(26)	******	******	******				
46000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	0.0075 DAILY MX	LBS/DY	******	******	******	**** ****		ONCE/ MONTH	COMP-C
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	92	02	14
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

ENTER 'NODI 9' FOR SULFIDE, COPPER, AND LEAD WHEN MONITORING NOT REQUIRED DUE TO WET WEATHER CONDITIONS.
*NO DICHARGE

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

February 14, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #021492015 - Monthly SPDES

Dear Mr. Menchella:

Please find enclosed the results for your water samples which were picked up by ULI personnel on January 28, 1992.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala

Anthony J. Scala
Director

AJS/jw

Enclosure: report (invoice to follow)

cc/enc: N. Scala, ULI
file

Note: Faxed results were given to your office on 2/11/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 02/14/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 021492015
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
MONTHLY SPDES
COOLING WATER 002 1/28/92 0700-1200H GC

ULI I.D.: 02892069 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	14.4gpm	
	pH	7.4SU	
	Sulfite	<4mg/l	23
	Sulfide	<0.1mg/l	
	Oil & Grease	5mg/l	
Total	Aluminum	0.41mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.33mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.089mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248	0.18ug/l	
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	0.18ug/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 02/14/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 021492015
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _____
QC: _____
Lab I.D.: 10170
MONTHLY SPDES
STORM WATER 004 1/28/92 0700-1200H GC

ULI I.D.: 02892070 Matrix: Water

	PARAMETERS	RESULTS	KEY
	Flow Rate	1.7gpm	
	pH	7.3SU	
	Sulfite	<2mg/l	
	Total Suspended Solids	4mg/l	
	Oil & Grease	3mg/l	
Total	Aluminum	<0.05mg/l	
Total	Antimony	<0.3mg/l	
Total	Cadmium	<0.005mg/l	
Total	Copper	<0.02mg/l	
Total	Iron	0.27mg/l	
Total	Lead	<0.1mg/l	
Total	Zinc	0.46mg/l	
	EPA 608		
	Aroclor 1016		34
	Aroclor 1221		34
	Aroclor 1232		34
	Aroclor 1242		34
	Aroclor 1248		34
	Aroclor 1254		34
	Aroclor 1260		34
	Total PCB	<0.05ug/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 001 had no recorded flow.
Outfall 005 had a recorded flow of 6.4gpm.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/TOTAL XYLENES INCLUDE O, M, AND P
19 CALCULATION BASED ON DRY WEIGHT
20 SAMPLE DILUTED/TOTAL XYLENES INCLUDE O, M, AND P
21 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
31 FIELD MEASURED PARAMETER TAKEN BY CLIENT
32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

U0840069-10

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

2-11-92

PROJECT NO.	PROJECT NAME
	ROTH BROS. SMELTING CORP.

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O&G	PCB (608)	METALS - Al, Sb, Cd, K, Fe, Pb, Zn	SulFITE 4°C	pH, FLOW	Sulfide	TSS	REMARKS
6"	1-28-92	0700/1200	*	*	002	3 5	*	*	*	*	X	X		9-75
7"	1-28-92	0700/1200	X	X	004	4	*	*	*	*	X		X	9-587

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
John F. Winchell	1-28-92 1300	Maurice H Bigelow			

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)

Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks
Maurice H Bigelow	1-28-92 1:50	T. Coat	1/30/92 1:50pm	

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070
Eastern Region (800) 937-9410

February 19, 1992

Mr. John Menchella
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #021492015 - Monthly SPDES
(Resample)

Dear Mr. Menchella:

Please find enclosed the results for your water sample which was picked up by ULI personnel on February 12, 1992.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala SL

Anthony J. Scala
Director

AJS/jw

Enclosure: report (invoice to follow)

cc/enc: N. Scala, ULI
file

Note: These results were hand delivered to your office on 2/13/92. AJS

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 02/19/92

Upstate Laboratories, Inc.
Analysis Results
Report Number: 021492015-RESAMPLE
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: _ _ _
QC: _ _ _ _

Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 2/12/92 0955H G

ULI I.D.: 04392010

Matrix: Water

PARAMETERS	RESULTS	KEY
Sulfite	<2mg/l	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

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2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 SAMPLE ANALYZED OVER HOLDING TIME
13 DISSOLVED VALUE MAY BE HIGHER THAN TOTAL DUE TO CONTAMINATION FROM THE FILTERING PROCEDURE OR VALUES WITHIN EXPERIMENTAL ERROR
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
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22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
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25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY ABNORMALLY HIGH/LOW DUE TO MATRIX INTERFERENCE
28 FIELD PARAMETER TO BE PROVIDED ON DISC
29 TOTAL XYLENES INCLUDE O, M, AND P
30 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED/ND(NON-DETECTED)
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32 SAMPLE WEATHERED
33 NON-POTABLE WATER SOURCE
34 INDIVIDUAL AROCLORS DO NOT CARRY A DETECTION LIMIT BUT ARE INCLUSIVE TO THE TOTAL PCB CONTENT
35 TOTAL XYLENES INCLUDE O, M, AND P/NON-POTABLE WATER SOURCE/SAMPLE DILUTED
36 MATRIX INTERFERENCE CAUSING SPIKES TO RESULT IN LESS THAN 50.0% RECOVERY

04392010
2/13 Hav

ROTH BROS. SMELTING CORP.
CHAIN OF CUSTODY RECORD

SAMPLE LOG No.	PROJECT NAME & DESCRIPTION
021292	OUTFALL 2

SAMPLERS NAME: _____ DATE SAMPLED: / /

SAMPLE No.	DATE	TIME	SAMPLE LOCATION	GRAB	COMP.	SAMPLE TYPE	No. OF CONTAINERS	REMARKS
021292	2/12/92	9:55	OUTFALL 2	X		WATER	1	SULFITE
						TOTAL:	1	

RELINQUISHED BY: (SIGN)	DATE	TIME	RECEIVED BY (SIGN)
1 Client	2/12/92	9 55 A	2 Eric Schulthen
RELINQUISHED BY: (SIGN)	DATE	TIME	RECEIVED BY (SIGN)
2 Eric Schulthen	2/12/92	10 10 A	3 R Surit

I HEREBY CERTIFY THAT I AM QUALIFIED TO OBTAIN SAMPLES AND THAT THIS SAMPLE WAS TAKEN ACCORDING TO THE SAMPLING REQUIREMENTS SET FORTH IN 40 CFR 261 (SW - 846) (SIGN): [signature]

xref w/ 2892069

2/13 Hand

ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Brothers Smelting Corporation No. 3
0000026013

RECEIVED
FEB 28 1991
MALCOLM PIRNIE, INC.
SYRACUSE OFFICE #042

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

January 25, 1991

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 12/01/90 - 12/31/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please note we have listed an excursion in outfall 004 for oil and grease. This was attributable to a temporary staging of process material too close to the drainage plain.

The root cause of this situation has been identified and measures have been instituted to ensure this does not happen again.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER
(17-19) DISCHARGE NUMBER

E - FINAL
PROCESS COOLIN STORMWATER

NO DISCHARGE ( )

MINOR (SIC 07) TRONC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		1	01	TO		12	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12392	12392	(07)	******	******	******		0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	**** ****		ONCE/ MONTH	CONT
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******			******		(12)	0	04/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	7.2 MINIMUM	******	7.45 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL AND GREASE HEXN EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 2.0	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.5 DAILY MX	MG/L		ONCE/ MONTH	COMP
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.07	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		315	463-9500	91	01	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
FACILITY [illegible]
LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
[illegible]	001 X

MONITORING PERIOD

	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SLAB-07) 7-C90

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.2	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.4 DAILY MX.	MG/L		ONCE/ MONTH	COMP
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.15	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.3	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.05	(28)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	91	01	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PRT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*

DISCHARGE NUMBER *(17-19)*

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
RUNOFF (SEE PT-END

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	33120	33120	(07)	******	******	******		0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MG/D	******	******	******	****		ONCE/ MONTH	MEASR
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.30	******	7.85	(12)	0	04/31	GRAB
	PERMIT REQUIREMENT	******	******	****	MINIMUM	******	MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.0	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	15.0	MG/L		ONCE/ MONTH	COMP
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2.0	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	5.0	MG/L		ONCE/ MONTH	COMP
CADMIUM, TOTAL (AS CD) 01027 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.005	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.05	MG/L		ONCE/ MONTH	COMP
COPPER, TOTAL (AS CU) 01042 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.03	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.5	MG/L		ONCE/ MONTH	COMP
IRON, TOTAL (AS FE) 01045 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.38	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0	MG/L		ONCE/ MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		315	463-9500	91	01	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible] NY [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
NY[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

P - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE (1)
VINCE (SL3R 07) 7-GRC

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	< 0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP
LINE, TOTAL (AS IN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.034	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	< 1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	91	01	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING, STORMWATER
NO DISCHARGE ( )
MONTHLY (SAMPLE 57) 7-DAY

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, TOTAL 00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3744	3744	(07)	******	******	******		0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******	**** ****		CALEN MONTH	MEASR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.6	******	7.9	(12)	0	04/31	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	ENTIMUM	******	MAXIMUM	SU		CALEN MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	17	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	MG/L		CALEN MONTH	COMP
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2.0	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	MG/L		CALEN MONTH	COMP
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.005	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	MG/L		CALEN MONTH	COMP
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.06	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	MG/L		CALEN MONTH	COMP
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.28	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	DAILY MX	MG/L		CALEN MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	91	01	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

P - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
[illegible] (SUBR 07) 7-QNC

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] TOTAL ([illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.4 DAILY MX	UG/L		ONCE/MONTH	COMP
[illegible], TOTAL (AS ZN) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.14	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	UG/L		ONCE/MONTH	COMP
ANTIMONY, TOTAL (AS SB) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3	(19)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	< 1.0 DAILY MX	UG/L		ONCE/MONTH	COMP
POLYCHLORINATED BIPHENYLS (PCBS) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	1.0	(28)	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	< 1.0 DAILY MX	UG/L		ONCE/MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	91 YEAR	01 MO	24 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
ZAMAC DISCH. NON-CONTACT COOLING
NO DISCHARGE ( )
MINOR (SUBR 27) F-ONG

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NONE	NONE	(07)	******	******	******		0	01/31	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	**** ****		ONCE/ MONTH	MEASR
FM	SAMPLE MEASUREMENT	******	******			******		(12)	0	04/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	MINIMUM	******	MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	91	01	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

RECEIVED
FEB 28 1991
MALCOLM PIRNIE, INC.
SYRACUSE OFFICE

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

December 20, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 11/01/90 - 11/30/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
00 RATE	SAMPLE MEASUREMENT	9360	9360							01/30	MEASRD
1	PERMIT REQUIREMENT	DAILY AVG	DAILY MX							MONTH	MEASRD
EFFLUENT VALU											
	SAMPLE MEASUREMENT				7.325		7.92			04/30	GRAB
400 1	PERMIT REQUIREMENT						MINIMUM	S.U.		MONTH	GRAB
EFFLUENT VALU											
IL AND GREASE	SAMPLE MEASUREMENT						<5.0			01/30	COMP
HEXANE EXT	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	COMP
03582 1											
EFFLUENT VALU											
ARSENIC, TOTAL	SAMPLE MEASUREMENT						<2.0			01/30	COMP
(AS AS)	PERMIT REQUIREMENT						DAILY MX	UG/L		MONTH	COMP
01002 1											
EFFLUENT VALU											
CADMIUM, TOTAL	SAMPLE MEASUREMENT						<0.005			01/30	COMP
(AS CD)	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	COMP
01027 1											
EFFLUENT VALU											
COPPER, TOTAL	SAMPLE MEASUREMENT						0.03			01/30	COMP
(AS CU)	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	COMP
01042 1											
EFFLUENT VA											
IRON, TOTAL	SAMPLE MEASUREMENT						0.08			01/30	COMP
(AS FE)	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L		MONTH	COMP
01045 1											
EFFLUENT VA											

PROCESS, COOLING & STORMWATER (

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		315 463-9500		90	12	18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER		YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

E - FINAL

PROCESS, COOLING & STORMWATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						< 0.1			01/30	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX			ONCE MONTH	COMP
	SAMPLE MEASUREMENT						0.16			01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE MONTH	COMP
	SAMPLE MEASUREMENT						< 0.3			01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE MONTH	COMP
	SAMPLE MEASUREMENT						< 0.05			01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 90	MO 12	DAY 18
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
[illegible]	[illegible] X
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved, OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MIROS (SLPR 7)

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	51840	51840	[illegible]	******	******	******		0	01/30	MEASRD
00056 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		******	******	******			ONCE/MONTH	MEASRD
	SAMPLE MEASUREMENT	******	******		7.30	******	7.60	[illegible]	0	04/30	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	6.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-ENVIRONMENT	SAMPLE MEASUREMENT	******	******		******	******	<5.0	[illegible]	0	04/30	COMP
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/MONTH	COMP
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0	[illegible]	0	01/30	COMP
00740 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	3.0 DAILY MX	MG/L		ONCE/MONTH	COMP
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005	[illegible]	0	01/30	COMP
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	0.0 DAILY MX	MG/L		ONCE/MONTH	COMP
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	<0.02	[illegible]	0	01/30	COMP
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.23	[illegible]	0	01/30	COMP
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER		315	463-9500	90	12	18
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*
DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	MAXIMUM	*(54-61)* UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TRC, TOTAL (AS CL2) 50060 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<0.1			01/30	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX			MONTH	COMP
CHLORINE, TOTAL (AS CL2) 50060 2 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.094			01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTH	COMP
INTERMITTENT, TOTAL (AS CL2) 50060 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<0.3			01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTH	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ, GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		315	463-9500	90	12	18
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	004 X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - 10.1
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
[illegible] (SUBR 07) X 7-ONE

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	3600	3600	(07)	******	******	******		0	01/30	MEASRD
[illegible] 1	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD	******	******	******	******		ONCE/MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		7.48	******	7.82	(12)	0	04/30	GRAB
00400 1 [illegible]	PERMIT REQUIREMENT	******	******	******	MINIMUM	******	3.5 MAXIMUM	SU		WEEKLY	GRAB
[illegible] AND GREASE [illegible] EXTR-SHAV METH	SAMPLE MEASUREMENT	******	******		******	******	<5.0	(19)	0	01/30	COMP
[illegible] 1 [illegible]	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		ONCE/MONTH	COMP
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0	(19)	0	01/30	COMP
0740 1 [illegible]	PERMIT REQUIREMENT	******	******	******	******	******	3.0 DAILY MX	MG/L		ONCE/MONTH	COMP
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005	(19)	0	01/30	COMP
01027 1 [illegible]	PERMIT REQUIREMENT	******	******	******	******	******	0.8 DAILY MX	MG/L		ONCE/MONTH	COMP
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	<0.02	(19)	0	01/30	COMP
01042 1 [illegible]	PERMIT REQUIREMENT	******	******	******	******	******	0.3 DAILY MX	MG/L		ONCE/MONTH	COMP
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.19	(19)	0	01/30	COMP
01045 1 [illegible]	PERMIT REQUIREMENT	******	******	******	******	******	4.0 DAILY MX	MG/L		ONCE/MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER		315	463-9500	90	12	18
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

F = FINAL

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX. *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TOTAL	SAMPLE MEASUREMENT						<0.1		0	01/30	COMP
1051 1	PERMIT REQUIREMENT						DAILY MX			CNCE/MONTH	COMP
TOC, TOTAL	SAMPLE MEASUREMENT						0.15		0	01/30	COMP
1002 1	PERMIT REQUIREMENT						1.0 DAILY MX			CNCE/MONTH	COMP
ANTIMONY, TOTAL	SAMPLE MEASUREMENT						<0.3		0	01/30	COMP
1077 1	PERMIT REQUIREMENT						1.0 DAILY MX			CNCE/MONTH	COMP
ALYCHLOR	SAMPLE MEASUREMENT						0.26		0	01/30	COMP
IPHENYLS	PERMIT REQUIREMENT						1.0 DAILY MX			CNCE/MONTH	COMP
S16 1	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
313	463-9500

DATE

YEAR	MO	DAY
90	12	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM				TO			

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	NONE	NONE						0	01/30	MEASRD
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT									1/30	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
90	12	18

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 28 1991
MALCOLM PIRNIE, INC
SYRACUSE OFFICE #042

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

November 30, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 10/01/90 - 10/31/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	7200	7200						0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX								
	SAMPLE MEASUREMENT				7.47		7.92		0	04/31	GRAB
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM				GRAB
	SAMPLE MEASUREMENT						<5.0		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				COMP
	SAMPLE MEASUREMENT						<2.0		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				COMP
	SAMPLE MEASUREMENT						<0.005		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				COMP
	SAMPLE MEASUREMENT						0.04		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				COMP
	SAMPLE MEASUREMENT						0.04		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 90 MO 11 DAY 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PGI FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*
DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						<0.1		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.21		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						<0.3		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.38		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	90	11	29

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PAGE FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT	28800	28800						0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX							CONT	
	SAMPLE MEASUREMENT				7.33		7.80		0	04/31	GRAB
	PERMIT REQUIREMENT				MIN		MAX			CONT	
	SAMPLE MEASUREMENT						5.0		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						2.0		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.005		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.03		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.28		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 90, MO 11, DAY 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PAT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
	002 X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

F - FINAL

PROCESS, COOLING & STORM

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						<0.1		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				
	SAMPLE MEASUREMENT						0.13		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				
	SAMPLE MEASUREMENT						<0.3		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		90	11	29

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE ADDITIONAL NOTES / COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	5760 DAILY AV	5760 DAILY MX							01/31	MEASR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				6.0 MINIMUM		7.66 MAXIMUM	SU		04/31	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						5.0 DAILY	MX		01/31	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						2.0 DAILY	MX		01/31	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.005 DAILY	MX		01/31	COMP
COPPER, T	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.04 DAILY	MX		01/31	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.56 DAILY	MX		01/31	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 215, NUMBER 463-9500

DATE: YEAR 90, MO 11, DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT # FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						0.1			01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.17			01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.3			01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.73			01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 415 NUMBER 463-9500

DATE: YEAR 90 MO 11 DAY 2

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PERMIT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*		YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*
FROM				TO			

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX. *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	NONE	NONE								
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	GPD						1/31	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									1/31	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 90, MO 11, DAY 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 28 1991
MALCOLM PIRNIE, INC
SYRACUSE OFFICE #042

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

October 24, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 9/01/90 - 9/30/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )

MONITORING PERIOD	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM				TO			

MINOR (OTHER) 7-CNO

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7200	7200		******	******	******		0	01/30	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	****		ONCE/ MONTH	MEASRD
pH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.5	******	7.9		0	04/30	GRAB
	PERMIT REQUIREMENT	******	******	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 2.0		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.005		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.02		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.07		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 90	MO 10	DAY 19
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
FACILITY [illegible]
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	001 X

E - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (X) 07) 7-END

MONITORING PERIOD	YEAR (20-21)	MO (22-23)	DAY (24-25)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	[illegible]	[illegible]	1	TO	90	10	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.055		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.05		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 90	MO 10	DAY 10
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	001 X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBR C7) 7-2ND

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	21600	21600		******	******	******		0	01/30	MEASRD
00056 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	*** ****	0	ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******		7.62	******	7.72		0	04/30	GRAB
00400 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	0	WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	6.0		0	01/30	COMP
00556 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L	0	ONCE/ MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/30	COMP
00740 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L	0	ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/30	COMP
01027 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L	0	ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.02		0	01/30	COMP
01042 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L	0	ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.32		0	01/30	COMP
01045 1 0 C EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L	0	ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	10	19
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

E - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBR 07) 7-ONO.

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LEAD, TOTAL (AS PB) 1051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.4 DAILY MX	MG/L		NCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 1092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.060		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		315	463-9500	90	10	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
FACILITY [illegible]
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
AY0110511	004 Y

E - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBR 07) 7-090

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]			TO	[illegible]		
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING *(54-61)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION *(46-53)* MINIMUM	AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	4320	4320		******	******	******		0	01/30	MEASRD
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	*** ****	NO DISCHARGE	ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******		7.65	******	8.04		0	04/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	NO DISCHARGE	WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	5.0		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L	NO DISCHARGE	ONCE/ MONTH	COMP-6
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L	NO DISCHARGE	ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L	NO DISCHARGE	ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.02		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L	NO DISCHARGE	ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.72		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L	NO DISCHARGE	ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	10	19
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY [illegible]

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	*(17-19)* DISCHARGE NUMBER
[illegible]	[illegible]

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE (1)
[illegible]

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.11		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.30		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	316 463-9500	90	10	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
TAMAC DISCH. NON-CONTACT CODES

NO DISCHARGE ( )

MINOR (SUBR 07) 7-090

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	15840	15840		******	******	******		0	04/30	MEASRD
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	SPC	******	******	******	******		ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		6.92	******	7.45		0	01/30	GRAB
[illegible]	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	10	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 28 1991
MALCOLM PIRNIE, INC.
SYRACUSE OFFICE #342

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

September 21, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 8/01/90 - 8/31/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE (1)

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO	91	06	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

VENDA (SUPA 07) 7-DRO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, RATE (SPECIFY UNITS) 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7488	7488		******	******	******		0	1/31	STAND
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	****	0	ONCE/MONTH	MEASRD
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.4	******	7.82		0	04/31	GRAB
	PERMIT REQUIREMENT	******	******	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	0	WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	12		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<2.0		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.005		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.15		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	0.6 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	******	******		******	******	0.04		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	****	******	******	1.0 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 215 | NUMBER 463-9500

DATE: YEAR 90 | MO 09 | DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE (C)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)* *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only)* *(38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
END, TOTAL (AS PB) 1051 1 0 0	SAMPLE MEASUREMENT	******	******		******	******					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	0.3 DAILY MX	MG/L	0	1/31 CONCE/ MONTH	COMP COMP-6
ENC, TOTAL (AS ZN) 1092 1 0 0	SAMPLE MEASUREMENT	******	******		******	******	0.53		0	1/31	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	1.0 DAILY MX	MG/L		CONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 0 0	SAMPLE MEASUREMENT	******	******		******	******	<0.3		0	1/31	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	1.0 DAILY MX	MG/L		CONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 9516 1 0 1	SAMPLE MEASUREMENT	******	******		******	******	<0.05		0	1/31	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	1.0 DAILY MX	MG/L		CONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	90	09	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001, C02, C03, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [redacted]

ADDRESS [redacted]

FACILITY [redacted]

LOCATION [redacted]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER [redacted] | DISCHARGE NUMBER [redacted]

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	90	08	01		90	08	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

E - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBF 07) 7-ONO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	41184	41184		******	******	******		0	1/31	MEASRD
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX	MGD	******	******	******	****	0	ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******		7.25	******	7.72		0	04/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	******	******	****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	8.0		0	1/31	COMP
00556 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	15 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0		0	1/31	COMP
00740 1 0 1 0	PERMIT REQUIREMENT	******	******	****	******	******	3.0 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	<0.005		0	1/31	COMP
01027 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.6 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	1/31	COMP
01042 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	0.5 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.30		0	1/31	COMP
01045 1 0 0	PERMIT REQUIREMENT	******	******	****	******	******	4.0 DAILY MX	MG/L	0	ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 09 | DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	[illegible]

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	1	TO	[illegible]	[illegible]	[illegible]
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBCAT) 7-ONG

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)*			QUALITY OR CONCENTRATION *(4 Card Only)*				NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
		AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS			
LEAD, TOTAL (AS PB) 1051 1 0 0	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	1/31	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	******	******	0.4	DAILY MX	NO EX	ONCE/MONTH	COMP-6
ZINC, TOTAL (AS ZN) 1092 1 0 0	SAMPLE MEASUREMENT	******	******		******	******	0.071		0	1/31	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	******	******	1.0	DAILY MX	NO EX	ONCE/MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 0 0	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	1/31	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	******	******	1.0	DAILY MX	NO EX	ONCE/MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	90 YEAR	09 MO	21 DAY
TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
FACILITY [illegible]
LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER: [illegible] | DISCHARGE NUMBER: 004 X

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBP 07) 7-090

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	90	08	01	TO	90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, RATE	SAMPLE MEASUREMENT	7344	7344		******	******	******		0	1/31	MEASRD
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****** REPORT DAILY AVG	****** REPORT DAILY MX	***** MGD	******	******	******	*****	*****	ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******		7.42	******	7.58		0	04/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***** SU	6.0 MINIMUM	******	8.5 DAILY MXIMUM	SU	*****	WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	¢ 6		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***** MG/L	******	******	15 DAILY MX	MG/L	*****	ONCE/ MONTH	COMP-6
SULFITE (AS SO3) 00740 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 2.0		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***** MG/L	******	******	3.0 DAILY MX	MG/L	*****	ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***** MG/L	******	******	0.08 DAILY MX	MG/L	*****	ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***** MG/L	******	******	0.8 DAILY MX	MG/L	*****	ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.36		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***** MG/L	******	******	4.0 DAILY MX	MG/L	*****	ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE			DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	09	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBR UP) 7-ONO

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LOAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1			1/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	< 0.1 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.11		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	< 1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.11		0	1/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	09	21
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
ZAMAC DISCH. NON-CONTACT COOLG

NO DISCHARGE (1)

MINOR (SUBR 07) 7-0MO

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	01		90	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NONE	NONE		******	******	******		0	1/31	MEASRD
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	**** ****	[illegible]	ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******			******					
[illegible]	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	[illegible]	WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	09	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 2 8 1991

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

August 22, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 7/01/90 - 7/31/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
NY 110311	C01 X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUP 3 07) 7-0

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	1440	1440		******	******	******		0	01/31	MEASRD
00056 1 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******			NCE/ MONTH	MEASRD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.61	******	7.95		0	04/31	GRBB
00400 1 0	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	6.5 MAXIMUM	SU		DAILY	GRBB
OIL AND GREASE FROM EXTRA-GRAVIMET	SAMPLE MEASUREMENT	******	******		******	******	< 5.0		0	01/31	COMP
00556 1 0	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	MG/L		NCE/ MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	< 2.0		0	01/31	COMP
00740 1 0	PERMIT REQUIREMENT	******	******	******	******	******	5.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	.007		0	01/31	COMP
01027 1 0	PERMIT REQUIREMENT	******	******	******	******	******	0.8 DAILY MX	MG/L		NCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.07		0	01/31	COMP
01042 1 0	PERMIT REQUIREMENT	******	******	******	******	******	0.8 DAILY MX	MG/L		NCE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.18		0	01/31	COMP
01045 1 0	PERMIT REQUIREMENT	******	******	******	******	******	4.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	90	08	21
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBJECT TO ...)

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 1051 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.042		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.4 DAILY MX	MG/L		DCS/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 1092 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.05		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		DCS/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		DCS/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 9516 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.05		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		DCS/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	08	21
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
[illegible]
[illegible]
FACILITY [illegible]
LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER: NY0111431
(17-19) DISCHARGE NUMBER: 002 X

F - FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	65664	65664			******	******		0	01/31	MEASRD
50050 1	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD						CONTINUOUS	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT				7.22	7.48			0	04/31	GRAB
00400 1	PERMIT REQUIREMENT				6.5 MINIMUM		8.5 MAXIMUM	SU	0	DAILY	GRAB
EFFLUENT GROSS VALUE											
OIL AND GREASE FREON EXTR METHOD	SAMPLE MEASUREMENT								0	01/31	COMP
00556 1	PERMIT REQUIREMENT						15 DAILY MX	MG/L	0	2/MONTH	COMP-6
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT					< 2.0			0	01/31	COMP
00740 1	PERMIT REQUIREMENT						3.0 DAILY MX	MG/L	0	2/MONTH	COMP-6
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT					< 0.005			0	01/31	COMP
01027 1	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L	0	2/MONTH	COMP-6
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.07		0	01/31	COMP
01042 1	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L	0	2/MONTH	COMP-6
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.30		0	01/31	COMP
01045 1	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L	0	2/MONTH	COMP-6
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 90, MO 08, DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TOTAL (AS PB) 1051 1 EFFLUENT GROSS VAL	SAMPLE MEASUREMENT						< 0.1		00	01/31	COMP
	PERMIT REQUIREMENT						0.6 DAILY MX			RECRD/ MONTH	GRAB
TOTAL (AS CD) 1092 1 EFFLUENT GROSS VAL	SAMPLE MEASUREMENT						0.066		00	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			RECRD/ MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 1097 1 EFFLUENT	SAMPLE MEASUREMENT						< 0.3		00	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			RECRD/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. (SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 90 MO 08 DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & SEWAGE WATER
NO DISCHARGE ( )
MINOR (SUPP) OF 79 B-DNS

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING MAXIMUM *(54-61)*	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION AVERAGE *(46-53)*	QUALITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX. *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
[illegible]	SAMPLE MEASUREMENT	7394	7394						0	01/31	MEASRD
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD						CONT	MEASRD
	SAMPLE MEASUREMENT				7.45		7.68		0	04/31	GRAB
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.0 MINIMUM		8.5 MAXIMUM	SU	0	DAILY	GRAB
OIL AND GREASE [illegible]	SAMPLE MEASUREMENT						< 5.0		0	01/31	COMP
00556 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						15.0 DAILY MX	MG/L	0	MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT						< 1.0		0	01/31	COMP
00740 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						3.0 DAILY MX	MG/L	0	MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						< 0.005		0	01/31	COMP
01027 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L	0	MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.07		0	01/31	COMP
01042 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L	0	MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.16		0	01/31	COMP
01045 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L	0	MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ, GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33, U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	Neal Schwartz	315	463-9500	90	08	21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMI FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
NY[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUPP 07) 7-[illegible]

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], TOTAL (AS [illegible])	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
[illegible]1051 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	0.4 DAILY MX	MG/L		NCE/MONTH	COMP-6
[illegible], TOTAL (AS [illegible])	SAMPLE MEASUREMENT	******	******		******	******	0.15		0	01/31	COMP
[illegible]1092 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	1.0 DAILY MX	MG/L		NCE/MONTH	COMP-6
[illegible]NTIMONY, TOTAL (AS [illegible])	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMP
[illegible]1097 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	1.0 DAILY MX	MG/L		NCE/MONTH	COMP-6
[illegible]OLYCHLORINATED [illegible]IPHENYLS [illegible]	SAMPLE MEASUREMENT	******	******		******	******	0.10		0	01/31	COMP
[illegible]9516 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	******	1.0 DAILY MX	MG/L		NCE/MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	90	08	21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*.

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LOCATION 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NONE	NONE						0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX								NC/ MONTH
LOCATION 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										DAILY GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 90, MO 08, DAY 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

RECEIVED
FEB 28 1991
MALCOLM PIRNIE, INC.
SYRACUSE OFFICE

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

July 26, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 6/01/90 - 6/30/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	7459	7459		******	******	******		0	01/31	MEASRD
0056 1	PERMIT REQUIREMENT	REPORT DAILY	REPORT DAILY		******	******	******			[illegible]	MEASRD
	SAMPLE MEASUREMENT	******	******		8.11	******	8.34		0	04/30	GRAB
0400 1	PERMIT REQUIREMENT	******	******	******	******	******	6.5			[illegible]	GRAB
OIL AND GREASE FREON EXTRACTABLE	SAMPLE MEASUREMENT	******	******		******	******	5.0		0	01/30	COMP
0556 1	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX			[illegible]	COMP-6
SULFITE (AS SO)	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/30	COMP
0740 1	PERMIT REQUIREMENT	******	******	******	******	******	3.0 DAILY MX			[illegible]	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	.005		0	01/30	COMP
1027 1	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX			[illegible]	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	.03		0	01/30	COMP
1042 1	PERMIT REQUIREMENT	******	******	******	******	******	0.5 DAILY MX			[illegible]	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	.04		0	01/30	COMP
1045 1	PERMIT REQUIREMENT	******	******	******	******	******	4.0 DAILY MX			[illegible]	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		315	463-9500	90	07	26
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]		
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], TOTAL (AS PB) 1051 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.1		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	0.4 DAILY MX	MG/L		NCE/MONTH	COMP-6
[illegible], TOTAL (AS ZN) 1092 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	.046		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		NCE/MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.03		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		NCE/MONTH	COMP-6
OLYCHLORINATED TRIPHENYLS (PCBS) [illegible] 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.05		0	01/30	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		NCE/MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	07	26
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

F - FINAL

PROCESS, COOLING & STORMWATER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX. *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, RATE	SAMPLE MEASUREMENT	69120	69120				***		0	01/30	MEASRD
0056 1	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX	MGD			***			CONT	MEASRD
PH	SAMPLE MEASUREMENT				7.68		7.88		0	04/30	GRAB
0400 1	PERMIT REQUIREMENT				6.0 DAILY MN		9.0 DAILY MX	SU		CONT	GRAB
OIL AND GREASE (FREON EXT METHOD)	SAMPLE MEASUREMENT						9.0		0	01/30	
0556 1	PERMIT REQUIREMENT						15 DAILY MX	MG/L		CONT	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT						2.0		0	01/30	COMP
0740 1	PERMIT REQUIREMENT						3.0 DAILY MX	MG/L		CONT	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						0.016		0	01/30	COMP
1027 1	PERMIT REQUIREMENT						0.0 DAILY MX	UG/L		CONT	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.03		0	01/30	COMP
1042 1	PERMIT REQUIREMENT						0.0 DAILY MX	MG/L		CONT	COMP-6
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT						0.55		0	01/30	COMP
1045 1	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L		CONT	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			315	463-9500	90	07	26

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
END. TOTAL (AS ...)	SAMPLE MEASUREMENT						< 0.1		0	01/30	COMP
1051 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0. DAILY MX			MONTHLY	COMP
END. TOTAL (AS ...)	SAMPLE MEASUREMENT						0.29		0	01/30	COMP
1052 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						1.0 DAILY MX			MONTHLY	COMP
ANTIMONY, TOTAL (AS ...)	SAMPLE MEASUREMENT						< 0.3		0	01/30	COMP
1097 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						1.0 DAILY MX			MONTHLY	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 90, MO 07, DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLW PAT	SAMPLE MEASUREMENT	2439	2439						0	01/30	MEASRD
0056 1	PERMIT REQUIREMENT	REPORT	REPORT	MGD						CONT	MEASRD
PH	SAMPLE MEASUREMENT				7.96		7.82		0	04/30	GRAB
0400 1	PERMIT REQUIREMENT				6.0		9.0	SU		CONT	GRAB
OIL AND GREEN EXTR (HEXANE)	SAMPLE MEASUREMENT						<5.0		0	01/30	COMP
0556 1	PERMIT REQUIREMENT						15	MG/L DAILY MX		CONT	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT						<2.0		0	01/30	COMP
0740 1	PERMIT REQUIREMENT						8.0	MG/L DAILY MX		CONT	COMP
CADMIUM, TOT (AS CD)	SAMPLE MEASUREMENT						<0.005		0	01/30	COMP
1027 1	PERMIT REQUIREMENT						0.9	MG/L DAILY MX		CONT	COMP
COPPER, TOT (AS CU)	SAMPLE MEASUREMENT						<0.02		0	01/30	COMP
1042 1	PERMIT REQUIREMENT						0.8	MG/L DAILY MX		CONT	COMP
NONYLPHENOL (AS C15H24O)	SAMPLE MEASUREMENT						<0.69		0	01/30	COMP
1345 1	PERMIT REQUIREMENT						4.0	UG/L DAILY MX		CONT	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9300

DATE: YEAR 90, MO 07, DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

PROCESS COOLING & STORMWATER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 1051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.1		0	01/30	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX			MONTHLY	COMP-6
ZINC, TOTAL (AS ZN) 1092 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.13		0	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTHLY	COMP-6
ANTIMONY, TOTAL (AS SB) 1097 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<0.3		0	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTHLY	COMP-6
DICHLOROBROMO METHANE (HALOFORM) 9516 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						<0.05		0	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTHLY	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
315	463-9500	90	07	26

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LOW RATE	SAMPLE MEASUREMENT	NONE	NONE						0	01/30	MEASRD
0050 1	PERMIT REQUIREMENT										
X	SAMPLE MEASUREMENT										
00400 1	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 90 MO 07 DAY 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

June 22, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE; SPDES DMR Facility ID #0110311
Report Period: 5/01/90 - 5/30/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBR 07) 7-ONC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT				******	******	******				
[illegible]	PERMIT REQUIREMENT	17222 REPORT DAILY AV	17222 REPORT DAILY MX	GPD	******	******	******	*** ****	0	01/31 MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******			******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	7.92 [illegible] MINIMUM	******	8.19 [illegible] MAXIMUM	SU	0	04/31 [illegible]	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	5.0		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		NCE/ MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	0.5		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L		NCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L		NCE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.08		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	90 YEAR	06 MO	19 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	001 X
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

R - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBR 07) 7-CNO

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.12		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.05		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	06	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBR 07) 7-GNC

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	50501	50501		******	******	******		0	01/31	MEASRD
[illegible] 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	******	******	******	*** ****		ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		7.72	******	7.88		0	04/31	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	< 5.0		0	01/31	COMP
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	0.5		0	01/31	COMP
00740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	< 0.005		0	01/31	COMP
01027 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	< 0.02		0	01/31	COMP
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.25		0	01/31	COMP
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	90 YEAR	06 MO	19 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
NY0110311	002 X
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBR 67) 7-ONO

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/31	COMP
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.11		0	01/31	COMP
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (AS SB)	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/31	COMP
01097 1 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	06	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME [illegible]
ADDRESS [illegible]
[illegible]
FACILITY [illegible]
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER: [illegible]
DISCHARGE NUMBER: 004

MONITORING PERIOD
FROM YEAR [illegible] MO [illegible] DAY [illegible] TO YEAR [illegible] MO [illegible] DAY [illegible]
(20-21) *(22-23)* *(24-25)* *(26-27)* *(28-29)* *(30-31)*

E - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBR C7) 7-CNO

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	2434	2434		******	******	******		0	01/31	MEASRD
50050 1 1 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD	******	******	******	****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******		8.0	******	8.12		0	04/31	GRAB
00400 1 J 0	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	5.0		0	01/31	COMP
00550 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
SOLIDS, TOTAL (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	0.5		0	01/31	COMP
00740 1 0 1	PERMIT REQUIREMENT	******	******	**** ****	******	******	3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	0.012		0	01/31	COMP
01027 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.02		0	01/31	COMP
01042 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.8 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.27		0	01/31	COMP
01045 1 0 0	PERMIT REQUIREMENT	******	******	**** ****	******	******	4.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHERTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315 463-9500	90	06	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER

DISCHARGE NUMBER: 004 X

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (CODE 07) 7-ONC

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/31	COMP
01002 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.4 DAILY MX	MG/L	MP	ONCE / MONTH	COMP-6
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	******	******		******	******	0.23		0	01/31	COMP
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L	MP	ONCE / MONTH	COMP-6
ANTIMONY, TOTAL (AS SB)	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/31	COMP
01097 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	MG/L	MP	ONCE / MONTH	COMP-6
POLYCHLORINATED BIPHENYLS (PCBS)	SAMPLE MEASUREMENT	******	******		******	******	0.17		0	01/31	COMP
39516 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	UG/L	MP	ONCE / MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	315 463-9500	90 06 19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	*(17-19)*
[illegible]	[illegible] X
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
[illegible] DISCH. NON-CONTACT COOLE

NO DISCHARGE ( )

[illegible] (SUPR 67) 7-ONO

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
[illegible]	[illegible]	[illegible]	[illegible]	05	[illegible]
(20-21)	*(22-23)*	*(24-25)*	*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	NONE	NONE		******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	**** ****		ONCE/ MONTH	MEASRD
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER			315	463-9500	90	06	19
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

07393/900470-1820

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM			1	TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

5 - FINAL
PROCESS, COOLING & STORMWATER
OUTFALL (USE ONE SHEET PER OUTFALL)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	12222	17532	MGD			****		0	01/91	GRAB
50050 1	PERMIT REQUIREMENT	DAILY AVG	DAILY MX							CONTINUOUS	
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT				6.90		8.19	SU	0	01/31	GRAB
00400 1	PERMIT REQUIREMENT				6.5		8.5	SU	0	01/31	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
OIL AND GREASE	SAMPLE MEASUREMENT						5.0	MG/L	0	01/31	COMP
RECN EXT PETROLEUM	PERMIT REQUIREMENT						15	MG/L	0	01/31	COMP-6
00556 1							DAILY MX			MONTH	
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT						0.5	MG/L	0	01/31	COMP
00740 1	PERMIT REQUIREMENT						3.0	MG/L	0	01/31	COMP-6
EFFLUENT GROSS VALUE							DAILY MX			MONTH	
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						0.005	MG/L	0	01/31	COMP
01027 1	PERMIT REQUIREMENT						0.8	MG/L	0	01/31	COMP-6
EFFLUENT GROSS VALUE							DAILY MX			MONTH	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.03	MG/L	0	01/31	COMP
01042 1	PERMIT REQUIREMENT						0.8	MG/L	0	01/31	COMP-6
EFFLUENT GROSS VALUE							DAILY MX			MONTH	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.08	MG/L	0	01/31	COMP
01045 1	PERMIT REQUIREMENT						4.0	MG/L	0	01/31	COMP-6
EFFLUENT GROSS VALUE							DAILY MX			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			315	463-9500	90	06	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS C01,C02,C03,C04,AND C05.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBR (7) 87-ONC

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOT L (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	OMP-6
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.12		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	OMP-6
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	OMP-6
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.05		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	UG/L		ONCE/ MONTH	OMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			315	463-9500	90	06	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE OF

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	50501	50501	MGD						01/31	MEASRD
00056 1	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX							CONTIN	
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT				7.72		7.88			01/31	GRAB
00400 1	PERMIT REQUIREMENT				6.0		9.0			DAILY	GRAB
EFFLUENT GROSS VALUE					STD UNITS		STD UNITS				
OIL AND GREASE FREON EXTR METHOD	SAMPLE MEASUREMENT										
00556 1	PERMIT REQUIREMENT						15	MG/L		01/31	COMP
EFFLUENT GROSS VALUE							DAILY MX			CONTIN	
SULFITE (AS SO3)	SAMPLE MEASUREMENT										
00740 1	PERMIT REQUIREMENT						3.0	MG/L		01/31	COMP
EFFLUENT GROSS VALUE							DAILY MX			CONTIN	
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT										
01027 1	PERMIT REQUIREMENT						0.005	MG/L		01/31	COMP
EFFLUENT GROSS VALUE							DAILY MX			CONTIN	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT										
01042 1	PERMIT REQUIREMENT						0.02	0.01 MG/L		01/31	COMP
EFFLUENT GROSS VALUE							DAILY	AVG		CONTIN	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT										
01045 1	PERMIT REQUIREMENT						0.23	0.0 MG/L		01/31	COMP
EFFLUENT GROSS VALUE							DAILY MX			CONTIN	

NO DISCHARGE ( )

MINOR (NOT 0.01) MONC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ, GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		315	463-9500	90	06	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
NY[illegible]	002 x
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBS 27) [illegible]

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS [illegible])	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
01051 1 0 0	PERMIT REQUIREMENT	******	******	******	******	******	0.4 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
ZINC, TOTAL (AS [illegible])	SAMPLE MEASUREMENT	******	******		******	******	0.11		0	01/31	COMP
01092 1 0 0	PERMIT REQUIREMENT	******	******	******	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
ANTIMONY, TOTAL (AS [illegible])	SAMPLE MEASUREMENT	******	******		******	******	0.3		0	01/31	COMP
01097 1 0 0	PERMIT REQUIREMENT	******	******	******	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	06	19
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL

PROCESS, COOLING & STORMWATER

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (45-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUITS OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2434	2434						0	01/31	MEASRD
50050 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							CONT	MEASRD
PH	SAMPLE MEASUREMENT				8.0		8.12		0	04/31	GRAB
00400 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.5		8.5	STD UNITS		CONT	GRAB
OIL AND GREASE EXTRACTABLE	SAMPLE MEASUREMENT						<5.0		0	01/31	COMP
00556 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						15 DAILY MX			CONT	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT						0.5		0	01/31	COMP
00740 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						3.0 DAILY MX			CONT	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						0.012		0	01/31	COMP
01027 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.8 DAILY MX			CONT	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						<0.02		0	01/31	COMP
01042 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.8 DAILY MX			CONT	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.27		0	01/31	COMP
01045 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						4.0 DAILY MX			CONT	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001, AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
NEAL SCHWARTZ GENERAL MANAGER		315	463-9500	90	06	9

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
NY0110311	004 X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MINOR (SUBP 67) 7-ONC

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], TOTAL (AS [illegible]) 01051 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	0.4 DAILY MX	MG/L		NCE/ MONTH	COMP-6
[illegible], TOTAL (AS [illegible]) 01092 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.23		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6
[illegible]TIMONY, TOTAL (AS [illegible]) 01097 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		NCE/ MONTH	COMP-6
POLYCHLORINATED [illegible]IPHENYLS (PCBS) 39516 1 0 50 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.17		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	UG/L		NCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	90	06	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY [illegible]

LOCATION [illegible]

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible] X
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL
ZAMAC DISCH. NON-CONTACT COOLG

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NONE	NONE		******	******	******				
00056 1 0 0	PERMIT REQUIREMENT	REPORT DAILY	REPORT DAILY		******	******	******	******		ONCE/ MONTH	ASRD
PH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 0	PERMIT REQUIREMENT	******	******	******	******	******	8.5 MAXIMUM			WEEKLY	PRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	90	06	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

EPA Form 3320-1 (Rev. 9-88) *Previous editions may be used.* (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

03793/900670-1325

DATE: 06/18/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 06185024
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 05/25/90

APPROVAL:_____
QC: MF
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 5/25/90 0800-1300H GC

ULI I.D.: 14590051 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	35.07gpm	
pH	7.7SU	
Sulfite	0.5mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	<0.02mg/l	
Total Iron	0.25mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.11mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 06/18/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061890024
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 05/25/90

APPROVAL:
QC: MF
Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 5/25/90 0800-1300H GC

ULI I.D.: 14590050 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	11.96gpm	
pH	7.8SU	
Sulfite	0.5mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.03mg/l	
Total Iron	0.08mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.12mg/l	
PCB	<0.05ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.

DATE: 06/18/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061890024
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 05/25/90

APPROVAL:
QC: MF
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 5/25/90 0800-1300H GC

ULI I.D.: 14590052 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	1.69gpm	
pH	7.6SU	
Sulfite	0.5mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	0.012mg/l	
Total Copper	<0.02mg/l	
Total Iron	0.27mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.23mg/l	
PCB	0.17ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	0.17ug/l	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

June 18, 1990

Mr. David Tallo
Personnel Director
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #061890024 - Monthly SPDES

Dear Mr. Tallo:

Please find enclosed the results for your water samples which were picked up by ULI personnel on May 25, 1990.

We have now included the Chain of Custody Record as part of your report. You may need to reference this form for a more detailed explanation of your sample.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/sr

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 06/18/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061890024
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 05/25/90

APPROVAL:
QC: MF
Lab I.D.: 10170

MONTHLY SPDES
PROCESS WATER 001 5/25/90 0800-1300H GC

ULI I.D.: 14590050

Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	11.96gpm	
pH	7.8SU	
Sulfite	0.5mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.03mg/l	
Total Iron	0.08mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.12mg/l	
PCB	<0.05ug/l	

Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.

DATE: 06/18/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061890024
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 05/25/90

APPROVAL:
QC: MH
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 5/25/90 0800-1300H GC

ULI I.D.: 14590051

Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	35.07gpm	
pH	7.7SU	
Sulfite	0.5mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	<0.02mg/l	
Total Iron	0.25mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.11mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 06/18/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 061890024
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 05/25/90

APPROVAL:
QC: MF
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 5/25/90 0800-1300H GC

ULI I.D.: 14590052 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	1.69gpm	
pH	7.6SU	
Sulfite	0.5mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	0.012mg/l	
Total Copper	<0.02mg/l	
Total Iron	0.27mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.23mg/l	
PCB	0.17ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	0.17ug/l	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 005 had no recorded flow.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 COMMON LABORATORY CONTAMINANT
13 T(TRACE)
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 SPIKE RECOVERY OUT OF CONTROL
19 CALCULATION BASED ON DRY WEIGHT
20 SEE QUALITY CONTROL QUALIFIERS
21 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED
27 SPIKE RECOVERY LOW DUE TO MATRIX INTERFERENCE

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

Sp. Cd, Cu, Fe, Pb, Zn

14590050-052

PROJECT NO.	PROJECT NAME	STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	O&G	PCB	METALS	SULFITE/pH FLOW		REMARKS
	Roth Bros.		5/25/90	0800/1300	✓	✓	001 Process Water	4	✓	✓	✓	✓	✓	clear H2O
			5/25/90	0800/1300	✓	✓	002 cooling water	3	✓		✓	✓	✓	
			5/25/90	0800/1300	✓	✓	004 Storm Water	4	✓	✓	✓	✓	✓	

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Roth					
Relinquished by: (Signature)	**Date/Time**	**Received by: (Signature)**	**Relinquished by: (Signature)**	**Date/Time**	**Received by: (Signature)**
Relinquished by: (Signature)	**Date/Time**	**Received for Laboratory by: (Signature)**	**Date/Time**	**Remarks**	
	5/25/90 4 p.m.	Susan Magula	5/25/90 1600		

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

May 16, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 4/01/90 - 4/30/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 8-31-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	3744	3744						0	01/30	GRAB
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX							ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT				7.38		8.02		0/0	04/30	GRAB
	PERMIT REQUIREMENT				6.5 MINIMUM		8.5 MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT						< 5.0		0	01/30	COMP
	PERMIT REQUIREMENT						15 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT						< 2.0		0	01/30	COMP
	PERMIT REQUIREMENT						3.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT						0.005		0	01/30	COMP
	PERMIT REQUIREMENT						0.01 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT						0.04		0	01/30	COMP
	PERMIT REQUIREMENT						0.2 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT						< 0.03		0	01/30	COMP
	PERMIT REQUIREMENT						0.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE: 315	NUMBER: 463-9500	YEAR: 90	MO: 05	DAY: 16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PNT FOR FURTHER INSTRUCTIONS

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						< 0.1		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT						0.13		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT						< 0.3		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT						< 0.005		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 05 | DAY 16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR FURTHER INSTRUCTIONS 5 1/002/003/004/006/008.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
[illegible]	SAMPLE MEASUREMENT	62460	62460		[illegible]	[illegible]	[illegible]		0	01/30	MEASRD
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	[illegible] DAILY AV	[illegible] DAILY MX	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] MONTH	[illegible]
	SAMPLE MEASUREMENT	[illegible]	[illegible]		7.20	[illegible]	7.72		0/0	04/30	GRAB
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible] MINIMUM	[illegible]	[illegible] MAXIMUM	SU	[illegible]	[illegible] MONTH	[illegible]
OIL AND GREASE [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	5.0		0	01/30	COMP
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] DAILY MX	MG/L	[illegible]	[illegible] MONTH	[illegible]
[illegible] (AS SOD) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]		0	01/30	COMP
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] DAILY MX	MG/L	[illegible]	[illegible] MONTH	[illegible]
[illegible] TOTAL (AS CU) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	0.005		0	01/30	COMP
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] DAILY MX	MG/L	[illegible]	[illegible] MONTH	[illegible]
[illegible] TOTAL (AS ZN) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	0.02		0	01/30	COMP
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] DAILY MX	MG/L	[illegible]	[illegible] MONTH	[illegible]
[illegible] TOTAL (AS PB) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]	0.03		0	01/30	COMP
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] DAILY MX	MG/L	[illegible]	[illegible] MONTH	[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	90	05	16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PRT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	MAXIMUM *(54-61)*	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX. *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	3744	3744						0	01/30	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX							MGD/ MONTH	MEASRD
	SAMPLE MEASUREMENT				7.38		8.02		0/0	04/30	GRAB
	PERMIT REQUIREMENT						MAXIMUM			MGD/ MONTH	GRAB
	SAMPLE MEASUREMENT						< 5.0		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			MGD/ MONTH	COMP
	SAMPLE MEASUREMENT						< 2.0		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			MGD/ MONTH	COMP
	SAMPLE MEASUREMENT						0.005		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			MGD/ MONTH	COMP
	SAMPLE MEASUREMENT						0.04		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			MGD/ MONTH	COMP
	SAMPLE MEASUREMENT						< 0.03		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			MGD/ MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 05 | DAY 16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PET FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
(20-21)	*(22-23)*	*(24-25)*	*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						< 0.1		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						0.13		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						< 0.3		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT						< 0.005		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONT	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 05 | DAY 16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,A00 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	62460	62460						0	01/30	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD					NO EX	CONTINUOUS	MEASRD
PH 00400 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.20		7.72		0/0	04/30	GRAB
	PERMIT REQUIREMENT				6.5 MINIMUM		8.5 MAXIMUM	SU	NO EX	CONTINUOUS	GRAB
OIL AND GREASE EXTRACTABLE 00556 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 5.0		0	01/30	COMP
	PERMIT REQUIREMENT						15 DAILY MX	MG/L	NO EX	CONTINUOUS	COMP
NITROGEN, TOTAL (AS N) 00600 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 1		0	01/30	COMP
	PERMIT REQUIREMENT						REPORT DAILY MX	MG/L	NO EX	CONTINUOUS	COMP
CHROMIUM, TOTAL (AS CR) 01027 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.005		0	01/30	COMP
	PERMIT REQUIREMENT						0.05 DAILY MX	MG/L	NO EX	CONTINUOUS	COMP
COPPER, TOTAL (AS CU) 01042 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.02		0	01/30	COMP
	PERMIT REQUIREMENT						0.2 DAILY MX	MG/L	NO EX	CONTINUOUS	COMP
IRON, TOTAL (AS FE) 01045 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.03		0	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L	NO EX	CONTINUOUS	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 05 | DAY 16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE ATT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] (AS [illegible]) 1051 1 [illegible] EFFLUENT GROSS VALU	SAMPLE MEASUREMENT						< 0.1		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			ONCE/ MONTH	COMP-[illegible]
[illegible] (AS [illegible]) 01092 1 [illegible] EFFLUENT GROSS VALU	SAMPLE MEASUREMENT						0.072		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			ONCE/ MONTH	COMP-[illegible]
ANTIMONY, TOTAL (AS [illegible]) 01097 1 [illegible] EFFLUENT GROSS VALU	SAMPLE MEASUREMENT						< 0.3		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			ONCE/ MONTH	COMP-[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	05	16
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						< 0.1		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	GRAB
	SAMPLE MEASUREMENT						0.072		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	GRAB
	SAMPLE MEASUREMENT						< 0.3		0	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	05	16
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES + COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) PERMIT NUMBER | *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (3 Card Only) (46-53) MAXIMUM	QUANTITY OR LOADING (3 Card Only) (46-53) UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (4 Card Only) (46-53) AVERAGE	QUALITY OR CONCENTRATION (4 Card Only) (46-53) MAXIMUM	QUALITY OR CONCENTRATION (4 Card Only) (46-53) UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3024	3024		******	******	******		0	01/30	MEASRD
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MG	******	******	******	*** ****	0	01/30	MEASRD
PH	SAMPLE MEASUREMENT	******	******		7.28	******	8.12		0/0	04/30	GRAB
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU	0	WEEKLY	GRAB
OIL & GREASE HEXANE EXTRACTION METHOD	SAMPLE MEASUREMENT	******	******		******	******	5.0		0	01/30	COMP
00556 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L	0	01/30	COMP-6
CHLORINE, TOTAL RESIDUAL (AS CL)	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/30	COMP
50060 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	2.0 DAILY MX	MG/L	0	01/30	COMP-6
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/30	COMP
01027 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 DAILY MX	MG/L	0	01/30	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	01/30	COMP
01042 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 DAILY MX	MG/L	0	01/30	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	91/30	COMP
01045 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L	0	01/30	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*		515	463-9500	90,	05	16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PGT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						0.1		0	01/30	COMP
	PERMIT REQUIREMENT						< 1.0 DAILY MX	UG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT						0.27		0	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	UG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT						0.3		0	01/30	COMP
	PERMIT REQUIREMENT						< 1.0 DAILY MX	UG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT						0.51		0	01/30	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	UG/L		ONCE/ MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Neal Schwartz
General Manager
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	90	05	16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES - COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER | *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

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PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	NO DISCH	NONE								
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						MAXIMUM	SU			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		90	05	16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	3024	3024		******	******	******		0	01/30	MEASRD
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******			NGE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		7.28	******	8.12		0/0	04/30	GRAB
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		[illegible]	******	[illegible] MAXIMUM	SU		[illegible]	GRAB
OIL AND GREASE FREON EXTR GRAV MEAS	SAMPLE MEASUREMENT	******	******		******	******	< 5.0		0	01/30	COMP
[illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	[illegible] DAILY MX	MG/L		NGE/ MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	< 2.0		0	01/30	COMP
00740 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	[illegible] DAILY MX	MG/L		NGE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	< 0.005		0	01/30	COMP
01027 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	[illegible] DAILY MX	MG/L		NGE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	01/30	COMP
01042 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	[illegible] DAILY MX	MG/L		NGE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	< 0.03		0	01/30	COMP
01045 1 [illegible] EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******		******	******	[illegible] DAILY MX	MG/L		NGE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	05	16
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						0.1		05	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONTINUOUS	
	SAMPLE MEASUREMENT						0.27		10	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONTINUOUS	
	SAMPLE MEASUREMENT						0.3		30	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONTINUOUS	
	SAMPLE MEASUREMENT						0.51		05	01/30	COMP
	PERMIT REQUIREMENT						DAILY MX			CONTINUOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Neal Schwartz
General Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		90	05	16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
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	SAMPLE MEASUREMENT	NONE	NONE								
	PERMIT REQUIREMENT										GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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, SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
90	05	16

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

outfall (1) (2) (3) (4) (5)

7.38 7.20 7.28
7.98 7.52 7.34 2.12
7.62 7.32 8.72
8.02 7.72

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

May 7, 1990

Mr. David Tallo
Personnel Director
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #050790006 - Monthly SPDES

Dear Mr. Tallo:

Please find enclosed the results for your water samples which were picked up by ULI personnel on April 19, 1990.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/sh

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 05/07/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 050790006
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 04/19/90

APPROVAL:
QC: MV
Lab I.D.: 10170

MONTHLY SPDES
PROCESS WATER 001 4/19/90 0800-1300H GC

ULI I.D.: 10990049 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	2.6gpm	
pH	7.4SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	0.005mg/l	
Total Copper	0.04mg/l	
Total Iron	<0.03mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.13mg/l	
PCB	<0.05ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	

3744 6PD

All results are on an as rec.d basis unless otherwise stated.

DATE: 05/07/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 050790006
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 04/19/90

APPROVAL:
QC: mr
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 4/19/90 0800-1300H GC

ULI I.D.: 10990050 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	43.4gpm	
pH	7.4SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	<0.02mg/l	
Total Iron	<0.03mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.072mg/l	

62496 6PD

All results are on an as rec.d basis unless otherwise stated.

DATE: 05/07/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 050790006
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client
Date Sampled: 04/19/90

APPROVAL:
QC:
Lab I.D.: 10170
MONTHLY SPDES
STORM WATER 004 4/19/90 0800-1300H GC

ULI I.D.: 10990051 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	2.1gpm	
pH	7.2SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.03mg/l	
Total Iron	<0.03mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.27mg/l	
PCB	0.51ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	0.51ug/l	
Aroclor 1254	NA	
Aroclor 1260	NA	

3024 GD

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 005 had no recorded flow.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 COMMON LABORATORY CONTAMINANT
13 T(TRACE)
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 SPIKE RECOVERY OUT OF CONTROL
19 CALCULATION BASED ON DRY WEIGHT
20 SEE QUALITY CONTROL QUALIFIERS
21 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED

10990049-51

UPSTATE LABORATORIES, INC.

CHAIN OF CUSTODY RECORD

PROJECT NO.	PROJECT NAME					NO. OF CONTAINERS	O&G	PCB	METALS	SULFITE 4°C			REMARKS
	ROTH BROS. MONTHLY SPDES												
STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION								
	4-19-90	0800/1300	✓	✓	001 PROCESS WATER	(4)	✓	✓	✓	✓			CLEAR H2O
	4-19-90	0800/1300	✓	✓	002 COOLING WATER	(3)	✓		✓	✓			↓
	4-19-90	0800/1300	✓	✓	004 STORM WATER	(4)	✓	✓	✓	✓			Flow
													Loc 001 2.6 gal/min
													Loc 002 43.4 gal/min
													Loc 004 2.1 gal/min

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
	4-19-90 1400				
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
	4-19-90 1350				
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks	
	4-19-90 1420		4/19 1920		

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

April 30, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 3/01/90 - 3/31/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER: WV1[illegible]11 | DISCHARGE NUMBER: 021 X

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 8-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )
MINOR (SUBJECT TO DMRQC)

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW RATE	SAMPLE MEASUREMENT	5573	5573				*****			01/31	MEASRD
50050 1 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD			*****			WEEKLY	MEASRD
EFFLUENT GROSS VALUE										MONTHLY	
PH	SAMPLE MEASUREMENT				7.23		7.78		0	04/31	GRAB
00400 1 0	PERMIT REQUIREMENT				6.0		8.5	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE							MAXIMUM				
OIL AND GREASE	SAMPLE MEASUREMENT						<5.0		0	01/31	COMP
(FREON EXTR METHOD)	PERMIT REQUIREMENT						15	MG/L		WEEKLY	COMP-6
00556 1 0							DAILY MX			MONTHLY	
EFFLUENT GROSS VALUE											
SULFITE	SAMPLE MEASUREMENT						<2.0		0	01/31	COMP
(AS SO3)	PERMIT REQUIREMENT						3.0	MG/L		WEEKLY	COMP-6
00740 1 0							DAILY MX			MONTHLY	
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL	SAMPLE MEASUREMENT						<0.005		0	01/31	COMP
(AS CD)	PERMIT REQUIREMENT						0.8	MG/L		WEEKLY	COMP-6
01027 1 0							DAILY MX			MONTHLY	
EFFLUENT GROSS VALUE											
COPPER, TOTAL	SAMPLE MEASUREMENT						0.05		0	01/31	COMP
(AS CU)	PERMIT REQUIREMENT						0.8	MG/L		WEEKLY	COMP-6
01042 1 0							DAILY MX			MONTHLY	
EFFLUENT GROSS VALUE											
IRON, TOTAL	SAMPLE MEASUREMENT						0.07		0	01/31	COMP
(AS FE)	PERMIT REQUIREMENT						2.0	MG/L		WEEKLY	COMP-6
01045 1 0							DAILY			MONTHLY	
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR 90 MO 04 DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PNT FOR FURTHER INSTRUCTIONS. C01, 002, C03, C04, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) *(22-23)* *(24-25)* *(26-27)* *(28-29)* *(30-31)*

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OMB No. 2040-0004
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F - FINAL

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ZINC, TOTAL (AS ZN) 01092 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.01		0	01/31	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX				
ZINC, TOTAL (AS ZN) 01092 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.08		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX				
ANTIMONY, TOTAL (AS SB) 01097 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX				
POLYCHLORINATED BIPHENYLS (PCB), TOTAL 39516 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.5		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR 90 MO 04 DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR FURTHER INSTRUCTIONS C01,002,C03,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)* *(2-16)* *(17-19)*

NY0110311 — PERMIT NUMBER
002 X — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL

PROCESS, COOLING & STORMWATER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

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FLOW, RATE	SAMPLE MEASUREMENT	45000	4500						0	01/31	MEASRD
50050 1	PERMIT REQUIREMENT	MONTHLY AVG	DAILY MX							CONT	MEASRD
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT				7.30		7.55		0/0	04/31	GRAB
00400 1	PERMIT REQUIREMENT				6.5		8.5				GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
OIL AND GREASE FREON EXTRACTABLE	SAMPLE MEASUREMENT						< 5.0		0	01/31	COMP
00556 1	PERMIT REQUIREMENT						15				COMP-6
EFFLUENT GROSS VALUE							DAILY MX				
SULFITE (AS SO3)	SAMPLE MEASUREMENT						< 2.0		0	01/31	comp
00740 1	PERMIT REQUIREMENT						3.0				COMP-6
EFFLUENT GROSS VALUE							DAILY MX				
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						< 010005		0	01/31	COMP
01027 1	PERMIT REQUIREMENT						0.08				COMP-6
EFFLUENT GROSS VALUE							DAILY MX				
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.04		0	01/31	COMP
01042 1	PERMIT REQUIREMENT						0.8				COMP-6
EFFLUENT GROSS VALUE							DAILY MX				
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.40		0	01/31	COMP
01045 1	PERMIT REQUIREMENT						4.0				COMP-6
EFFLUENT GROSS VALUE							DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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TELEPHONE: AREA CODE 315 — NUMBER 463-9500

DATE: YEAR 90 — MO 04 — DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

F - FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY

(20-21) *(22-23)* *(24-25)* *(26-27)* *(28-29)* *(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* *(46-53)* QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	*(4 Card Only)* *(38-45)* QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LEAD, TOTAL (PB) 01051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				0.1		< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX			ONCE/ MONTH	COMP-6
ZINC, TOTAL (ZN) 01092 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.16		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE/ MONTH	COMP-6
ANTIMONY, TOTAL (SB) 01097 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE/ MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 04 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*
[illegible]	004

F - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE ( )

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5616	5616						0	01/31	MEASRD
50050 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD						ONCE/MONTH	MEASRD
PH	SAMPLE MEASUREMENT				7.43		7.75		0/0	04/31	GRAB
00400 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.5		8.5			ONCE/MONTH	GRAB
OIL AND GREASE FREON EXTR METHOD	SAMPLE MEASUREMENT						<5.0		0	01/31	COMP
00556 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						15 DAILY MX	MG/L		ONCE/MONTH	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT						<2.0		0	01/31	COMP
00740 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						30 DAILY MX	MG/L		ONCE/MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						<0.005		0	01/31	COMP
01027 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.1 DAILY MX	MG/L		ONCE/MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.03		0	01/31	COMP
01042 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.1 DAILY MX	MG/L		ONCE/MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.18		0	01/31	COMP
01045 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		ONCE/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 04 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY FROM YEAR MO DAY TO
(20-21) *(22-23)* *(24-25)* *(26-27)* *(28-29)* *(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LEAD, TOTAL (AS) 01051 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT						0.14 DAILY MX			REPORT MONITOR	COMP
ZINC, TOTAL (AS) 01092 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.16		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			REPORT MONITOR	COMP
ANTIMONY, TOTAL (AS) 01097 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT						1.04 DAILY MX			REPORT MONITOR	COMP
POLYCHLORINATED BIPHENYLS (PCB) 39516 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.11		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			REPORT MONITOR	COMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500
DATE: YEAR 90, MO 04, DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
(20-21)	*(22-23)*	*(24-25)*	*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	1850	1850						0	01/31	MEAS
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX							ONCE/MONTH	ESTIM
	SAMPLE MEASUREMENT				7.22		7.41		0/0	04/31	GRAB
	PERMIT REQUIREMENT						MAXIMUM			ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHMARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 04 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-9

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	5673	5673		******	******	******		0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX		******	******	******			CALC/ MONTH	MEASRD
00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.23	******	7.78	SU	0	04/31	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		GRAB	GRAB
OIL AND GREASE (HEM EXTR-GRAV) (00556) 00 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		CALC/ MONTH	COMP-6
ALUM, TOTAL (AS AL) (01105) 01105 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 2.0	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	5.0 DAILY MX	MG/L		CALC/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD) 01027 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.005	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.08 DAILY MX	MG/L		CALC/ MONTH	COMP-6
COPPER, TOTAL (AS CU) 01042 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.05	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.18 DAILY MX	MG/L		CALC/ MONTH	COMP-6
IRON, TOTAL (AS FE) (01045) 01045 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.07	MG/L	0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		CALC/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ, GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	04	30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS. 001/002/003/004/AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE
MINOR (SUMP 07) F-[illegible]

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible], TOTAL (AS [illegible]) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	< 0.01		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		[illegible]	COMP-6
[illegible], TOTAL (AS [illegible]) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	0.08		0	01/31	OOMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		[illegible]	COMP-6
[illegible], TOTAL (AS [illegible]) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMBP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		[illegible]	COMP-6
[illegible] (PCBS) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	< 0.5		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		[illegible]	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	04	30
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

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PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER | DISCHARGE NUMBER

E - FINAL
PROCESS, COOLING & STORMWATER
NO DISCHARGE ( )

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) *(22-23)* *(24-25)* *(26-27)* *(28-29)* *(30-31)*

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OMB No. 2040-0004
Approval expires 6-30-0

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PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, RATE	SAMPLE MEASUREMENT	45000	4500		******	******	******		0	01/31	MEASRD
00056 1 1	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX		******	******	******	*** ****		WEEKLY MONTH	MEASRD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.30	******	7.55		0/0	04/31	GRAB
1 1	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	8.5 DAILY MX	SU		WEEKLY	GRAB
OIL AND GREASE	SAMPLE MEASUREMENT	******	******		******	******	< 5.0		0	01/31	COMP
HEXN EXTR-GRAV METH	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		QUARTERLY MONTH	COMP-6
00556 1 1	SAMPLE MEASUREMENT	******	******		******	******	< 2.0		0	01/31	comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L		QUARTERLY MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	< 0.0005		0	01/31	COMP
01027 1 1	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.0 DAILY MX	MG/L		QUARTERLY MONTH	COMP-6
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.04		0	01/31	COMP
01042 1 1	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.5 DAILY MX	MG/L		QUARTERLY MONTH	COMP-6
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.40		0	01/31	COMP
01045 1 1	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	MG/L		QUARTERLY MONTH	COMP-6
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 462-9500

DATE: YEAR 90 | MO 04 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

FINAL
NO DISCHARGE

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING MAXIMUM *(54-61)*	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION AVERAGE *(46-53)*	QUALITY OR CONCENTRATION MAXIMUM *(54-61)*	QUALITY OR CONCENTRATION UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
[illegible]	SAMPLE MEASUREMENT				0.1		< 0.1		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT						0.4 DAILY MX	MG/L		ONCE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT						0.16		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT						0.10 DAILY MX	MG/L		ONCE/MONTH	GRAB
[illegible]	SAMPLE MEASUREMENT						< 0.3		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT						0.10 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION *SUBMITTED HEREIN; AND BASED* ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315, NUMBER 463-9500

DATE: YEAR 90, MO 04, DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) *(22-23)* *(24-25)* *(26-27)* *(28-29)* *(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-9

E - FINAL
PROCESS COOLING & STORMWATER
NO DISCHARGE (
MINOR (SUPR 07)
NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (45-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
TEMPERATURE	SAMPLE MEASUREMENT	5616	5616		******	******	******		0	01/31	MEASRD
00 1 0	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	DEG F	******	******	******	**** ****		ONCE/ MONTH	MEASRD
	SAMPLE MEASUREMENT	******	******		7.43	******	7.75		0/0	04/31	GRAB
00400 1 0	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL AND GREASE FREON EXTR-GRAV MTH	SAMPLE MEASUREMENT	******	******		******	******	< 5.0		0	01/31	COMP
00560 1 0	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
ARSENIC (AS AS)	SAMPLE MEASUREMENT	******	******		******	******	< 2.0		0	01/31	COMP
01002 1 0 1	PERMIT REQUIREMENT	******	******	*** ****	******	******	5.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	< 0.005		0	01/31	COMP
01027 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	01/31	COMP
01042 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.6 DAILY MX	MG/L		ONCE/ MONTH	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.18		0	01/31	COMP
01045 1 0 0	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		ONCE/ MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 04 | DAY 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
PROCESS, COOLIN [illegible]
NO DISCHARGE ( )
[illegible] (SUNS 57) [illegible]-040

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS [illegible]) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	0.4 DAILY MX	MG/L		[illegible]	COMP-6
ZINC, TOTAL (AS ZN) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	0.16		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		[illegible]	COMP-6
[illegible], TOTAL (AS [illegible]) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		[illegible]	COMP-6
POLYCHLORINATED [illegible] (PCBS) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	0.11		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	***	******	******	1.0 DAILY MX	MG/L		[illegible]	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER		315	463-9500	90	04	30
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	*(17-19)*
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

F - FINAL
ZAMAG DISCH. NON-CONTACT COLL.
NO DISCHARGE ( )
MINOR (SUPP 07) 7-ONO

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	MAXIMUM *(54-61)*	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
[illegible]	SAMPLE MEASUREMENT	1850	1850		******	******	******		0	01/31	MEAS
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	*** ****		ONCE/ MONTH	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		7.22	******	7.41		0/0	04/31	GRAB
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	6.5 MAXIMUM	SU		EEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	04	30
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

April 4, 1990

Mr. David Tallo
Personnel Director
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #040490004 - Monthly SPDES

Dear Mr. Tallo:

Please find enclosed the results for your water samples which were picked up by ULI personnel on March 21, 1990.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Anthony J. Scala
Director

AJS/sh

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 04/04/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 040490004
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: AJS
QC: KOJ
Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 3/20/90 0800-1300H GC

ULI I.D.: 08090023 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	3.87gpm	
pH	7.5SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.05mg/l	
Total Iron	0.07mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.23mg/l	
PCB	<0.05ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	

5572.8 GPD

All results are on an as rec.d basis unless otherwise stated.

DATE: 04/04/90

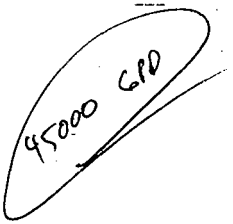
Upstate Laboratories, Inc.
Analysis Results
Report Number: 040490004
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: AJS
QC: KO
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 3/20/90 0800-1300H GC

ULI I.D.: 08090024 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	31.25gpm	
pH	7.5SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.04mg/l	
Total Iron	0.40mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.16mg/l	



All results are on an as rec.d basis unless otherwise stated.

DATE: 04/04/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 040490004
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: AJS
QC: K.O.
Lab I.D.: 10170
MONTHLY SPDES
STORM WATER 004 3/20/90 0800-1300H GC

ULI I.D.: 08090025 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	3.9gpm	
pH	7.5SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.03mg/l	
Total Iron	0.18mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.16mg/l	
PCB	0.11ug/l	

Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	0.11ug/l	
Aroclor 1254	NA	
Aroclor 1260	NA	

5/16 GDD

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 005 had a Flow Rate of 1.285gpm.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 COMMON LABORATORY CONTAMINANT
13 T(TRACE)
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 SPIKE RECOVERY OUT OF CONTROL
19 CALCULATION BASED ON DRY WEIGHT
20 SEE QUALITY CONTROL QUALIFIERS
21 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)
26 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS/BLANK CORRECTED

PH

001	002	003	004
7.78	7.52	7.75	7.2
7.23	7.30	7.42	7.4
7.49	7.55	7.43	

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

March 30, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 2/01/90 - 2/29/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

Please feel free to contact me at the above listed address on any questions in regards to this submission.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

F - FINAL

Form Approved, OMB No. 2040-0004 Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX. *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, RATE	SAMPLE MEASUREMENT	3686	3686						0	01/28	MEASRD
50050 1	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD						CONTINUOUS	MEASRD
PH	SAMPLE MEASUREMENT				7.25		7.92		0	04/28	GRAB
00400 1	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM	SU		CONTINUOUS	GRAB
OIL AND GREASE FREON EXTR	SAMPLE MEASUREMENT						<5.0		0	01/28	COMP
00556 1	PERMIT REQUIREMENT						15 DAILY MX	MG/L		CONTINUOUS	COMP
SULFITE (AS SO3)	SAMPLE MEASUREMENT						2.0		0	01/28	COMP
00740 1	PERMIT REQUIREMENT						5.0 DAILY MX	MG/L		CONTINUOUS	COMP
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						0.005		0	01/28	COMP
01027 1	PERMIT REQUIREMENT						0.005 DAILY MX	MG/L		CONTINUOUS	COMP
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.03		0	01/28	COMP
01042 1	PERMIT REQUIREMENT						0.03 DAILY MX	MG/L		CONTINUOUS	COMP
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.04		0	01/28	COMP
01045 1	PERMIT REQUIREMENT						0.1 DAILY MX	MG/L		CONTINUOUS	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

"I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*"

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		90	03	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PAT FOR FURTHER INSTRUCTIONS 001,002,003,004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)

MONITORING PERIOD

FROM YEAR (20-21)	MO (22-23)	DAY (24-25)	TO YEAR (26-27)	MO (28-29)	DAY (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	MAXIMUM (54-61)	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	3686	3686		******	******	******		0	01/28	MEASRD
[illegible]	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	[illegible]	******	******	******	***		[illegible]	MEASRD
[illegible]	SAMPLE MEASUREMENT	******	******		7.25	******	7.92		0/0	04/28	GRAB
[illegible]	PERMIT REQUIREMENT	******	******	***	6.5 MINIMUM	******	5.5 MAXIMUM	SU		[illegible]	GRAB
OIL AND GREASE [illegible]	SAMPLE MEASUREMENT	******	******		******	******	<5.0		0	01/28	COMP
[illegible]	PERMIT REQUIREMENT	******	******	***	******	******	[illegible] DAILY MX	MG/L		[illegible]	COMP-S
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/28	COMP
[illegible]	PERMIT REQUIREMENT	******	******	***	******	******	[illegible] DAILY MX	MG/L		[illegible]	COMP-S
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/28	COMP
1027 [illegible]	PERMIT REQUIREMENT	******	******	***	******	******	[illegible] DAILY MX	MG/L		[illegible]	COMP-S
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******	0.03		0	01/28	COMP
1042 [illegible]	PERMIT REQUIREMENT	******	******	***	******	******	[illegible] DAILY MX	MG/L		[illegible]	COMP-S
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.04		0	01/28	COMP
1045 [illegible]	PERMIT REQUIREMENT	******	******	***	******	******	[illegible] DAILY MX	MG/L		[illegible]	COMP-S

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and [illegible] years.)*	[signature]	315 AREA CODE	463-9500 NUMBER	90 YEAR	03 MO	28 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

[illegible] FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING MAXIMUM *(54-61)*	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						< 0.1		0	01/28	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX				
	SAMPLE MEASUREMENT						0.25		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX				
	SAMPLE MEASUREMENT						0.3		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX				
	SAMPLE MEASUREMENT						0.5		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 03 | DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR FURTHER INSTRUCTIONS

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53) (54-61)* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45) (46-53) (54-61)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						0.1		0	01/28	COMP
	PERMIT REQUIREMENT						0.4 DAILY MX	MG/L		MONTH	COMP-6
	SAMPLE MEASUREMENT						0.25		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		MONTH	COMP-6
	SAMPLE MEASUREMENT						0.3		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		MONTH	COMP-6
	SAMPLE MEASUREMENT						0.5		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 03 | DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING MAXIMUM (54-61)	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION AVERAGE (46-53)	QUALITY OR CONCENTRATION MAXIMUM (54-61)	QUALITY OR CONCENTRATION UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	48096	48096						0	01/28	MEASRD
50050 1 EFFLUENT VALVE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX	MGD						RANGE/ CONTIN	MEASRD
PH	SAMPLE MEASUREMENT				7.50		7.68		0/0	004/28	GRAB
00400 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.5 MINIMUM		8.5 MAXIMUM	SU		RANGE/ CONTIN	GRAB
OIL AND GREASE (HEXANE EXTR METHOD)	SAMPLE MEASUREMENT						6.0		0	01/28	COMP
00556 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						15 DAILY MX	MG/L		RANGE/ CONTIN	COMP-6
SULFITE (AS SO3)	SAMPLE MEASUREMENT						2.0		0	01/28	COMP
00740 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						3.0 DAILY MX	MG/L		RANGE/ CONTIN	COMP-6
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT						0.005		0	01/28	COMP
01027 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L		RANGE/ CONTIN	COMP-6
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT						0.02		0	01/28	COMP
01042 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						0.8 DAILY MX	MG/L		RANGE/ CONTIN	COMP-6
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT						0.30		0	01/28	COMP
01045 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L		RANGE/ CONTIN	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 3 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500
DATE: YEAR 90 MO 03 DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	46096	43096						0	01/28	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX							NOT/MONTH	MEASRD
	SAMPLE MEASUREMENT				7.50		7.68		0/0	04/28	GRAB
	PERMIT REQUIREMENT				6.5 MINIMUM		8.5 MAXIMUM	SU		WEEKLY	GRAB
	SAMPLE MEASUREMENT						6.0		0	01/28	COMP
	PERMIT REQUIREMENT						15 DAILY MX	MG/L		NOT/MONTH	COMP-6
(AS SO4)	SAMPLE MEASUREMENT						2.0		0	01/28	COMP
	PERMIT REQUIREMENT						5.0 DAILY MX	MG/L		NOT/MONTH	COMP-6
(AS CD)	SAMPLE MEASUREMENT						0.005		0	01/28	COMP
	PERMIT REQUIREMENT						0.05 DAILY MX	MG/L		NOT/MONTH	COMP-6
(AS CU)	SAMPLE MEASUREMENT						0.02		0	01/28	COMP
	PERMIT REQUIREMENT						0.05 DAILY MX	MG/L		NOT/MONTH	COMP-6
(AS FE)	SAMPLE MEASUREMENT						0.30		0	01/28	COMP
	PERMIT REQUIREMENT						4.0 DAILY MX	MG/L		NOT/MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 90	MO 03	DAY 28
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PRT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
NY[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORMWATER

NO DISCHARGE (0)

NOP (SURF [illegible])

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 1[illegible] 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.1		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	******	******	******	0.4 DAILY MX	[illegible]		[illegible]	[illegible]
ZINC, TOTAL (AS ZN) 01092 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.085		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	******	******	******	1.0 DAILY MX	[illegible]		[illegible]	[illegible]
ANTIMONY, TOTAL (AS SB) 01097 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<0.3		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	******	******	******	1 DAILY MX	[illegible]		[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	03	28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
[illegible]	SAMPLE MEASUREMENT						0.1		0	01/28	COMP
	PERMIT REQUIREMENT						DAILY MX	MG/L		NO/MONTH	COMP-6
[illegible]	SAMPLE MEASUREMENT						0.085		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	MG/L		NO/MONTH	COMP-6
[illegible]	SAMPLE MEASUREMENT						0.3		0	01/28	COMP
	PERMIT REQUIREMENT						1. DAILY MX	MG/L		NO/MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 03 | DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
1	SAMPLE MEASUREMENT	3024	3024						0	01/28	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY MX	REPORT DAILY MX							MONTH	MEASRD
P	SAMPLE MEASUREMENT				7.40		7.42		0/0	04/28	GRAB
1	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM			CONTINUOUS	GRAB
OIL AND	SAMPLE MEASUREMENT						5.0		0	01/28	COMP
1055 1	PERMIT REQUIREMENT						15 DAILY MX			MONTH	COMP-24
SULFITE	SAMPLE MEASUREMENT						2.0		0	01/28	COMP
1	PERMIT REQUIREMENT						3.0 DAILY MX			MONTH	COMP-24
CADMIUM	SAMPLE MEASUREMENT						<0.005		0	01/28	COMP
1027 1	PERMIT REQUIREMENT						0.08 DAILY MX			MONTH	COMP-24
COPPER,	SAMPLE MEASUREMENT						0.05		0	01/28	COMP
1042 1	PERMIT REQUIREMENT						0.08 DAILY MX			MONTH	COMP-24
IRON,	SAMPLE MEASUREMENT						0.15		0	01/28	COMP
1045 1	PERMIT REQUIREMENT						1.0 DAILY MX			MONTH	COMP-24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 4 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			315	463-9500	90	03	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only (46-53), (54-61))* AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only (38-45), (46-53))* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	3024	3024		******	******	******		0	01/28	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	******	******	******	****		NOE/E MONTH	MEASRD
	SAMPLE MEASUREMENT	******	******		7.40	******	7.42		0/0	04/28	GRAB
	PERMIT REQUIREMENT	******	******	*** ****	6.5 MINIMUM	******	8.5 MAXIMUM	SU		1/WEEKLY	GRAB
	SAMPLE MEASUREMENT	******	******		******	******	5.0		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		NOE/E MONTH	COMP-6
	SAMPLE MEASUREMENT	******	******		******	******	2.0		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	3.0 DAILY MX	MG/L		NOE/E MONTH	COMP-6
	SAMPLE MEASUREMENT	******	******		******	******	0.005		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.05 DAILY MX	MG/L		NOE/E MONTH	COMP-6
	SAMPLE MEASUREMENT	******	******		******	******	0.05		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.3 DAILY MX	MG/L		NOE/E MONTH	COMP-6
	SAMPLE MEASUREMENT	******	******		******	******	0.15		0	01/28	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	4.0 DAILY MX	G/L		NOE/E MONTH	COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 317 | NUMBER 463-9500

DATE: YEAR 90 | MO 05 | DAY 29

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PDF FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR (20-21) MO (22-23) DAY (24-25) TO YEAR (26-27) MO (28-29) DAY (30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

NO DISCHARGE ( )

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	QUANTITY OR LOADING (54-61) MAXIMUM	UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	QUALITY OR CONCENTRATION (46-53) AVERAGE	QUALITY OR CONCENTRATION (54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT						<0.1		0	01/28	COMP
	PERMIT REQUIREMENT						DAILY MX	ug/L			
[illegible]	SAMPLE MEASUREMENT						0.27		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	ug/L			
[illegible]	SAMPLE MEASUREMENT						<0.3		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	ug/L			
[illegible]	SAMPLE MEASUREMENT						0.16		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX	ug/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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GENERAL MANAGER
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 03 | DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

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PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	MAXIMUM *(54-61)*	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT						<0/1		0	01/28	COMP
	PERMIT REQUIREMENT						DAILY MX			ONCE / MONTH	COMP-6
	SAMPLE MEASUREMENT						0.27		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE / MONTH	COMP-6
	SAMPLE MEASUREMENT						0.3		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE / MONTH	COMP-6
	SAMPLE MEASUREMENT						0.16		0	01/28	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			ONCE / MONTH	COMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
315	463-9500	90	03	28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES + COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

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DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

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	SAMPLE MEASUREMENT								0	01/28	MEASRD
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								0/0	04/28	GRAB
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								0		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL/EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 90 MO 03 DAY 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
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FACILITY
LOCATION

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DISCHARGE MONITORING REPORT *(DMR)*
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PERMIT NUMBER | DISCHARGE NUMBER

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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
90	03	23

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

March 8, 1990

Mr. David Tallo
Personnel Director
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #030890016 - Monthly SPDES

Dear Mr. Tallo:

Please find enclosed the results for your water samples which were picked up by ULI personnel on February 22 and 23, 1990.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/clc

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 03/08/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030890016
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: QC: mc
Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 2/22/90 0800-1300H GC

ULI I.D.: 05390067 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	2.56gpm	
pH	8.3SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.03mg/l	
Total Iron	0.04mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.25mg/l	
PCB	<0.05ug/l	

Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.

DATE: 03/08/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030890016
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
QC:
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 2/22/90 0800-1300H GC

ULI I.D.: 05390068

Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	33.4gpm	
pH	8.1SU	
Sulfite	<2mg/l	
Oil&Grease	6mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.02mg/l	
Total Iron	0.30mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.085mg/l	

All results are on an as rec.d basis unless otherwise stated.

DATE: 03/08/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030890016
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
QC:
Lab I.D.: 10170

MONTHLY SPDES
STORM WATER 004 2/22/90 0800-1300H GC

ULI I.D.: 05390069

Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	2.1gpm	
pH	7.9SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.05mg/l	
Total Iron	0.15mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.27mg/l	

3024 LBP

All results are on an as rec.d basis unless otherwise stated.

DATE: 03/08/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 030890016
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL:
QC:
Lab I.D.: 10170

MONTHY SPDES
STORM WATER 004 2/23/90 1030H G

ULI I.D.: 05490004

Matrix: Water

PARAMETERS	RESULTS	KEY
PCB	0.16ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	0.16ug/l	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfall 005 had no recorded flow.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 COMMON LABORATORY CONTAMINANT
13 T(TRACE)
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 SPIKE RECOVERY OUT OF CONTROL
19 CALCULATION BASED ON DRY WEIGHT
20 SEE QUALITY CONTROL QUALIFIERS
21 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS
24 SAMPLE DILUTED/BLANK CORRECTED
25 ND(NON-DETECTED)

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

February 22, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

RE: SPDES DMR Facility ID #0110311
Report Period: 1/01/90 - 1/31/90

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

As noted in the reporting format for outfall 001 there were two (2) excursions noted for the reporting period, those being lead and zinc.

We met with our consulting engineers and investigated the problem on Friday February 16, 1990 at our facility. Following this conference we arrived at an identification of the root cause and the following corrective action steps were discussed and implemented:

ROOT CAUSE - TURBIDITY IN THE TRANSITION BOXES OF DRAINAGE SYSTEMS FROM THE STORAGE LOT AND OUTSIDE PRODUCTION AREAS OF THE FACILITY. SAID TURBIDITY WA ENHANCED DUE TO 2.13 INCHES OF PRECIPITATION IN THE MONTH OF JANUARY.

SECONDARY CAUSALITY IS ASSOCIATED WITH THE SETTLING SYSTEM TO CONTROL SEDIMENTATION RUNOFF FREEZING, ALLOWING THE RAINFALL AND THAW OF SNOW TO BYPASS TH CONTAINMENT SYSTEM AND DIRECTLY DISCHARGE TO THE TRANSITION BOXES OF THE OUTFALL. WE HAVE ALSO ASSOCIATED THE BLOCKAGE OF SCREENS IN THE CONTAINMENT SYSTEM AS CONTRIBUTING TO THE EXCURSION.

CORRECTIVE ACTION:

DESIGN,FABRICATE AND INSTALL A NEW SEPARATING/CONTAINMENT SYSTEM FOR CONTROLLING THE RUNOFF INTO OUTFALL 001 WHICH WILL ACCOMODATE THE VOLUMETRIC FLUXUATIONS NOTED IN THE PREVIOUS TWENTY FOUR (24) MONTHS.

ROTH WILL HAVE DRAWINGS AVAILABLE FOR OUR CONSULTANTS BY WEEK ENDING MARCH 2, 1990.

IN THE INTERIM, WE WILL SUPPLEMENT THE CONTAINMENT SYSTEM WITH PIGS FOR ABSORBENT CONTAINMENT OF THE METALS.

SAID REDESIGN AND FABRICATION OF THE SYSTEM WILL BE FINALIZED AND AN INSTALLATION TIMEFRAME ESTABLISHED WITHIN THE NEXT THIRTY (30) DAYS.

Please feel free to contact me at the above listed address on any questions in regards to this matter.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

Form Approved.
OMB No. 2040-0004
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	SAMPLE MEASUREMENT	15408	15408						0	01/31	MEASRD
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MX							MONTH	MEASRD
	SAMPLE MEASUREMENT				6.92		6.95		0/0	04/31	GRAB
	PERMIT REQUIREMENT				6.0 MINIMUM		9.0 MAXIMUM			WEEKLY	GRAB
	SAMPLE MEASUREMENT						<5.0		0	01/31	COMP
	PERMIT REQUIREMENT						15 DAILY MX			MONTH	COMP-6
	SAMPLE MEASUREMENT						<2.0		0	01/31	COMP
	PERMIT REQUIREMENT						30 DAILY MX			MONTH	COMP-6
	SAMPLE MEASUREMENT						0.44		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTH	COMP-6
	SAMPLE MEASUREMENT						0.40		0	01/31	COMP
	PERMIT REQUIREMENT						2.0 DAILY MX			MONTH	COMP-6
	SAMPLE MEASUREMENT						0.43		0	01/31	COMP
	PERMIT REQUIREMENT						1.0 DAILY MX			MONTH	COMP-6

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NEAL SCHWARTZ
GENERAL MANAGER

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TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9501	90	02	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PGT FOR FURTHER INSTRUCTIONS 001,002,003,004 AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

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TOT (AS	SAMPLE MEASUREMENT						3.8			01/31	COMP
1051 1 EFLUENT VALU	PERMIT REQUIREMENT						DAILY MX			MONTH	24-6
TOT (AS	SAMPLE MEASUREMENT						39.0			01/31	COMP
1052 1 EFFLUENT VALU	PERMIT REQUIREMENT						DAILY MX			MONTH	24-6
(S	SAMPLE MEASUREMENT						<0.3		0	01/31	COMP
1067 1 EFFLUENT TOTAL	PERMIT REQUIREMENT						DAILY MX			MONTH	24-6
(S	SAMPLE MEASUREMENT						P		0	01/31	COMP
1078 1 EFFLUENT TOTAL	PERMIT REQUIREMENT						DAILY MX			MONTH	24-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 02 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PAT FOR FURTHER INSTRUCTIONS 001/002/003/004/AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

PERMIT NUMBER *(2-16)*	DISCHARGE NUMBER *(17-19)*

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only)*			QUALITY OR CONCENTRATION *(4 Card Only)*				NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
		AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	MINIMUM *(38-45)*	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS			
	SAMPLE MEASUREMENT	19296	19296						0	01/31	MEASRD
	PERMIT REQUIREMENT	DAILY AVG	DAILY MX							MONTH	MEASRD
1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.18		7.36		0/0	04/31	GRAB
	PERMIT REQUIREMENT						MAXIMUM			DAILY MX	GRAB
1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 5.0		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			MONTH	COMP
(CLPITL) (CAS 7440-47-3) 0760 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 2.0		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			MONTH	COMP
ANTIMONY, TOTAL (CAS 7440-36-0) 1027 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						< 0.0005		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			MONTH	COMP
COPPER, TOTAL (CAS 7440-50-8) 1042 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.09		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			MONTH	COMP
IRON, TOTAL (CAS 7439-89-6) 1045 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT						0.49		0	01/31	COMP
	PERMIT REQUIREMENT						DAILY MX			MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		315	463-9500	90	02	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PRT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

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OMB No. 2040-0004
Approval expires 6-30-91

NOTE: Read Instructions before completing this form.

PARAMETER *(32-37)*		(3 Card Only) (46-53) QUANTITY OR LOADING AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	SAMPLE MEASUREMENT						0.2		0	01/31	COMP
	PERMIT REQUIREMENT					0.4	DAILY MX			CONT	CMP-6
	SAMPLE MEASUREMENT						0.23		0	01/31	COMP
	PERMIT REQUIREMENT					1.0	DAILY MX			CONT	CMP-6
	SAMPLE MEASUREMENT						<0.3		0	01/31	COMP
	PERMIT REQUIREMENT					1.0	DAILY MX			CONT	CMP-6
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
315	463-9500	90	02	19
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE ATT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

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OMB No. 2040-0004
Approval expires 6-30-91.

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	SAMPLE MEASUREMENT						<0.5		0 5	01/360	COMP
	PERMIT REQUIREMENT						DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
315	463-9500		90	02	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
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FACILITY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) *(17-19)*
PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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[illegible]	SAMPLE MEASUREMENT	NONE	NONE								
[illegible]	PERMIT REQUIREMENT	[illegible] DAILY MX	[illegible] DAILY MX								
[illegible]	SAMPLE MEASUREMENT										
[illegible]	PERMIT REQUIREMENT							MAXIMUM			
[illegible]	SAMPLE MEASUREMENT										
[illegible]	PERMIT REQUIREMENT						15 DAILY MX				COMP-6
[illegible]	SAMPLE MEASUREMENT										
[illegible]	PERMIT REQUIREMENT						30 DAILY MX				COMP-6
[illegible]	SAMPLE MEASUREMENT										
[illegible]	PERMIT REQUIREMENT						60 DAILY MX				COMP-6
[illegible]	SAMPLE MEASUREMENT										
[illegible]	PERMIT REQUIREMENT						0.8 DAILY MX				COMP-6
[illegible]	SAMPLE MEASUREMENT										
[illegible]	PERMIT REQUIREMENT						4.0 DAILY MX				COMP-6

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
NEAL SCHWARTZ
GENERAL MANAGER
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500
DATE: YEAR 90 | MO 02 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PAT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) (17-19)

PERMIT NUMBER | DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 6-30-91

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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						ONLY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE: AREA CODE 315 NUMBER 463-9500

DATE: YEAR 90 MO 02 DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PRT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

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ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
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PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
[illegible]	[illegible]

MONITORING PERIOD						
FROM	YEAR (20-21)	MO (22-23)	DAY (24-25)	TO	YEAR (26-27)	MO (28-29)	DAY (30-31)

Form Approved.
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F - FINAL
[illegible]

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FLOW RATE	SAMPLE MEASUREMENT	NONE	NONE		******	******	******				
[illegible] EFFLUENT [illegible] VALUE	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	[illegible]	******	******	******	******		[illegible]	[illegible]
[illegible] EFFLUENT [illegible] VALUE	SAMPLE MEASUREMENT	******	******		******	******	******				
	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM			[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature] SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	90 YEAR	02 MO	19 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

January 26, 1990

Mr. David Tallo
Personnel Director
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Re: Analysis Report #012690042 - Annual and Monthly SPDES

Dear Mr. Tallo:

Please find enclosed the results for your water samples which were picked up by ULI personnel on January 15, 1990.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala cs

Anthony J. Scala
Director

AJS/sh

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 01/26/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 012690042
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: QS
QC: MC
Lab I.D.: 10170
MONTHLY SPDES
PROCESS WATER 001 1/15/90 0830-1330H GC

ULI I.D.: 01590051 Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	10.7gpm	
pH	7.7SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	0.44mg/l	
Total Copper	0.40mg/l	
Total Iron	0.43mg/l	
Total Lead	3.8mg/l	
Total Zinc	39mg/l	
PCB	0.15ug/l *	

All results are on an as rec.d basis unless otherwise stated.
*Aroclor 1248.

Flow Rate
15408 GPM

DATE: 01/26/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 012690042
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: [signature]
QC: [signature]
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 1/15/90 0830-1330H GC

ULI I.D.: 01590052

Matrix: Water

PARAMETERS	RESULTS	KEY
Flow Rate	13.4gpm	
pH	7.6SU	
Sulfite	<2mg/l	
Oil&Grease	<5mg/l	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.09mg/l	
Total Iron	0.49mg/l	
Total Lead	0.2mg/l	
Total Zinc	0.23mg/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfalls 004 and 005 had no recorded flow.

Flow Rate 19296 GPD

DATE: 01/26/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 012690042
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: [signature]
QC: [signature]
Lab I.D.: 10170

ANNUAL
COOLING WATER 002 1/15/90 0830-1330H GC

ULI I.D.: 01590053

Matrix: Water

PARAMETERS	RESULTS	KEY
PCB	<0.05ug/l	
Aroclor 1221	NA	
Aroclor 1016	NA	
Aroclor 1232	NA	
Aroclor 1242	NA	
Aroclor 1248	NA	
Aroclor 1254	NA	
Aroclor 1260	NA	

All results are on an as rec.d basis unless otherwise stated.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 COMMON LABORATORY CONTAMINANT
13 T(TRACE)
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 SPIKE RECOVERY OUT OF CONTROL
19 CALCULATION BASED ON DRY WEIGHT
20 SEE QUALITY CONTROL QUALIFIERS
21 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069 • EASY LINK: 910 380-6093

January 19, 1990

Mr. Leland Flocke, PE
Central Engineer
Region 7
7481 Henry Clay Boulevard
Liverpool, NY 13088

RE: SPDES DMR Facility ID #0110311
Report Period: 12/01/89 - 12/31/89

Dear Mr. Flocke:

Enclosed is the DMR report for the above listed monitoring period.

We have no excursions to report at this reporting interval.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

cc: NYS Dept. Environmental Conservation

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

F = FINAL

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM		1	1	TO		1	31
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, RATE	SAMPLE MEASUREMENT	NONE	NONE								
0 0 1	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											
TEMPERATURE	SAMPLE MEASUREMENT										
0 0 0 1	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											
PH AND CHLORINE FROM CHLORINATION	SAMPLE MEASUREMENT										
0 5 5 6	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											
SULFITE (AS SO3)	SAMPLE MEASUREMENT										
0 7 4 0	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT										
1 0 2 7	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT										
1 0 4 2	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT										
1 0 4 6	PERMIT REQUIREMENT										
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC §1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 90	MO 01	DAY 19
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE ATT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORMWATER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
		[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible] (SUB 07) 7-010

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible]	SAMPLE MEASUREMENT	******	******		******	******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		[illegible] MONTH	[illegible]
[illegible] TOTAL (AS ZN) 1092 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		[illegible] MONTH	[illegible]
ANTIMONY, TOTAL (AS SB) 1097 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		[illegible] MONTH	[illegible]
POLYCHLORINATED BIPHENYLS (PCBS) 9516 1 [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	1.0 DAILY MX	MG/L		[illegible] MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	01	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR FURTHER INSTRUCTIONS 001,002,003,004,AND 005.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

[illegible]

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible]

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE [illegible]	SAMPLE MEASUREMENT	37440	37440		******	******	******		0	01/31	MEASRD
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	******	******	******	[illegible]		[illegible]	[illegible]
[illegible]	SAMPLE MEASUREMENT	******	******		7090	******	7.98		0/0	04/31	GRAB
[illegible]	PERMIT REQUIREMENT	******	******	[illegible]	[illegible]	******	[illegible]	SU		[illegible]	[illegible]
OIL AND GREASE FREON EXTR-GRAV METH [illegible]	SAMPLE MEASUREMENT	******	******		******	******	7.0		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	[illegible]	******	******	[illegible]	MG/L		[illegible]	[illegible]
SULFITE (AS SO3) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	<2.0		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	[illegible]	******	******	[illegible]	MG/L		[illegible]	[illegible]
CADMIUM, TOTAL (AS CD) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	<0.005		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	[illegible]	******	******	[illegible]	MG/L		[illegible]	[illegible]
COPPER, TOTAL (AS CU) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	0.02		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	[illegible]	******	******	[illegible]	MG/L		[illegible]	[illegible]
IRON, TOTAL (AS FE) [illegible]	SAMPLE MEASUREMENT	******	******		******	******	0.22		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	[illegible]	******	******	[illegible]	MG/L		[illegible]	[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	01	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

[illegible] FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible]

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] TOTAL (AS [illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		NCS/ MONTH	[illegible]
[illegible] TOTAL (AS [illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.051		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		NCS/ MONTH	[illegible]
[illegible] TOTAL (AS [illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		NCS/ MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	01	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

F - FINAL

MONITORING PERIOD

FROM YEAR	MO	DAY	TO YEAR	MO	DAY
	01	01		12	31
(20-21)	*(22-23)*	*(24-25)*	*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	NONE	NONE								
	PERMIT REQUIREMENT										
PH 00400 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			STD UNITS						1/WEEK	GRAB
OIL AND GREASE HEXANE EXTR METHOD 00556 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									1/MONTH	GRAB
SULFITE (AS SO3) 00740 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							DAILY MX	MG/L	1/WEEK	GRAB
CHROMIUM, TOTAL (AS CR) 01027 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							DAILY MX	MG/L	1/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							DAILY MX	MG/L	1/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							DAILY MX	MG/L	1/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

Neal Schwartz

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
315	463-9500

DATE

YEAR	MO	DAY
90	01	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

[illegible]

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

PROCESS, COOLING & STORMWATER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM		[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible]

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
LINE, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
ANTIMONY, TOTAL (AS SB) 01097 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******					
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	UG/L		[illegible]	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	01	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR *(20-21)*	MO *(22-23)*	DAY *(24-25)*	TO YEAR *(26-27)*	MO *(28-29)*	DAY *(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	NONE	NONE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 315 | NUMBER 463-9500

DATE: YEAR 90 | MO 01 | DAY 19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

Upstate Laboratories inc.

Shipping: 6034 Corporate Drive • East Syracuse, New York 13057 • (315) 437-0255
Mailing: Box 289 • Syracuse, New York 13206
Southern Region (607) 724-0478
Western Region (716) 436-9070

January 11, 1990

Mr. David Tallo
Personnel Director
Roth Brothers Smelting Corporation
6223 Thompson Road
East Syracuse, New York 13057

Rec'd Roth 1-18-90

Re: Analysis Report #011190029 - Monthly SPDES

Dear Mr. Tallo:

Please find enclosed the results for your water sample which was picked up by ULI personnel on December 15, 1989.

Should you have any questions, please feel free to give us a call.

Thank you for your patronage.

Sincerely,

UPSTATE LABORATORIES, INC.

Anthony J. Scala
Director

AJS/sh

Enclosure: report

cc/enc: N. Scala, ULI
file

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

DATE: 01/11/90

Upstate Laboratories, Inc.
Analysis Results
Report Number: 011190029
Client I.D.: ROTH BROS. SMELTING CORP.
Sampled by: Client

APPROVAL: AP
QC: mc
Lab I.D.: 10170

MONTHLY SPDES
COOLING WATER 002 12/15/89 0800-1300H GC

ULI I.D.: 34989068

Matrix: Water

PARAMETERS	RESULTS	KEY
pH	7.7SU	
Sulfite	<2mg/l	
Oil&Grease	7mg/l	
Flow Rate	26gpm	
Total Antimony	<0.3mg/l	
Total Cadmium	<0.005mg/l	
Total Copper	0.02mg/l	
Total Iron	0.22mg/l	
Total Lead	<0.1mg/l	
Total Zinc	0.051mg/l	

All results are on an as rec.d basis unless otherwise stated.
Note: Outfalls 001, 004, and 005 had no recorded flow.

KEY PAGE

1 MATRIX INTERFERENCE PRECLUDES LOWER DETECTION LIMITS
2 MATRIX INTERFERENCE
3 PRESENT IN BLANK
4 INSUFFICIENT SAMPLE
5 SAMPLE DILUTED
6 BLANK CORRECTED
7 HEAD SPACE PRESENT IN SAMPLE
8 BDL(BELOW DETECTION LIMITS)
9 MDL(METHOD DETECTION LIMITS)
10 ADL(AVERAGE DETECTION LIMITS)
11 PQL(PRACTICAL QUANTITATION LIMIT)
12 COMMON LABORATORY CONTAMINANT
13 T(TRACE)
14 PPM(PARTS PER MILLION)
15 MG/L(MILLIGRAMS PER LITER)
16 UG/L(MICROGRAMS PER LITER)
17 PPB(PARTS PER BILLION)
18 SPIKE RECOVERY OUT OF CONTROL
19 CALCULATION BASED ON DRY WEIGHT
20 SEE QUALITY CONTROL QUALIFIERS
21 METHOD PERFORMANCE STUDY HAS NOT BEEN COMPLETED
22 MG/KG AS REC.D / MG/KG DRY WT
23 INSUFFICIENT SAMPLE PRECLUDES LOWER DETECTION LIMITS

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	NONE	NONE								
50 050 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT							SU			
PH AND @ EASE FIELD EXTRA-GRAV ATTA 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							MG/L			
OLEFIN (28 DOS) 00560 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							MG/L			
CADMIUM, TOTAL (AS CD) 01027 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							UG/L			
COPPER, TOTAL (AS CU) 01042 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							UG/L			
IRON, TOTAL (AS FE) 01045 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							UG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315 AREA CODE	463-9500 NUMBER	90 YEAR	01 MO	19 DAY
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PART FOR FURTHER INSTRUCTIONS 001, 002, 003, 004, AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*
(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

F = FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	*(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
LEAD, TOTAL (AS PB) 1051 1 - EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	GRAB
ZINC, TOTAL (AS ZN) 1092 1 - EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	GRAB
ANTIMONY, TOTAL (AS SB) 1097 1 - EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY MX	MG/L		MONTH	GRAB
POLYCHLORINATED BIPHENYLS (PCBS) 39516 1 - 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						DAILY MX	UG/L		MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 315	NUMBER 463-9500	YEAR 90	MO 01	DAY 19
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
SEE PNT FOR FURTHER INSTRUCTIONS 001, 002, 003, 004 AND 005.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*
NAME
ADDRESS
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER *(17-19)* DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM				TO			
	(20-21)	*(22-23)*	*(24-25)*		*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		QUANTITY OR LOADING *(3 Card Only) (46-53)* AVERAGE	QUANTITY OR LOADING *(54-61)* MAXIMUM	UNITS	QUALITY OR CONCENTRATION *(4 Card Only) (38-45)* MINIMUM	QUALITY OR CONCENTRATION *(46-53)* AVERAGE	QUALITY OR CONCENTRATION *(54-61)* MAXIMUM	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
FLOW, RATE	SAMPLE MEASUREMENT	37440	37440		******	******	******		0	01/31	MEASRD
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]	[illegible]
PH	SAMPLE MEASUREMENT	******	******		7090	******	7.98		0/0	04/31	GRAB
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	6.5 MIN	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
OIL AND GREASE (FREON EXTRACTABLE MATTER)	SAMPLE MEASUREMENT	******	******		******	******	7.0		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	15 DAILY MX	MG/L		MONTH	COMP
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******	<2.0		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		MONTH	COMP
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******	<0.005		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		MONTH	COMP
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	****0.02	0.02		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		MONTH	COMP
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******	0.22		0	01/31	COMP
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY MX	MG/L		MONTH	COMP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	315	463-9500	90	01	19
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

[illegible] FINAL
PROCESS, COOLING & STORMWATER

MONITORING PERIOD						
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible]

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
[illegible] TOTAL (AS [illegible]) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.1		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY [illegible]	MG/L		[illegible] MONTH	[illegible]
[illegible], TOTAL (AS ZN) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	0.051		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY [illegible]	MG/L		[illegible] MONTH	[illegible]
ANTIMONY, TOTAL (AS SB) [illegible] EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 0.3		0	01/31	COMP
	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible] DAILY [illegible]	MG/L		[illegible] MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.)*	[signature]	315	463-9500	90	01	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME [illegible]

ADDRESS [illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
[illegible]	[illegible]
PERMIT NUMBER	DISCHARGE NUMBER

F - FINAL

[illegible]

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

[illegible]

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	NONE	NONE		******	******	******				
[illegible]	PERMIT REQUIREMENT	[illegible]	[illegible]	GPD	******	******	******	*** ****		[illegible]	[illegible]
[illegible]	SAMPLE MEASUREMENT	******	******			******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	[illegible]	******	[illegible]	SU		[illegible]	[illegible]
OIL AND GREASE FREON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
SULFITE (AS SO3)	SAMPLE MEASUREMENT	******	******		******	******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	******	******		******	******					
01027 1 0 [illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	******	******		******	******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	******	******		******	******					
[illegible]	PERMIT REQUIREMENT	******	******	*** ****	******	******	[illegible]	MG/L		[illegible]	[illegible]

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)	[signature]	215	463-9500	90	01	19
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME [illegible]

ADDRESS [illegible]

[illegible]

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER [illegible]

(17-19) DISCHARGE NUMBER [illegible]

E = FINAL
PROCESS COOLING + STORMWATER

MONITORING PERIOD

FROM YEAR [illegible] MO [illegible] DAY [illegible] *(20-21) (22-23) (24-25)*

TO YEAR [illegible] MO [illegible] DAY [illegible] *(26-27) (28-29) (30-31)*

AGENT (PART 27) PERMIT

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	*(54-61)* MAXIMUM	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	AVERAGE	*(46-53)* MAXIMUM	*(54-61)* UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
CHLORINE, TOTAL (As Cl) 1191 1 E EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	0.2 DAILY MX	MG/L		1/DAY MONTH	GRAB
COPPER, TOTAL (As Cu) 1392 1 E EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1.0 DAILY MX	UG/L		1/DAY MONTH	GRAB
ANTIMONY, TOTAL (As Sb) 1097 1 E EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1.0 DAILY MX	UG/L		1/DAY MONTH	GRAB
POLYCHLORINATED BIPHENYLS (PCBS) 2616 1 E EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	[illegible]	[illegible]		[illegible]	[illegible]					
	PERMIT REQUIREMENT	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	1.0 DAILY MX	UG/L		1/DAY MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NEAL SCHWARTZ
GENERAL MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 USC § 1001 AND 33 USC § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*

[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
315	463-9500	90	01	19

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

SEE PMT FOR ADDITIONAL NOTES & COMMENTS.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if different)*

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER

(17-19) DISCHARGE NUMBER

MONITORING PERIOD

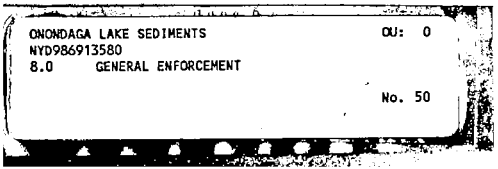
FROM YEAR	MO	DAY	TO YEAR	MO	DAY
(20-21)	*(22-23)*	*(24-25)*	*(26-27)*	*(28-29)*	*(30-31)*

NOTE: Read instructions before completing this form.

PARAMETER *(32-37)*		*(3 Card Only)* QUANTITY OR LOADING *(46-53)* AVERAGE	MAXIMUM *(54-61)*	UNITS	*(4 Card Only)* QUALITY OR CONCENTRATION *(38-45)* MINIMUM	AVERAGE *(46-53)*	MAXIMUM *(54-61)*	UNITS	NO. EX *(62-63)*	FREQUENCY OF ANALYSIS *(64-68)*	SAMPLE TYPE *(69-70)*
	SAMPLE MEASUREMENT	NONE	NONE								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
NEAL SCHWARTZ GENERAL MANAGER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. *(Penalties under these statutes may include fines up to $10,000 and/or maximum imprisonment of between 6 months and 5 years.)*		315 463-9500	90	01	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*


ONONDAGA LAKE SEDIMENTS
OU: 0
NYD986913580
8.0 GENERAL ENFORCEMENT
No. 50

ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Brothers Smelting Corporation No. 4
0000073171

HANCOCK & ESTABROOK, LLP

W. CARROLL COYNE
DONALD P. MC CARTHY
PAUL M. HANRAHAN
EDWARD J. PFOHL
JOHN R. VARNEY
WILLIAM L. ALLEN, JR.
CHARLES H. UMBRECHT, JR.
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DONALD A. DENTON
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DAVID S. HOWE
GREGORY R. THORNTON
DOREEN A. SIMMONS

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December 5, 1994

VIA FEDERAL EXPRESS

Mr. Herbert H. King
Remedial Project Manager
U.S. Environmental Protection Agency
26 Federal Plaza/Room 29/102
New York, NY 10278

Re: Onondaga Lake Joint Request for Information
Roth Brothers Smelting Corp., Inc.

Dear Mr. King:

Consistent with a discussion I had with George A. Shanahan, Esq. on Friday, December 2nd, I am enclosing to you a complete copy of the response to the Request for Information on behalf of Roth Brothers Smelting Corp., Inc., which was previously submitted to the New York State DEC (September 30, 1994).

By copy of this letter I am also forwarding to Mr. Shanahan the response (without attached exhibits). Thank you for your courtesies in this regard.

Very truly yours,

HANCOCK & ESTABROOK, LLP

Doreen A. Simmons

DAS/slm
cc: George A. Shanahan, Esq.

RESPONSE OF ROTH BROTHERS SMELTING CORP., INC. ("Roth Bros.") to JOINT SECTION 104(E) REQUEST OF US/EPA AND NYS/DEC.

Roth Bros. upon information and belief submits the following responses to the Joint Request for Information:

REQUEST NO. 1

1. a. State the correct legal name and address of your company.

   b. Identify the State of incorporation of your Company and your Company's agent for service of process in the State of Incorporation and in New York.

RESPONSE NO. 1

1. a. Roth Bros. Smelting Corp.
   6223 Thompson Road
   P.O. Box 639
   E. Syracuse, NY 13057-0639.

   (Formerly known as Roth Bros. Metal Co., Inc.)

   b. Incorporation - New York
   No special designation for service.

REQUEST NO. 2

2. State the name(s) and address(es) of the President, the Chairman of the Board and the Chief Executive Officer of your company.

RESPONSE NO. 2

2. President:

   Edward Cowan
   6223 Thompson Road
   East Syracuse, NY 13057-0639

   Chairman of the Board:

   The Chairman of the Board deceased 8/94 and a new chairman has not yet been selected.

CEO:

Laurence Roth
6223 Thompson Road
East Syracuse, NY 13057-0639

REQUEST NO. 3

3. If your company is a subsidiary or affiliate of another corporation, or has subsidiaries, identify each such entity and its relationship to the company, and state the name(s) and address(es) of each such entity's President, Chairman of the Board and Chief Executive Officer.

RESPONSE NO. 3

3. Not applicable.

REQUEST NO. 4

4. List all of your facilities which generated, handled, transported, treated, stored or disposed of hazardous substances, hazardous wastes, or industrial wastes which are, or were formerly, located within fifty miles of any point along the shoreline of Onondaga Lake. For each such facility, state its name and address, and period of operation. Please identify any of your facilities that are no longer in operation within this area.

RESPONSE NO. 4

4. Approximately 1949 to Present:

Roth Bros. Smelting Corp.
6223 Thompson Road
P.O. Box 639
East Syracuse, NY 13057-0639
EPA I.D. No. NYD006977086

Approximately 1935 to 1949:

Roth Bros. Metal Company, Inc.
State Street
Syracuse, New York.

(Note - Operations at State Street were solely as a scrap yard (non ferrous metal sorting operations) and there is no reason to believe any hazardous waste, hazardous substances or industrial waste (other than scrap) was ever handled at this location.)

Responses below will relate solely to the Thompson Road facility - as no detailed information exists as to the State Street facility.

REQUEST NO. 5

5. Indicate the nature of the operation for each facility identified in Question 4 above. If the operations changed, indicate the nature of those changes (including any name changes) and the dates the changes took place.

RESPONSE NO. 5

5. As to State Street Facility See Response No. 4.

As to Thompson Road Facility -

From approximately 1950 to 1992 - Zinc (Zn) "sweat furnace" operation and commencing in 1955 added zinc alloying process.

From approximately 1956 to July 1991 - secondary lead (Pb) smelter;

From approximately 1956 to July 1991 - copper (Cu) wire processing (solely burning of insulation).

From approximately 1951 - present - Aluminum (Al) smelter.

REQUEST NO. 6

6. For each facility identified in your response to Question 4 above, provide a detailed process/mechanical description of the processes used, the wastes generated from such processes, and the volume or weight of such wastes. If the process and/or waste stream changed, indicate the nature of the changes (including volumes) and the dates the changes took place. For each such waste stream provide any analyses that you have of the chemical composition of the waste stream.

RESPONSE NO. 6

6. As to process/mechanical description:

Exhibit 6(A) - Zn operation (ceased 12/92)
Exhibit 6(B) - Pb - Sn (solder) operation (ceased 4/91)
Exhibit 6(C) - Cu (insulation incineration) operation (ceased 7/91)
Exhibit 6(D) - Al (smelting) operation

As to waste generally generated:

Emission Dust (D006, D008, K069) was generated from four operations (Zn, Pb, Cu, Al). It was collected through a baghouse from approximately 1977. Baghouse dust (D006, D008) was largely shipped off-site for disposal as waste. Most K069 baghouse dust was shipped for recycling to:

Capper Pass
Humberside, UK

Some off-site disposal of baghouse dust was to the Dewitt Landfill.
Details as to manifested waste - see Response No. 7.

Aluminum Dross and Fines - is a co-product from the Al process and sold to recyclers (Aluminum Waste Technology, Streetsboro, Ohio; Metal Mark, Inc., Chicago Heights, Illinois).

Lead residue (D008) was generated in small quantities from 1988 to 1991 as part of the waste water pre-treatment system and disposed of in the same manner as emission dust.

Spent refractory brick (non-hazardous) was generated from routine repair of furnaces in the Pb and Al process. One shipment of Pb (D008) was made - see Response No. 7.

Non-contact Cooling Water - See Response No. 13 (SPDES permit).

Waste oils - generated from Roth vehicles and on-site oil/water separators are stored and burned for heat in winter on site.

Acid fumes - were generated for a brief period (less than 2 years) from the Cu process and treated on-site in an alkaline coated baghouse until the early 1980's.

Slag (non-hazardous) was generated prior to 1991 from the Pb operation, returned to the process furnace until acceptable for disposal off-site (Dewitt Landfill).

PCB Dust (B007) was discovered as being present and coming into the Roth Bros. facility from an unknown supplier(s) for a brief period of approximately 1 to 1 1/2 years - See response 7.

NOTE - Low-level radioactive waste - on one occasion in 1991 one shipment by Roth Bros. radioactive material was required due to an alleged contaminated material coming into the Roth Bros. facility from an unknown supplier - see Response No. 7.

As to volume/weight (manifested waste) See Exhibit 7(A) - Estimates of volume/weight can be accurately given for only approximately 1983 to present.

As to volume/weight (non-hazardous/non-manifested) - Estimates of volume/weight:

Estimated volumes of other waste from 1983 to 1994:

Aluminum Dross and Fine - 2 million to 12 million lbs/year.

Refractory Brick - 100,000 lbs/year.

Waste Oil - 2,500 to 3,000 gallons/year.

Slag - Has not been generated since lead production ceased.

As to chemical analysis - Analysis available will be provided to NYS upon request as to particular waste streams.

REQUEST NO. 7

7. Explain in detail the manner of transportation or disposal of the hazardous wastes, hazardous substances and industrial wastes generated, handled, treated or stored at the facilities identified in your response to Question 4 above. Provide a separate response for each facility identified in your answer to Question 4 above.

RESPONSE NO. 7

7. As to transportation and disposal of Hazardous Wastes:

See Exhibit 7 - chart of manifested shipments.

As to transportation and disposal of Industrial and other Wastes (i.e. office refuse):

Approximately 1955 to 1985 - to the Dewitt Landfill. For example Roth vehicles

took wooden pallets, strapping, cardboard, and some office refuse (donage) to the Dewitt Landfill.

Approximately 1985 to Present -

1985 to 1986 - Onondaga Environmental System, Syracuse, NY
7/1986 to 6/1991 - Tricil, Liverpool, NY
7/1991 to 1/1993 - Rubbish Removal, Syracuse, NY
1/93 to Present - Raite Rubbish Removal, Syracuse, NY

As to "storage" of wastes (on-site) see Response No. 9 and Exhibit No. 9. Documents referenced there available upon request.

REQUEST NO. 8

8. For each type of hazardous waste, hazardous substance, and industrial waste material listed above, provide the names and addresses of all transporters and disposal facilities used, and state when each such transporter and disposal facility was used. Please identify the total volume or weight of such material that was transported by that entity or individual to each such disposal facility.

RESPONSE NO. 8

8. As to hazardous manifested waste and volume - See Exhibit No. 7.

As to other waste - See Response Nos. 6 and 7.

REQUEST NO. 9

9. State whether any hazardous substance, hazardous waste or industrial waste, as those terms are defined in Instructions 11-13, was ever released or discharged into the environment at your facility. If yes, provide the following information:

a. If this was a continuous or intermittent practice or event, identify the period of time during which this practice or event occurred and the hazardous substances and the quantity that was released or discharged and to where it was discharged. (In addition to a description of the discharge location, the discharge location should be shown on a map of the area and enclosed with your reply.)

b. If there was no continuous or intermittent practice or event of release or discharge, specify the date of each incident, the hazardous substances and the

quantities that were released or discharged.

c. If any of the hazardous substances released would have entered either directly or indirectly (e.g. through surface runoff or groundwater migration) into Onondaga Lake or its tributaries, please provide the path of release.

RESPONSE NO. 9

9. See prior Responses and permitted discharges as set forth in Response Nos. 10 and 13.

In 1990 it was determined that some heavy metal contamination of soils was present at the facility. NYS/DEC issued a Statement of Basis on July 20, 1994, which is attached here as Exhibit 9 and responds to 9(a), 9(b) and 9(c). Other documents referenced in Exhibit 9 are available upon request.

No known specific "spill" incidents have been reported. As to Roth Bros., this contamination was most likely related to pre-1980 ongoing operations at the facility.

REQUEST NO. 10

10. Was any of the material described in your response to Question 9 treated prior to direct discharge into the Lake or its tributaries, or pretreated prior to discharge into a municipal sewerage system which discharges to the Lake or a tributary to the Lake? If so:

a. describe the treatment or pretreatment process and capacity and whether discharges were continuous or intermittent;

b. the years during which treatment or pretreatment occurred, including date treatment or pretreatment began, and whether discharges continue or date of cessation of discharges if discontinued;

c. the quantities of influent waste treated or pretreated;

d. the quantities and composition (chemical analysis) of treated or pretreated material discharged;

e. whether the material was discharged directly into the Onondaga Lake, a tributary of the Lake or into a municipal sewerage system which discharges to the Lake or a tributary of the Lake;

f. how you disposed of any sludges or residues generated by the treatment or pretreatment process; and

g. provide the location of discharge and, if applicable, the name of municipal sewerage system to which discharge was made.

RESPONSE NO. 10

10. As to pretreatment of discharges pursuant to an Industrial Discharge Permit to the municipal sewer:

From approximately 1988 to July 1991, Roth discharged pretreated lead casting cooling water (40 CFR Part 421; Subpart M) to the municipal sewer from its lead - tin solder process (See Permit - Exhibit 10).

a. Nature of treatment - Ion exchange using a dual bed, non-regenerable column with specific resins.
Discharges were intermittent.
Capacity - to treat flow rates up to 4,500 gpm (average flow rates were less than 500 gpd).

b. Roth ceased this discharge in July of 1991.

c. Approximate quantity of influent - see above.

d. Approximate quantity discharged - see above.

e. Municipal sewer (see also Response No. 13).

f. As to lead residues from the pre-treatment process, see Response 6.

g. See Exhibit 10.

REQUEST NO. 11

11. Identify all persons and other entities, including yourself, who determined how to treat, store, and/or dispose of hazardous wastes, hazardous substances, and industrial wastes generated at the facility. Provide the names and current addresses of all individuals who participated in such determinations.

RESPONSE NO. 11

11. 1948 - 1968 Herman Mamat
Seneca Turnpike
Syracuse, NY.

1968 to Present Neal Schwartz
6223 Thompson Road
East Syracuse, New York 13057

Consultants generally - Malcolm Pirnie (current; Syracuse, NY); WTS (current; Niagara Falls, NY)

REQUEST NO. 12

12. Identify all of the sources of the information contained in your answers to questions 6-10. Provide copies of all documents that relate to your answers including, but not limited to invoices, manifests, hazardous substances, hazardous and industrial waste data and analyses or characterizations and contracts, or agreements with transporting, treatment, storage or disposal facilities.

RESPONSE NO. 12

12. See Exhibits 6-10 (as referenced). 1984 Hazardous Waste Questionnaire attached as Exhibit 12. Conceptual Design Report for Pretreatment of Lead Casting Wastewater for Municipal Sewer Authority (1987; available upon request).

REQUEST NO. 13

13. Provides copies of applications for Refuse Act Permit Program, National Pollutant Discharge Elimination System Permits, and State Pollutant Discharge Elimination System Permits, including any waste analyses or characterization submitted with such applications. Provide copies of all permits issued and all amendments to said permits. Provide copies of all Notices of Violations, or administrative or judicial complaints, concerning such discharges submitted or filed by federal, state, county or municipal governments and their regulatory agencies as well as copies of all judicial complaints filed by other persons (including corporate or partnership entities or public interest groups).

RESPONSE NO. 13

13. Application(s) dated 1982 and 1988 for State Pollutant Discharge Elimination System Permits attached as Exhibit 13(A), (with analysis submitted).

Permits issued attached as Exhibit 13(B).

Notices/Complaints attached as Exhibit 13(C).

REQUEST NO. 14

14. Identify any current or previous insurance policies that may indemnify you or your company against any liability that you or any entity may incur in connection with the release of any hazardous substances and/or hazardous wastes at the Site. Please provide a copy of the policy. For any policy that you cannot locate or obtain, provide the name of the carrier, years in effect, nature and extent of coverage, and any other relevant information you have.

RESPONSE NO. 14

14.

POLICY PERIOD	POLICY NUMBER	CARRIER
1973 (Primary)	L4441790	Firemens
1974	VBP6979801	"
1975	"	"
1976	"	"
1977	L1061973	"
1978	650-517B502-5	Travelers
1979	"	"
1980	"	"
1981	"	"
1982	540 497522-1	U.S. Fire
1983	540 498201-2	"
1984	540 645183-9	"
1985	540 731090-7	"
1986	540 712345-5	"
1987	540 639060-3	"
1988	543 0035979	N. River
1989	543 0476727	"
1973 (Excess)	RDU9993997	Cont. Casualty
1974	"	"

1975	"	"
1976	RDU2927910	CNA
1977	"	"
1978	"	"
1979	UP501333	Pinetop
1980	MU044145	Motor Vehicle Casualty
1981	MU 103921	"
1982	523-1324196	N. River
1983	523-2360537	"
1984	523-330449	"
1985	523-4048181	"
1986	523-4190714	"
1987	523-4855346	"
1988	523-5072921	"
1989	523-5438402	"

Some located policies are available upon request. Primary and excess policy coverage exceeds one million dollars (up to ten million) for eacy policy year.

REQUEST NO. 15

15. Supply any additional information that may be used to identify additional sources of information or parties involved with the Site.

RESPONSE NO. 15

15. No specific information as to specific parties is personally known by Roth.

REQUEST NO. 16

16. State the name, title, and address of each individual who assisted or was consulted in the preparation of the response to this "Request for Information" and specify the question to which each person assisted in responding.

RESPONSE NO. 16

16. As to all Responses **generally**:

Neal Schwartz (General Manager) - Roth Bros.
John Menchella (Purchasing Manager) - Roth Bros.

Solely as to Corporation History

Victor Ginsky (CFO) - Roth Bros.

Assisted by counsel - Doreen A. Simmons, Esq.
Hancock & Estabrook
1500 Mony Tower I
P.O. Box 4976
Syracuse, New York 13221-4976

Roth Bros. reserves its rights to amend, correct or supplement this Response.

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

STATE OF NEW YORK

COUNTY OF ONONDAGA

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to Joint Request for Information) and all documents submitted herewith, 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 as noted, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Neal Schwartz
Name (print or type)

GENERAL MANAGER
Title (print or type)

_____
Signature

Sworn to before me this 30th
Day of September, 1994.

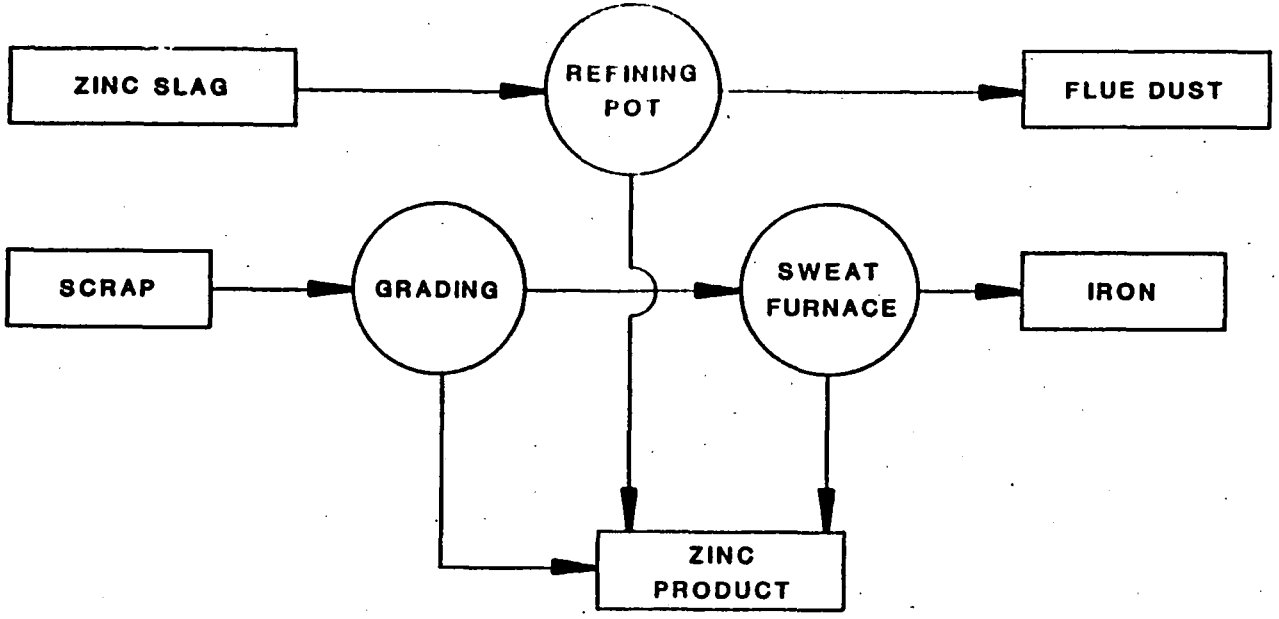
_____
Notary Public

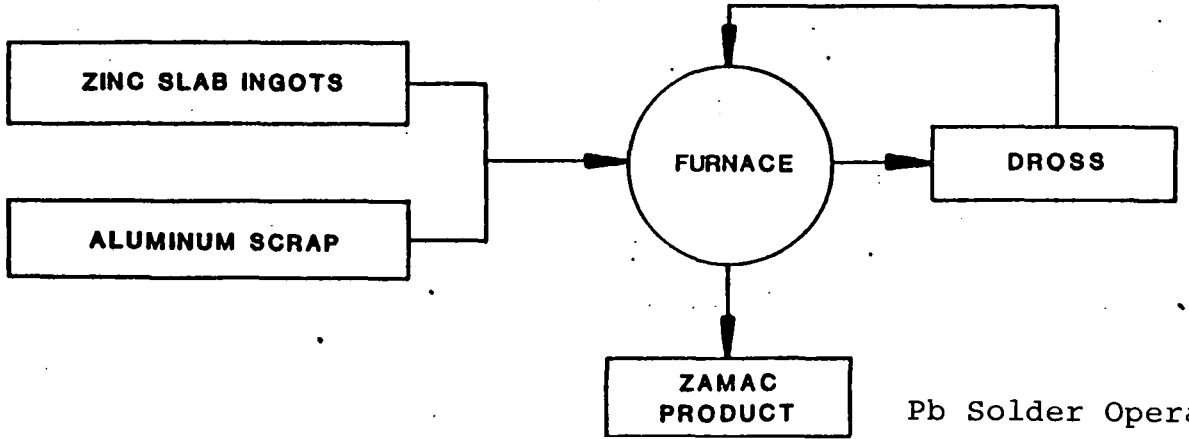
EXHIBIT INDEX

RESPONSE OF ROTH BROTHERS SMELTING CORP., INC. ("ROTH bROS.") TO JOINT SECTION 104(E) REQUEST OF US/EPA and NYS DEC

EXHIBIT 6(A)	PB Solder Operation (Diagram)
EXHBIT 6(B)	Zn Operation (Diagram)
EXHIBIT 6(C)	Cu Operation (Diagram)
EXHIBIT 6(D)	Al Operation (Diagram)
EXHIBIT 7	Transportation and Disposal of Hazardous Waste from Roth Bros. Thompson Road Facility and Transporter/Landfill Lists (1983 to Present - Chart)
EXHIBIT 9	NYS/DEC Statement of Basis (Dated July 20, 1994)
EXHIBIT 10	Industrial Wastewater Discharge Permit (Dated July 3, 1990/Thompson Road)
EXHIBIT 12	Hazardous Waste Disposal Questionnaire (Dated August 27, 1984)
EXHIBIT 13(A)	Application(s) (Dated 1982 and 1988) for State Pollutant Discharge Elimination System Permits (with Analysis submitted)
EXHIBIT 13(B)	SPDES Permits Issued (pursuant to Application(s) shown in Exhibit 13(A))
EXHIBIT 13(C)	Notices/Complaints Regarding Annual SPDES Inspection (with Roth Bros. Response)

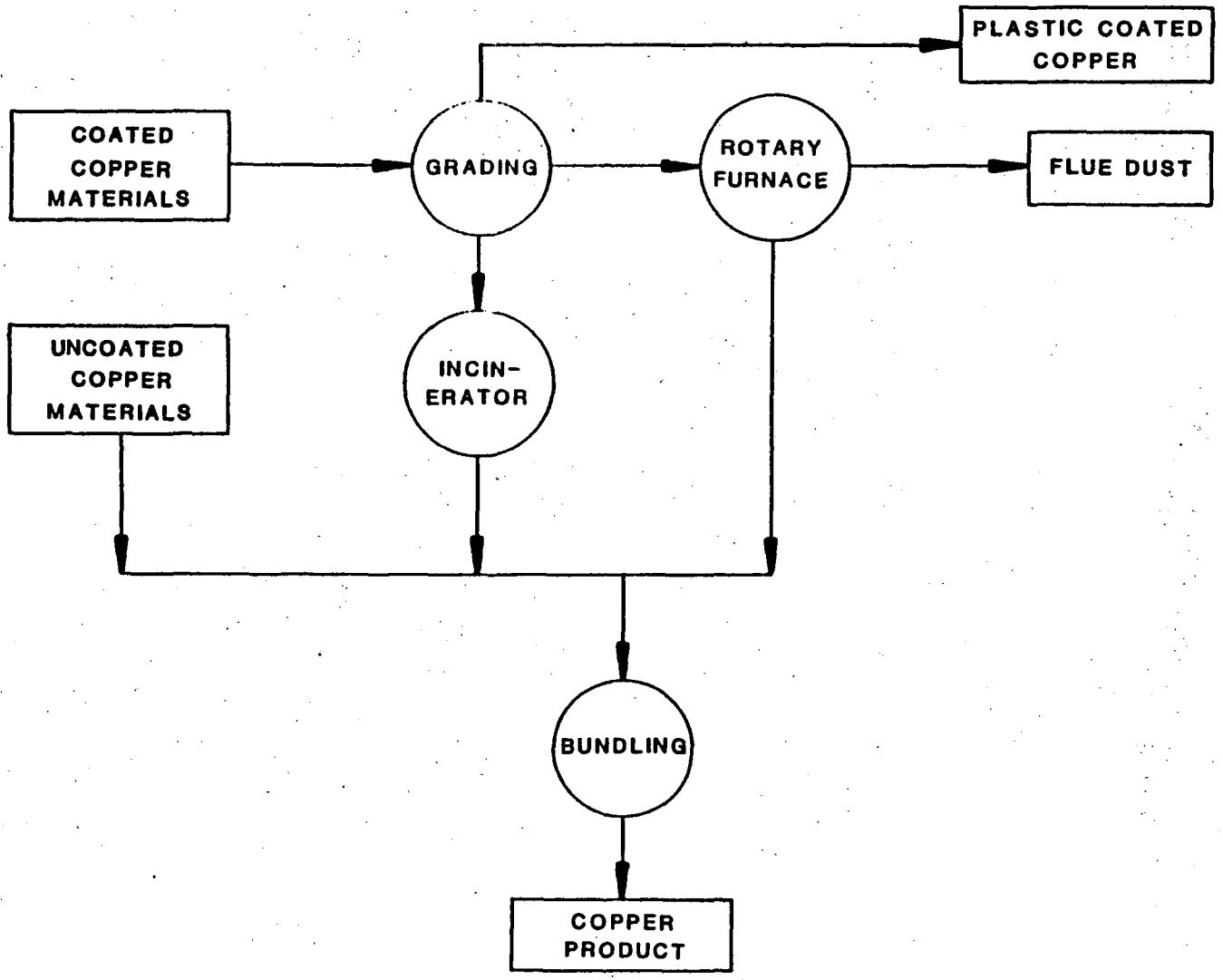
EXHIBIT 6(A)





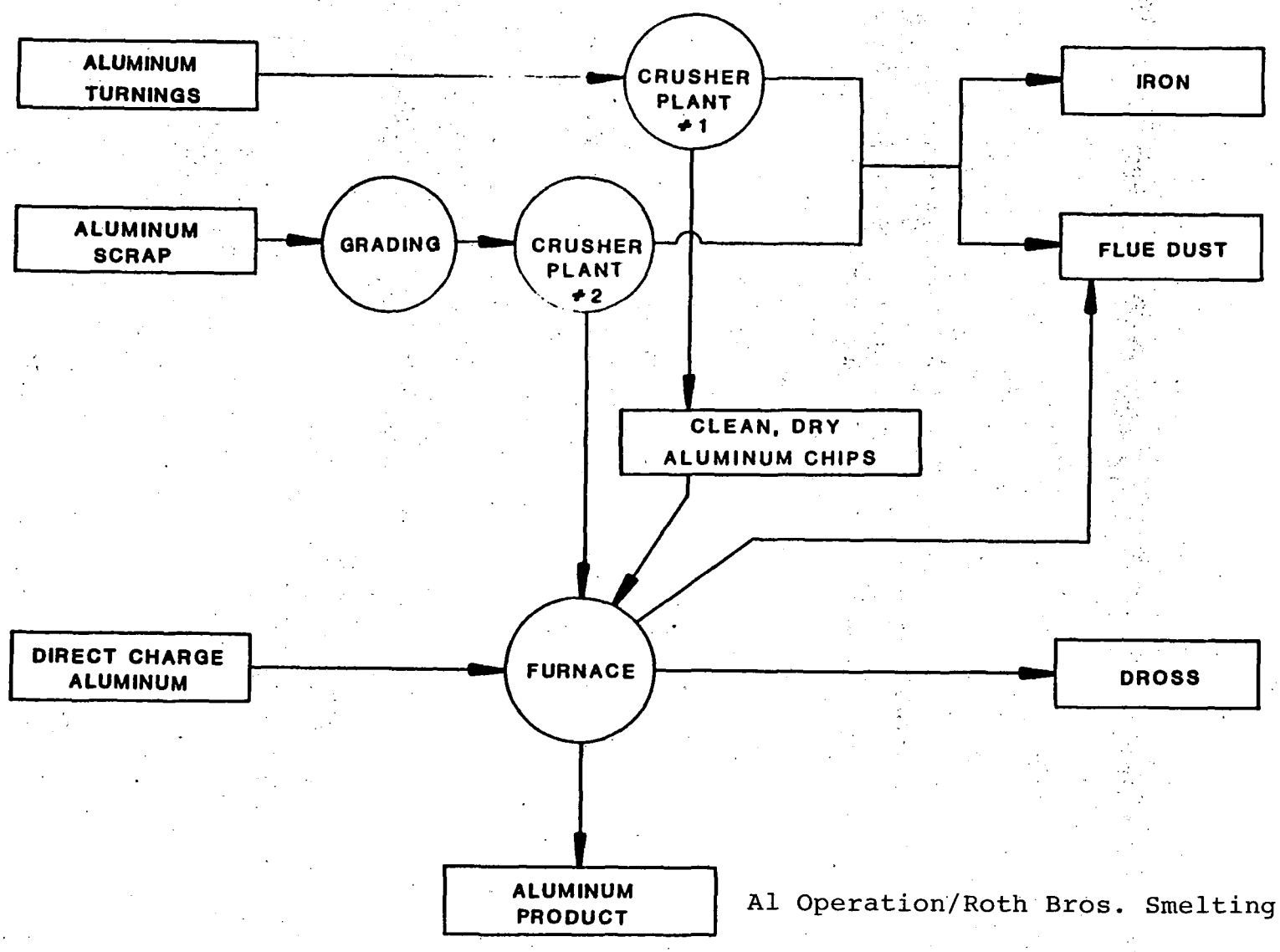
Pb Solder Operation/Roth Bros. Smelting Corp.

EXHIBIT 6(B)



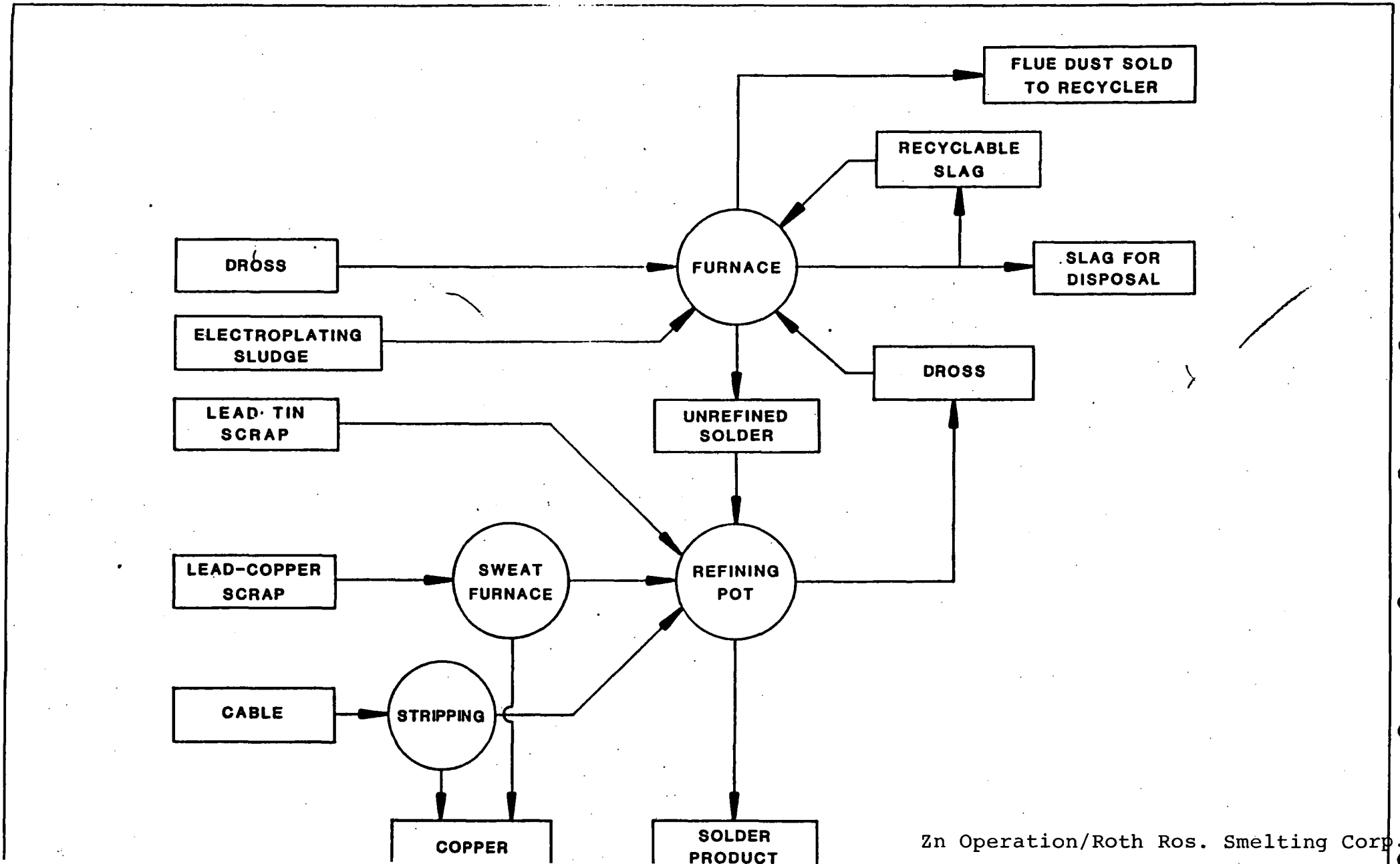
Cu Operation/Roth Bros. Smelting Corp.

EXHIBIT6(C)



Al Operation/Roth Bros. Smelting Corp.

EXHIBIT 6(D)



Zn Operation/Roth Ros. Smelting Corp.

EXHIBIT 7

EXHIBIT 7

Transportation and Disposal of Hazardous Waste from Roth Bros. Thompson Road Facility (1983 to Present)

MANIFESTS AVAILABLE UPON REQUEST

Note: **Volume/weight referenced here is total poundage shipped not contaminant content.**

1983

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
12/15/83	137875 5	D008 Dust	17080	Cataract Trk	SCA Chemical
11/28/83	189908 1	" "	17080	Cataract Trk	SCA Chemical
10/24/83	155813 4	" "	16760	Cataract Trk	SCA Chemical
09/30/83	155817 9	" "	13280	SCA Chemical	SCA Chemical
09/14/83	155811 6	" "	17220	SCA Chemical	SCA Chemical
08/12/83	189907 2	" "	22280	SCA Chemical	SCA Chemical
10/09/83	155812 5	" "	30654	Conrail	U.S. Metals

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
12/27/84	134205 3	D008 Dust	20660	D&J	Cecos Int'l
12/27/84	134208 9	" "	20840	" "	" "
12/27/84	134207 1	" "	21360	" "	" "
12/26/84	134203 5	" "	18580	" "	" "
12/14/84	134204 4	" "	22680	" "	" "
11/28/84	134202 6	" "	17580	Buffalo Fuel	SCA Chemical Svce.
11/13/84	134201 7	" "	24940	Cataract Truck	" "
11/07/84	134224 2	" "	26780	" "	" "
09/07/84	189935 1	" "	18060	" "	" "
09/05/84	189927 9	" "	30500	" "	" "
08/31/84	189929 7	" "	28880	" "	" "
08/29/84	189928 8	" "	15760	" "	" "
05/29/84	189921 6	" "	17000	" "	" "
05/23/84	155819 7	" "	17680	" "	" "
05/18/84	189920 7	" "	24300	" "	" "
04/26/84	189918 9	" "	24280	" "	" "
04/04/84	189919 8	" "	19980	" "	" "
04/03/84	189913 5	" "	16380	" "	" "

04/02/84	189916 2	" "	21480	Tonowanda Tank Transport	" "
03/16/84	189910 8	" "	22300	Cataract Truck	" "
02/23/84	189915 3	" "	20180	" "	" "
02/20/84	189909 9	" "	16180	" "	" "
02/17/84	189912 6	" "	16920	" "	" "
02/16/84	189911 7	" "	16660	" "	" "
01/18/84	189903 6	" "	18060	" "	" "

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
11/27/85	239912 1	K069 Dust	47850	International Container Transport	Capper Pass
11/04/85	239908 5	" "	48674	" "	" "
11/01/85	239907 6	" "	48646	" "	" "
10/31/85	239906 7	" "	48486	" "	" "
09/05/85	239602 5	" "	48606	" "	" "
08/30/85	160730 1	" "	48540	" "	" "
08/29/85	160728 3	" "	48332	" "	" "
08/28/85	160727 4	" "	44858	" "	" "
08/27/85	160726 5	" "	48456	" "	" "
12/23/85	239913 9	D008 Dust	22400	Haz-Mat	Fondessy
11/25/85	239911 2	" "	20160	D&J	" "
11/15/85	239910 3	" "	19090	Haz-Mat	" "
11/05/85	239904 4	" "	20620	" "	" "
10/29/85	239905 8	" "	22460	" "	" "
10/21/85	239904 9	" "	20420	" "	" "
10/17/85	239903 1	" "	21200	" "	" "
09/25/95	239901 3	" "	28440	" "	" "

09/11/85	239603 4	" "	18700	" "	" "
09/03/85	239601 6	" "	37120	Buffalo Fuel	CECOS
08/22/85	160725 6	" "	16800	" "	" "
07/30/85	160723 8	" "	23540	" "	" "
07/16/85	160721 1	" "	26040	" "	" "
06/25/85	160720 2	" "	31860	" "	" "
06/18/95	160718 4	" "	30400	" "	" "
06/04/85	134222 4	" "	26620	Buffalo Fuel	" "
05/13/85	134223 3	" "	21860	" "	" "
05/09/85	134221 5	" "	27760	" "	" "
04/22/85	134220 6	B011 (pcb Trans)	7801	SCA	SCA
04/19/85	134219 7	D008 Dust	21960	" "	" "
04/10/85	134217 9	" "	25760	" "	" "
04/02/85	134216 1	" "	24820	D&J	CECOS
03/26/85	134215 2	" "	25940	" "	" "
03/20/85	134212 5	" "	30840	" "	" "
03/14/85	134211 6	" "	19480	CECOS Int'l	" "
02/07/85	134210 7	" "	26160	" "	" "
02/05/85	134214 3	" "	19040	" "	" "
01/09/85	134209 8	" "	22000	" "	" "

1986

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
11/20/86	374762 2	K069 Dust	47996	Garfield	Capper Pass
2/21/86	239917 5	"	45070	GAG	"
3/5/86	239919 3	"	48394	"	"
5/7/86	239926 5	"	46008	"	"
5/7/86	239927 4	"	47010	"	"
5/28/86	239930 1	"	46968	"	"
6/12/86	239933 7	"	47748	"	"
6/16/86	239934 6	"	40910	"	"
9/24/86	374752 1	"	44986	Garport	"
9/25/86	374754 3	"	44692	Garfield	"
9/26/86	374755 4	"	45024	"	"
9/29/86	374756 5	"	44968	"	"
9/30/86	374757 6	"	44842	"	"
11/24/86	374791 4	"	47912	"	"
12/23/86	374794 7	D008 Dust	9852	D & J	Fondessy
12/17/86	374793 6	"	19302	"	"
12/16/86	374792 5	"	11860	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
11/12/86	374761 1	"	20540	"	"
11/11/86	374760 0	"	7414	"	"
10/14/86	374759 8	"	9194	"	"
10/9/86	374758 7	"	20772	"	"
9/23/86	374751 0	"	8906	"	"
9/10/86	374750 8	"	20124	"	"
9/3/86	374749 7	"	10484	"	"
8/20/86	374748 6	"	19314	"	"
8/19/86	374747 5	"	9678	"	"
8/5/86	374746 4	"	26440	"	"
7/22/86	2399364	"	9640	"	"
6/25/86	239935 5	"	19988	"	"
6/10/86	239932 8	"	10060	"	"
6/3/86	2399319	"	18500	"	"
5/28/86	239929 2	"	9700	"	"
5/13/86	239928 3	"	18300	"	"
5/1/86	239925 6	"	13620	"	"
4/29/86	239924 7	"	17540	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
4/8/86	239923 8	"	18820	"	"
3/27/86	239922 9	"	17280	"	"
3/20/86	239921 1	"	24560	"	"
3/12/86	239920 2	"	17540	"	"
2/17/86	239916 6	"	21960	"	"
1/30/86	239915 7	"	21360	"	"
1/21/86	239914 8	"	14880	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
1/13/87	374797 1	D008 Dust	11212	D & J	Fondessy
2/25/87	579923 1	"	44340	"	CECUS Ohio
3/5/87	579927 6	"	44906	"	"
3/12/87	579809 7	"	44234	"	"
3/20/87	579805 2	"	43910	"	"
4/7/87	579810 6	"	43864	"	"
4/28/87	579699 9	"	44440	"	"
5/21/87	579700 8	"	44110	"	"
6/9/87	579714 3	"	41360	"	"
7/14/87	579715 2	"	42412	"	"
8/4/87	579720 6	"	42608	"	"
8/26/87	579721 5	"	43968	"	"
9/10/87	579724 2	"	42818	"	"
9/29/87	579727 8	D006, D008	40650	"	"
10/14/87	579728 7	"	43386	"	"
11/4/87	579729 6	"	44018	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
11/19/87	579734 1	"	43038	"	"
12/17/87	509921 1	"	43866	"	"
		"		"	"
12/15/87	509920 2	K069 Dust	44044	Garfield	Capper Pass
12/15/87	509919 3	"	43978	"	"
11/13/87	579733 2	"	43924	"	"
11/11/87	579732 3	"	43872	"	"
11/10/87	579731 4	"	43788	"	"
11/5/87	579730 5	"	44068	"	"
9/15/87	579726 9	"	44628	"	"
9/10/87	579725 1	"	39146	"	"
9/9/87	579723 3	"	43442	"	"
9/2/87	579722 4	"	40440	"	"
7/30/87	579719 7	"	44540	"	"
7/29/87	579718 8	"	44702	"	"
7/16/87	579717 9	"	43922	"	"
7/15/87	579716 1	"	43472	"	"
6/1/87	579894 3	"	43616	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
5/29/87	579701 7	"	43866	"	"
4/24/87	579698 1	"	43970	"	"
4/23/87	579616 2	"	44088	"	"
4/1/87	579807 9	"	43798	"	"
3/31/87	579806 1	"	43660	"	"
3/3/87	579926 7	"	44048	"	"
3/2/87	579925 8	"	43998	"	"
2/27/87	579924 9	"	43846	"	"
1/29/87	374799 3	"	45332	"	"
1/27/87	374798 2	"	45152	"	"
1/7/87	374796 0	"	44532	"	"
1/5/87	374795 8	"	44458	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
3/22/88	509934 6	K069 Dust	44042	Garfield	Capper Pass
3/3/88	509931 9	"	43924	"	"
3/1/88	509930 1	"	44350	"	"
1/25/88	509925 6	"	44034	"	"
1/15/88	509924 7	"	44400	"	"
1/13/88	509923 8	"	43996	"	"
8/16/88	725146 2	"	39974	"	"
7/14/88	725138 1	"	39644	"	"
7/12/88	725137 2	"	39884	"	"
6/17/88	725134 5	"	37060	"	"
6/15/88	725133 6	"	43129	"	"
5/17/88	725129 1	"	39866	"	"
5/19/88	725128 2	"	39702	"	"
4/15/88	509939 1	"	40250	"	"
11/23/88	725166 9	"	39554	"	"
11/18/88	725165 1	"	39986	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
11/16/88	725164 2	"	39876	"	"
10/24/88	725158 8	"	38110	"	"
10/20/88	725157 9	"	38022	"	"
10/19/88	725156 1	"	38078	"	"
9/15/88	725150 7	"	40074	"	"
9/13/88	725149 8	"	40090	"	"
8/18/88	725147 1	"	39798	"	"
1/6/88	509922 9	D006, D008 Dust	40184	D & J	CECUS Ohio
2/4/88	509926 5	"	43910	"	CECUS Niagara Falls
2/17/88	509928 3	"	43912	"	SCA
2/25/88	509929 2	"	44308	"	"
3/4/88	509932 8	"	43990	"	"
3/17/88	509933 7	"	44128	"	"
3/28/88	509935 5	K069 Dust	43966	Garfield	Capper Pass
4/13/88	509938 2	"	40338	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
4/4/88	509936 4	D006, D008 Dust	44118	D & J	SCA
4/21/88	509940 9	"	43614	"	"
4/27/88	725126 4	"	43852	"	"
5/4/88	725127 3	"	43958	"	"
5/18/88	725130 9	"	44494	"	"
5/24/88	725131 8	"	44958	"	"
6/9/88	725132 7	"	45050	"	"
6/16/88	725135 4	"	43782	"	"
6/23/88	725136 3	"	45166	"	"
7/21/88	725139 9	"	44782	"	"
8/5/88	725141 7	"	22930	"	"
8/10/88	725142 6	"	45286	"	"
8/11/88	725143 5	"	45006	"	"
8/12/88	725144 4	"	44942	"	"
8/15/88	725145 3	"	45058	"	"
9/8/88	725148 9	"	45098	"	"
9/15/88	725151 6	"	35948	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
9/22/88	725152 5	"	44960	"	"
9/29/88	725153 4	"	45194	"	"
10/7/88	725154 3	"	45414	"	"
10/17/88	725155 2	"	45246	"	"
10/28/88	725159 7	"	45112	"	"
11/8/88	725160 6	"	45286	"	"
11/16/88	725161 5	"	41800	"	"
11/22/88	725162 4	"	45008	"	"
11/29/88	725163 3	"	45282	"	"
12/12/88	725167 8	"	45298	"	"
12/14/88	725168 7	"	45562	"	"
12/19/88	725171 4	"	38964	"	EnviroSafe Ohio
12/20/88	725169 6	"	43188	"	SCA
12/27/88	725170 5	"	44878	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
1/12/89	725173 2	K069 Dust	40042	Garfield	Capper Pass
1/18/89	725174 1	"	39994	"	"
2/6/89	725178 6	"	39602	"	"
2/8/89	725180 4	"	39976	"	"
2/10/89	725181 3	"	39946	"	"
2/14/89	725184 9	"	39898	"	"
2/17/89	725185 8	"	39904	"	"
2/21/89	725186 7	"	39910	"	"
3/29/89	725193 9	"	39872	"	"
3/31/89	725194 8	"	40028	"	"
4/4/89	725195 7	"	39872	"	"
4/26/89	725201 1	"	40016	"	"
4/28/89	725202 9	"	40120	"	"
5/1/89	725203 8	"	40018	"	"
5/17/89	725215 5	"	40142	"	"
6/30/89	725220 9	"	40466	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
7/5/89	725221 8	"	42992	"	"
7/7/89	725222 7	"	42658	"	"
8/8/89	725223 6	"	39956	"	"
9/5/89	725224 5	"	39874	"	"
9/7/89	725225 4	"	40228	"	"
11/1/89	725234 4	"	39950	"	"
10/20/89	725228 1	"	39968	"	"
11/3/89	725235 3		39924		
11/6/89	725237 1	"	37270	"	"
10/20/89	725228 1	"	39968	"	"
11/23/89	725166 9	"	39554	"	"
		"		"	"
1/30/89	725249 7	D006, D008 Dust	44356	D & J	EnviroSafe Ohio
10/9/89	725227 2	"	44860	"	"
10/3/89	725226 3	"	40716	"	"
11/14/89	725233 5	"	44968	"	"
11/7/89	725232 6	"	44992	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
10/31/89	725231 7	"	44420	"	"
12/5/89	725239 8	"	44954	"	"
12/28/89	725244 3	"	44930	"	"
12/26/89	725243 4	"	44624	"	"
12/13/89	725242 5	"	43994	"	"
12/12/89	725240 7	"	44814	"	"
7/31/89	0377935	"	44714	"	CWM of Indiana
7/24/89	CWMA 465012	"	45000	"	Chem Waste-Emelle
8/21/89	CWMA 505553	"	44846	"	"
8/14/89	CWMA 465013	"	44734	"	"
9/18/89	CWMA 505556	"	44976	"	"
9/25/89	CWMA 505554	"	44878	"	"
8/28/89	CWMA 505555	"	44926	"	"
11/27/89	CWMA 505558	"	44904	"	"
12/18/89	CWMA 505559	"	44970	"	"
1/23/89	725175 9	"	44952	"	SCA
2/14/89	725177 7	"	45026	"	"
2/28/89	725183 1	D006, D008"	44622	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
2/24/89	725182 2	"	44714	"	"
3/13/89	725190 3	"	44684	"	CWM Model City
3/17/89	725191 2	"	44988	"	"
3/20/89	725192 1	"	41938	"	"
1/25/89	725176 8	"	45208	"	SCA
4/5/89	725196 6	"	44942	"	CWM Model City
4/12/89	725197 5	"	44460	"	"
4/19/89	725198 4	"	44694	"	"
4/25/89	725199 3	"	44986	"	"
4/27/89	725200 2	"	45338	D & J	"
5/10/89	725204 7	"	44758	"	"
5/17/89	725205 6	"	45454	"	"
6/7/89	725207 4	"	45436	"	"
6/14/89	725216 4	"	44886	"	"
6/21/89	725217 3	"	41710	"	"
6/28/89	725218 2	"	45654	"	"
6/29/89	725219 1	"	45012	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
10/18/89	725229 9	"	44968	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
1/23/90	725248 8	D006, D008 Dust	37364	D & J	EnviroSafe Ohio
1/16/90	725247 9	"	45040	"	"
2/20/90	725254 2	"	44700	"	"
2/27/90	725255 1	"	44954	"	"
3/6/90	725256 9	"	43288	"	"
4/10/90	725304 6	"	44836	"	"
4/3/90	725307 3	"	44748	"	"
4/17/90	725305 5	"	44796	"	"
4/24/90	CWMA 505560	"	44960	"	CWM Emelle
5/2/90	725306 4	"	44536	"	EnviroSafe Ohio
5/24/90	725311 8	"	44922	"	"
5/29/90	725312 7	"	44316	"	"
6/5/90	725313 6	"	45082	"	"
6/12/90	725314 5	"	42322	"	"
6/20/90	725321 7	"	44108	"	"
6/26/90	725323 5	"	44128	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
7/5/90	725324 4	"	42612	"	"
7/10/90	725325 3	"	45016	"	"
7/26/90	725329 8	"	44290	"	"
7/31/90	725330 7	"	44606	"	"
8/3/90	725331 6	"	44392	"	"
8/14/90	MI 2036179	"	43654	"	Mich Disposal
8/22/90	MI 2036213	"	44478	"	"
8/29/90	MI 2036238		44722		
9/12/90	MI 2036233	"	44694	"	"
9/19/90	MI 2036234	"	44738	"	"
10/8/90	MI 2036235	"	45118	"	"
10/11/90	MI 2036185	"	44490	"	Wayne Disposal
10/17/90	MI 2036237	"	44810	"	Mich Disposal
10/24/90	MI 2036236	"	44772	"	"
10/31/90	MI 2036223	"	44332	"	"
11/7/90	MI 2036221	"	44708	"	"
11/14/90	MI 2036222	"	44468	"	"
11/28/90	MI 2047574	"	45166	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
12/5/90	MI 2047572	"	45078	"	"
12/12/90	MI 2047575	"	44996	"	"
12/19/90	MI 2047573	"	44796	"	"
		"		"	"
1/9/90	725246 1	K069 Dust	39980	Garfield	Capper Pass
1/11/90	725251 5	"	39958	"	"
2/2/90	725252 4	"	39994	"	"
2/6/90	725253 3	"	39902	"	"
2/22/90	725257 8	"	39744	"	"
2/26/90	725300 1	"	39950	"	"
3/27/90	725301 9	"	40092	"	"
4/2/90	725302 8	"	40044	"	"
4/4/90	725308 2	"	39730	"	"
5/15/90	725309 1	"	37630	"	"
5/17/90	725310 9	"	40070	"	"
5/21/90	725320 8	"	39918	"	"
7/12/90	725326 2	"	39986	"	"
7/17/90	725327 1	"	44854	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
7/19/90	725328 9		44510	"	"
9/4/90	725332 5	"	44900	"	"
9/6/90	725333 4	"	44706	"	"
9/10/90	725334 3	"	43388	"	"
11/2/90	725293 8	"	44580	"	"
11/6/90	725298 3	"	44948	"	"
11/9/90	725295 6	"	44940	"	"
12/13/90	725299 2	"	41530	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
1/9/91	MI 203618 6	D006, D008 Dust	43360	D & J	Mich Disposal
1/16/91	MI 203618 7	"	44060	"	"
1/31/91	MI 2047709	"	44498	"	"
1/23/91	MI 2047710	"	44990	"	"
2/6/91	MI 2047708	"	44868	"	"
2/13/91	MI 2047704	"	43676	"	"
2/20/91	MI 2047706	"	44750	"	"
2/27/91	MI 2047705	"	44066	"	"
3/20/91	MI 2036188	"	45020	"	"
3/27/91	MI 204790 7	"	44094	"	"
4/3/91	MI 2047908	"	44382	"	"
4/24/91	MI 204790 9	"	44204	"	"
5/1/91	MI 2047910	"	43828	"	"
5/8/91	MI 2047904	"	44252	"	"
5/15/91	MI 2047905	"	44072	"	"
5/22/91	MI 2047906	"	44904	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
6/5/91	MI 2047707	"	44022	"	"
6/12/91	MI 2047703	"	44186	"	"
6/19/91	MI 2036191	"	44384	Autumn	"
6/26/91	MI 2036192	"	43626	"	"
7/2/91	MI 2047866	"	43506	D & J	"
7/17/91	MI 2047702	"	44202	"	"
7/24/91	MI 2047875	"	43576	"	"
7/31/91	MI 2047876		44296	Autumn	"
8/7/91	MI 2047877	"	43585	"	"
8/14/91	MI 2047878	"	43280	"	"
8/21/91	MI 2047879	"	44438	"	"
9/11/91	MI 2366448	"	44542	"	"
9/18/91	MI 2366449	"	45148	"	"
9/26/91	MI 2370855	"	44432	Freehold Cartage	"
10/2/91	MI 2603764	"	44844	Autumn	"
10/16/91	MI 2603763	"	40822	"	"
10/23/91	MI 2603762	"	44434	"	"
10/30/91	MI 2603761	"	40148	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
11/6/91	MI 2603760	"	43714	"	"
11/13/91	MI 2370916	"	44286	"	"
11/20/91	MI 2603897	"	44964	"	"
11/26/91	MI 2603892	"	43860	"	"
12/3/91	MI 2603898	"	44004	"	"
12/11/91	MI 2603899	"	43726	"	"
12/18/91	MI 2603900	"	43772	"	"
		"		"	"
2/15/91	725296 5	K069 Dust	44718	Garfield	Capper Pass
2/19/91	725259 6	"	44526	"	"
2/25/91	725297 4	"	44454	"	"
12/4/91	455580 9	"	800	Services Samtaires	Stabley
12/16/91	455819 4	"	43918	Autumn	"
12/16/91	455818 5	"	44086	"	"
12/23/91	455816 7	"	40520	"	"
12/23/91	455021 2	"	41546	"	"
		"		"	"
10/24/91	2540610	D008 Brick	47480	Buff Fuel	Mich Disposal

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
10/24/91	2540612	"	47940	"	"
10/24/91	2540611	"	34800	"	"
11/1/91	2540614	"	37280	"	"
		"		"	"
6/11/91	91-0744	Low Level Radioactive Waste	3500# (52.5 cu. ft.)	Adcom Express	ENSCO

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
1/8/92	MI 2549239	D006, D008 Dust	42362	Autumn	Mich Disposal
1/15/92	MI 2370915	"	42096	"	"
1/15/92	MI 2603756	"	44236	"	"
1/22/92	MI 2717255	"	42584	"	"
1/29/92	MI 2717256	"	39766	"	"
2/5/92	MI 2717257	"	40334	"	"
2/13/92	MI 2717258	"	37932	"	"
2/19/92	MI 2717259	"	39142	"	"
2/26/92	MI 2717260	"	36848	"	"
3/4/92	MI 2370917	"	36186	"	"
3/19/92	MI 2603759	"	39200	"	"
8/11/92	565517 7	B007 Dust	42692	Gary Goodelle	CWM-Model City
9/21/92	CWMA 479316	"	43548	"	CWM-Emelle
9/21/92	CWMA 544055	"	43007	"	"
9/28/92	CWMA 505567	"	43656	"	"
9/28/92	CWMA 544054	"	43812	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
9/28/92	CWMA 639641	"	43692	"	"
9/28/92	CWMA 639640	"	43808	"	"
9/29/92	CWMA 639642	"	43363	"	"
9/29/92	CWMA 639644	"	43441	"	"
9/29/92	CWMA 639643	"	44066	"	"
9/29/92	CWMA 587241	"	43522	"	"
10/2/92	CWMA 587242	"	39665	"	"
10/2/92	CWMA 587243		46277		
10/2/92	CWMA 587244	"	41841	"	"
10/2/92	CWMA 587240	"	43989	"	"
10/2/92	MI 2540551	D006, D008 Dust	30212	"	Mich Disposal
10/2/92	MI 2732843	"	26946	"	"
10/3/92	CWMA 587246	B007 Dust	43945	"	CWM-Emelle
10/3/92	CWM 587245	"	34432	"	"
11/3/92	565610 4	"	43381	"	EnviroSafe Idaho
11/13/92	565609 5	"	42449	"	"
11/30/92	565608 6	"	43434	"	"

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
2/5/93	5656068	B007 Dust	44234	Page E.T.C.	EnviroSafe Idaho
2/5/93	5656077	"	43536	"	"
2/18/93	5656059	"	43120	"	"
2/22/93	5656041	"	43330	"	"
2/23/93	MI 2540554	D006, D008 Dust	28696	"	Envo Tech
3/24/93	5656032	B007 Dust	43044	"	EnviroSafe Idaho
6/1/93	56556248	"	46896	"	"
7/7/93	5656023	"	44806	"	"
7/7/93	4596201	"	42594	"	"
7/23/93	459619 2	"	42564	"	"
11/2/93	MI 3260069	D006, D008 Dust	27588	Hazmat	Envo Tech
10/11/93	MI 3260061	"	8880	"	"

1994

SHIPMENT DATE	MANIFEST #	PRODUCT	POUNDS	TRANSPORTER	DESTINATION
2/16/94	415766 7	B007 Dust	44148	Page, E.T.C.	EnviroSafe Idaho
2/7/94	415770 3	"	43412	"	"

C:\WPDOCS\EXHIBIT7

LANDFILLS

CECOS INTERNATIONAL
56th St. & Niagara Falls Blvd.
Niagara Falls, NY 15303

CWM CHEMICAL SERVICES
SCA CHEMICAL SERVICES
1550 Balmer Rd.
Model City, NY 14107

U.S. METALS REFINING CO./AMAX
400 Middlesex Ave.
Carteret, NJ 07008

CAPPER PASS & SON, LTD.
N. Ferriby
U.K

FONDESSY ENTERPRISES, INC.
876 Otter Creek Rd.
Oregon, OH 43616

CECOS
5092 Aber Rd.
Williamsburg, OH

ENVOTECH MANAGEMENT
SERVICES, INC.
49350 North I-94 Service Dr.
Belleville, MI 48111

ENSCO
P.O. Box 8513
333 Executive Court
Little Rock, AZ 72205

ENVIROSAFE OHIO
876 Otter Creek Rd.
Oregon, OH 43616

CWM OF INDIANA
Adams Center Landfill
4636 Adams Center Rd.
Fort Wayne, IN 46806

CHEMICAL WASTE
MANAGEMENT, INC.
Emelle Facility
Alabama Highway 17 at Mile Marker 163
Emelle, AL 35459

MICHIGAN DISPOSAL, INC.
49350 North I-94 Service Dr.
Belleville, MI 48111

WAYNE DISPOSAL, INC.
49350 North I-94 Service Dr.
Belleville, MI 48111

ENVIROSAFE SERVICES OF
IDAHO, INC.
Missle Base Rd.
10 1/2 Miles North of
Grandview, Idaho 83624

STABLEX
760 Blvd. Industrial
Blainville, Quebec Canada JVC354

TRANSPORTERS

D & J
107 7th North St.
Liverpool, NY

BUFFALO FUEL
2445 Allen Ave.
Niagara Falls, NY

CATARACT TRUCK
2445 Allen Ave.
Niagara Falls, NY

TONOWANDA TANK TRANSPORT
1140 Military Rd.
Buffalo, NY 14217

SCA CHEMICAL
1550 Balmer Rd.
Model City, NY 14107

CONRAIL
6 Penn Center Plaza
Philadelphia, PA 19104

AUTUMN INDUSTRIES
518 Perkins-Jones Rd.
Warren, OH 44483

GARY GOODELLE TRANSPORT
P.O. Box 1290
Weedsport, NY 13166

ADCOM EXPRESS
c/o ADCO SERVICES, INC.
P.O. Box 1129
Tinley Park, IL 60477

Services Stanitaires Blainville
750 Industrial Blvd.
Blainville, Quebec J7C3V4

INTERNATIONAL CONTAINER TRANS.
1115 St. Amour
Ville St. Laurent Montreal
Quebec, Canada H451T4

HAZ-MAT ENVIRONMENTAL GROUP
269 Parkside Ave.
Buffalo, NY 14214

CECOS, INTERNATIONAL
2221 Kenmore Ave.
Buffalo, NY 14201

GARFIELD CONTAINER TRANSPORT
7600 Notre Dame St. West
Montreal, Quebec

GAG 1980 LTD LEASING
79 Roy St.
Ormstown, Quebec Canada

GARPORT TERMINALS, INC.
7400 Notre Dame St. West
Montreal, Canada

FREEHOLD CARTAGE
P.O. Box 5010
Freehold, NJ 07728-5010

PAGE E.T.C.
2758 Trembley Rd.
P.O. Box 1290
Weedsport, NY 13166

SERVICES SANITARIES BLAINVILLE
750 Industrial Blvd.
Blainville, Quebec J7C3V4

EXHIBIT 9

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233-7252
FAX 518-485-8769

Langdon Marsh
Commissioner

July 20, 1994

Mr. Neal Schwartz
General Manager
Roth Brothers Smelting Corporation
6223 Thompson Road
P.O. Box 639
East Syracuse, NY 13057

Re: Statement of Basis

Dear Mr. Schwartz:

Enclosed is a Statement of Basis (SB) prepared by the New York State Department of Environmental Conservation for your Facility. Roth Bros. has until August 18, 1994 to comment on this report.

If you have any questions, please contact me at (518) 457-9696.

Sincerely,

Paul Patel
Environmental Engineer
Hazardous Waste, Reg. 3 Section
Bureau of Eastern Haz. Waste Programs
Division of Haz. Substances Regulation

Enclosure

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
STATEMENT OF BASIS
FOR

Roth Bros. Smelting Corporation
6223 Thompson Road
East Syracuse, NY 13057
EPA I.D. No.: NYD006977006

Date: July 20,1994

I. ANNOUNCEMENT OF PROPOSED CORRECTIVE MEASURES

The Statement of Basis (S.B.) has been developed by the New York State Department of Environmental Conservation (NYSDEC) under the authority of the Solid Waste Disposal Act, as amended, and more commonly referred to as the Resource Conservation and Recovery Act or RCRA. This Statement of Basis was prepared in accordance with the requirements of 6 NYCRR 373-1.4(f).

The S.B. describes the preferred, proposed, final corrective measure alternative for remediating the soil contamination identified at the Roth Bros. Smelting Corporation in East Syracuse, New York (the "Facility"). This preferred, proposed, final corrective measure for the soils in the vicinity of Plant 2 is stabilization in the form of polysilicate fixation with institutional controls, which will require deed restrictions on future uses of the areas, including appropriate restrictions to reduce public access to the soils at the site. Details of the preferred, proposed, final corrective measure are discussed in the Proposed Final Corrective Measures and Cleanup Goals sections of this statement.

The S.B. provides background information on the Facility; outlines the alternatives considered to remediate the soil; presents the technical approach and rationale for the selection of the preferred remedy; and discusses the public's role in the decision process for selecting a final remedy for this Facility.

NYSDEC welcomes public comment on all the alternatives considered and any other comments pertinent to selecting a final corrective measure for this Facility. Public comments can influence NYSDEC's final selection of a corrective measure. If new substantive information and arguments are presented to NYSDEC through public comments, NYSDEC may integrate these comments and so modify the proposed final corrective measure. Therefore the public is encouraged to review and provide comment on this S.B..

The selection of the proposed, preferred remedy is supported by investigative data presented in the "Draft Phase II RCRA Facility Assessment (RFA) Report for the Roth Brothers Smelting Corp.", dated October, 1991; the "Environmental Investigation Roth Bros. Plants 1 and 2", dated May, 1991; the "Results of Remaining RCRA Facility Investigations (RFI) Activities", dated March, 1993. The evaluation of alternative corrective measures is presented in the "Corrective Measures Study" dated July 1993, and "Roth Bros. CMS Report Addendum" dated March 1994.

II. Facility Background

A. Location and Operations

Roth Brothers is located in the north-central portion of Onondaga County, New York. The site is bordered to the south and west by the Penn Central railway system, to the east by Thompson Road, and to the north by the south Branch of Ley Creek. The facility is surrounded by industrial and residential areas. To the south, the site is bordered by Hoffman air and Filtration System company (fan and vacuum equipment assembly), and to the north the facility is bordered by the Oberdorfer Foundry (aluminum foundry). Along this northern property line, Oberdorfer stores large piles of foundry sands, which are referred to as the Oberdorfer fill area. To the east the adjacent property is occupied by a transmission shop, industrial park and residential areas about half a mile away.

Since 1927, Roth Brothers has reclaimed non-ferrous metals and alloys through secondary smelting and refining of purchased scrap, drosses, and by-products. In 1949 the company moved to its present location off Thompson Road in

East Syracuse, New York.

The current facility covers approximately 32 acres which contain two principal operation areas, Plant Nos. 1 and 2 (with a combined area of 200,000 square feet), as well as surrounding storage areas. The original operations were conducted in Plant No. 1 and Plant No. 2 was added in the mid-1950's. Attachment 2 shows the L-shaped tract occupied by the facility and the two Plants.

Historically, facility operations have consisted of aluminum and zinc smelting, lead-tin solder operations, and copper insulation incineration. Aluminum and zinc operations are primarily conducted in Plant No. 1, although the Aluminum Crusher is located in Plant No. 2. Lead and copper processing operations, which were conducted in Plant No. 2, ceased in April and July 1991, respectively. On May 6, 1991 the company announced plans to add aluminum smelting capacity of 25,000 tons per year by closing and remodeling the lead-tin solder operations.

The aluminum, zinc, copper and lead solder processes produce large quantities of solid wastes. These wastes fall into seven main groups:

1. Scrap Iron - is accumulated in the northern storage area and then sold to a recycler;

2. Baghouse Dusts - all baghouse dusts are collected in polyethylene-lined cardboard boxes. Non-hazardous dusts are disposed of in a municipal landfill. Dusts that are hazardous are stored at the Aluminum Dust Storage Area or the Copper Dust Storage Area for dust generated from the related process. Before 1991, Roth Bros. made lead solder. The dusts from this process were stored in the northern fill area and may account for the lead contaminated soil there. Baghouse dust from the Zinc/Zamac production process were disposed of in a municipal landfill with other non-hazardous facility wastes.

3. Aluminum Dross and Fines - Waste Aluminum Fines are stored in the Waste Aluminum Fines Storage Area. Aluminum dross has been stored in the Aluminum Turnings Storage Yard and other places throughout the facility.

Both the fines and the dross are periodically sold to a recycler.

4. Lead Slag - As with the lead bearing baghouse dust this waste is no longer generated at this site. Before 1991, this waste was generated from the processing of lead dross which was returned to the furnace until the lead content was below the Extraction Procedure or Toxicity Characteristic regulatory levels. This waste was then disposed of in the DeWitt and Orleans County landfills. Lead slag was stored at the Copper Dust Storage Area and the Northern Waste Storage Area.

5. Acid fumes - Until the early 1980's acid fumes were produced by the processing of copper wire. These fumes were treated in an alkaline coated baghouse.

6. Cooling Water - The Aluminum, Zinc/Zamac and Lead processes used contact cooling water which was discharged to SPDES Outfall 002, 005 and 001 respectively. Non-contact cooling water from copper production and the lead furnace were discharged to SPDES Outfall 001.

7. Other Wastes - Waste oil from the facility's vehicles is burned on-site to provide the maintenance area with heat. This oil is stored in four (4) waste oil tanks near the maintenance area.

   Oily wastewaters from the facility's four (4) Oil/Water separators are stored in waste oil tanks to eventually be burned for heat in the winter.

   Burning of bags which contained lime used in the Baghouses are burned in metal hoppers and the ashes disposed of in a sanitary landfill.

   Metal scraps from quality assurance tests are stored at Laboratory Satellite Accumulation Areas and are returned to whatever smelting operations they originally were collected from.

B. Regulatory and Investigation History

On September 5, 1984, Roth Brothers notified NYSDEC that they had decided to formally close their hazardous waste

storage facility and withdraw their Part A permit application. On April 30, 1985, the facility submitted a closure plan for their hazardous waste storage areas.

In October 1985, Roth Brothers requested the withdrawal of their reclassification request, citing that they were unable to meet state exemptions due to volume limitations on their 90-day storage and that they were no longer planning to close their hazardous waste storage areas. In addition, Roth Brothers stated that they intended to apply for both state and federal hazardous waste permits.

Roth Brothers submitted a 6NYCRR Part 373 Permit Application (the New York State equivalent to a RCRA Part B Application) to NYSDEC on April 16, 1986. The application was determined to be incomplete and a Notice of Incomplete Application was sent to the facility. Roth Brothers provided additional information on October 22 and November 24, 1986. On March 30, 1987, Roth Brothers was granted a Part 373 Permit by NYSDEC to operate a hazardous waste storage facility and carry out corrective action. Three container storage areas, the aluminum Dust Storage Area (SWMU 11), the Lead Dust storage Area (SWMU 35), and the Copper Dust Storage Area (SWMU 36), with a total capacity of 290 containers were permitted. No EPA permit was issued to this Facility.

On September 30, 1993, the last of Roth's regulated waste storage units had its closure certification accepted by NYSDEC. This released the facility from having to have a 6NYCRR 373 Permit for the storage of hazardous waste, but the permit continues in effect for corrective action until an order is in place. Before any corrective measures are implemented, an Order on Consent will be in effect to address the implementation of the final corrective measure and post-remedial monitoring.

In October 1989, Roth hired Blasland and Bouck Engineers to conduct a preliminary soil investigation of the facility to answer some issues raised during an environmental audit by their insurance company. The results of the investigation indicated that the site was contaminated with oil and grease and possibly PCBs. This report is an appendix contained in the H&A document dated February 1992 titled "Response to Review by NYSDEC of Environmental Investigation".

A more conclusive investigation was performed by Galson Technical Services in April 1990. The results (Attachment 1) indicated that there was significant contamination in the Plant 2 area with heavy metals and PCBs.

Roth hired H & A of New York (H & A) in August of 1990 to perform a comprehensive investigation of the entire site.

H & A performed a two phase investigation equivalent to an RCRA Facility Investigation which was concluded in May of 1991 when they submitted a report to Roth detailing the areas of contamination (Attachment 2) and suggesting possible remedial strategies. (Attachment 3). The primary contaminants consisted of lead and PCBs. The other contaminants were other metals (e.g., Chromium, Cadmium and Barium) and some semivolities. These contaminants were present at lower concentrations and in the same area as the lead contamination which allowed for the use of lead as an indicator parameter. The presence of PCBs could not be correlated with the lead contamination and had to be handled separately.

III. RCRA Facility Investigations

A. Groundwater Contamination

Based on investigations of twelve (12) wells, a potentiometric surface map was developed, which is present in Attachment 2. Groundwater flow is generally to the northeast following toward the Oberdorfer Foundry. Apparent discharge points exist along the east boundary of the facility to the south branch of Ley Creek.

Three additional monitoring wells were installed, developed and sampled to provide additional groundwater analytical data. All monitoring wells installed at Roth Bros. are sampled according to the Groundwater Sampling and Analysis Plan, Quarterly Groundwater Monitoring Program (H&A, December 1992). Analysis of the samples include the Target Compound List, semi-volatiles, total metals, soluble metals, pH, conductivity and temperature.

There have been no detections of volatiles, pesticides or PCBs in the groundwater samples. One sample was found to contain a detectable level of the semi volatile compound bis(2) ethyl hexyl phthalate, a common lab contaminant. Only one of the dissolved lead samples exceeded the NYS criterion for groundwater standards. This is consistent with past analyses which have linked the detected lead concentrations with suspended sediment (turbidity) in the well samples.

B. Soil Contamination

Soil in the vicinity of Plants 1 and 2 were analyzed for a wide range of constituents. This work was carried out in three separate phases. The results of the first two phases of investigation are found in the report titled "Environmental Investigation Roth Bros. Plants 1 and 2", dated May, 1991. The third phase results are found in the report titled "Results of Remaining RCRA Facility Investigation Activities", dated March, 1993.

Phase III of the soil investigation was designed to answer the few remaining questions about contamination at Plants 1 and 2. Remaining activities associated with the RFI were performed in accordance with a NYSDEC approved Work Plan dated 6 November 1992. Previous environmental investigations performed for this site have been considered by NYSDEC as a partial RFI; activities conducted for this phase of work were performed to address concerns raised by the NYSDEC upon review of the earlier work performed.

The Phase I investigation of Plant I showed some slight contamination with metals and PCBs (Attachment 2). The highest levels of total lead (1300 ppm), total chromium (4990 ppm) and total PCBs (9.24 ppm) were found along the Oberdorfer property line. The highest level of TCLP lead was .52 ppm and the highest level of Chromium TCLP leachate was below detection limits.

The Phase I investigation of Plant 2 area of the Roth facility was shown to have significant problems. Not only was total lead found in concentrations over 10,000 ppm, but several samples failed the TCLP test for a characteristic hazardous waste (i.e., samples leached

lead in the TCLP test over 5 ppm). This is considered a potential threat to the groundwater. PCBs were also found at significant levels (up to 204 ppm).

The Phase II investigation consisted of an in depth examination of the soil of Plant 2.

The results of these soil investigations are provided below and boring locations are identified in Attachment 2:

1. Four test borings were made in the maintenance yard which contains the Former Underground Storage Tanks (USTs), the Diesel Pumping Station, and the Steam Cleaning Room; black staining was noted in two of the four borings, and two of the borings were converted to groundwater monitoring wells;

2. Fifty-three shallow borings were made in the paved portions of the Northern Waste Storage Area because analysis of aerial photographs had indicated that this area had also possibly received fill materials in the past. Fill materials were encountered to a depth of 0 to 6.5 feet, with an average fill thickness of 3.1 feet. The composition of this fill material varied, including silt, sand and gravel, cinders, wood fragments, glass, and ash. Fifteen out of 37 samples from these test borings exceeded 500 ppm lead, and 8 of the 37 samples exceeded the TC regulatory level for lead. PCBs were detected in 35 out of 37 samples, with three samples exceeding 25 ppm. The highest level of PCBs detected was 82.7 ppm;

3. An additional six test borings and two trenches were made in the unpaved area of the Northern Waste Storage Area. Three of these borings were made in areas where high PCB and TC lead values were encountered in the Phase I investigation, and three were made in native soil areas at the north end of this unit. These latter three borings were converted to groundwater monitoring wells to evaluate water quality north of this unit. Lead was detected in the former three soil borings in excess of the TC regulatory level, and PCBs were

identified in the range of 27.7 ppm to 164 ppm; and

4. Twenty-four shallow test borings were also made in the vicinity of the Lead Dross Shed Baghouse No. 4, the Lead Dust Storage Area and the Copper Dust Storage Area because aerial photographic analysis had determined that this area may also have received fill materials. The average fill thickness was 2.1 feet in these areas. Six out of 16 samples had total lead concentrations in excess of 500 ppm (in concentrations up to 23, 740 ppm), and 16 out of 18 samples contained PCBs (in concentrations up to 40.1 ppm). Only one of these samples exceeded 25 ppm for PCBs.

Four objectives for the remaining Phase III RFI activities were identified as:

1. Expand the site soils analytical database;

2. Expand the outfall soil (sediment) analytical database; and

3. Collect data to resolve waste handling concerns at selected solid waste management units (SWMUs).

A summary of the Phase III soil investigation results is provided below with data presented in Attachment 2.

1. Site Soil Database

Selected locations on Plant 1 and Plant 2 were sampled at the soil surface and shallow depths and analyzed for compounds of concern. Specific analities were chosen based on site usage and previous site study results.

Samples were collected from the Chickery and Garage at Plant 1, the Former Copper Wire Incinerator at Plant 2, the Former Substation, and a background location. The Chickery and Garage samples had low levels of several semi-volatile compounds, which were below significant concentrations and not of concern. The sample

taken at the Copper Wire Incinerator shed was analyzed for PCBs; none were detected. The sample from the Former Substations was non-detect for semi-volatiles and total petroleum hydrocarbons.

2. Outfall Soil Database

Outfall 001, and Outfall 002, also known as SWMU #45 and #46, were sampled and analyzed to determine the extent of contamination in discharge soils in the ditches. The samples were analyzed for lead (total and TCLP), PCBs, semi-volatiles, total organic carbon, and dioxins and dibenzofurans. Outfall 001 has elevated total and TCLP lead that will be evaluated for treatment in the CMS. Semi-volatile compounds were also detected but at levels below comparison criteria. Outfall 002 sample analysis indicated total lead levels of concern, but low levels of TCLP lead and non-detect for semi volatiles. Both samples indicated the presence of low levels of PCBs.

3. Solid Waste Management Units (SWMUs)

Sampling at selected SWMUs included surface shallow soil sampling, test borings, and outfall ditch sampling. The gathered samples were submitted to a laboratory for selected analysis. Samples were analyzed for total and TCLP lead, PCBs, semi-volatiles, oil and grease, and/or total petroleum hydrocarbons depending on particular SWMU historical usage. Detections were made that would subject the sampled units to CMS evaluation not already identified by past site investigations.

IV. Previous Corrective Measures through Closure

In 1992 three (3) Solid (Hazardous) Waste Management Units (SWMUs or HWMUs) were closed in accordance with NYSDEC approved closure plans. A summary of the closure activities for the Plant 1 HWMU Storage Area, the Plant 2 Copper Dust HWMU Storage Area, and the eastern portion of the Lead Dust HWMU Storage Area is provided in Attachment 4.

V. Potential Receptors and Risks

This section summarizes potential risks to possible human health and environmental receptors by releases of hazardous wastes, including hazardous constituents. Potential receptors are identified first and then possible exposure pathways are examined in terms of the fate and transport of the target constituents (i.e., total lead and PCBs) identified in soil contamination at this facility. Possible human health exposure routes that may exist now and in the foreseeable future are discussed in the context of how a human receptor may contact a hazardous constituent.

The risk evaluation considers that this facility is located in an industrial area with restricted public access, which will continue through deed restrictions. The primary potential risk to the environment is that leachate from contaminated soil may impact the groundwater. The primary potential risk to human health is from inhaling or ingesting contaminated air borne particles. Based on these results, it has been determined that contaminated soil at the Plant 1 site must be remediated, along with a small quantity of soil from the ditch closest to the Oberdorfer Foundry at Plant 2.

Also, groundwater monitoring will continue on a quarterly basis during and following the soil remediation activities. This groundwater monitoring data will be reevaluated periodically to assess the need for its continuance and/or for requiring corrective action.

A. Potential Receptors

Roth Brothers is surrounded by other industrial facilities, but there are some residential areas located east of the site. Potential human health receptors exist in the Town of East Syracuse, with inhabitants of the nearby residential areas, and with workers onsite and at the adjacent offsite facilities.

Groundwater could be considered a potential environmental receptor of contamination leaching out of the site's contaminated soils. Another potential environmental receptor of site contamination are the sediments in the ditches and tributary to Ley Creek

located north of Roth Brothers. These ditches receive run off and treated process wastewater from the site.

B. Potential Exposure Pathways

A number of physical and chemical properties and site-specific conditions influence the fate and transport of chemicals in the environment. Ultimately these processes affect the potential exposure routes for human and environmental receptors. Expected transport and fate of lead and PCBs are discussed below.

Lead can be present in soil and sediment as a naturally occurring element or compound. Its presence may also be attributed to airborne lead which deposited out from an atmosphere once being contaminated by automobile exhausts containing this contaminant. Elemental lead is insoluble in water at pH levels associated with most natural waters, but not so for certain lead compounds which can exist naturally or be created by polluting sources. In natural waters lead from such compounds can be sparingly soluble resulting in trace background levels (i.e., very low parts per billion). Lead dissolution in water is enhanced by acidic conditions existing in atmospheric precipitation (i.e., rainwater). Acid rainwater has the potential to leach lead and the other heavy metals from the contaminated soils as it percolates through the soil column. This heavy metal transport process in strongly retarded by the soil particles sorbing the dissolved metals in the subsurface environment. Although the retardation process is a highly effective, it is reversible. Therefore, the potential fate of these metal contaminants through the leaching pathway, if left unremediated, could be mixing in with the groundwater flowing under the site.

At the surface, exposed contaminated soil containing heavy metals has the potential to be transported through erosion. Contaminated soil left uncovered or without vegatative growth can be eroded by runoff during precipitation events and by dusting during dry windy conditions. Through either pathway contaminants in surfacial soils have the potential to migrate when left exposed to rain and wind. The fate of contamination made mobile by eroding weather conditions

will depend upon where the final deposition of the transported contamination occurs. The potential exists for such contamination to transport under dry dusting conditions as airborne contaminated particles. However, this airborne contamination, while occurring infrequently given the weather patterns at this facility, would become more dilute with increasing distance from the contaminated sources.

PCBs are a group of man-made chemicals composed of 209 individual compounds. PCBs have been used widely in coolants, lubricants, and dielectric materials in selected electrical equipment. Industrial manufacture of PCBs stopped in 1977. As a synthetic organic chemical, PCB fate and transport in the environment is dependent on its solubility in water, its ability to partition or migrate between water, air and soil and its chemical half-life or persistence. PCBs are persistent, having a long half-life. They have a very low vapor pressure, therefore, don't significatnly volatilize. PCBs tend to sorb strongly onto the organic matter in soils and combined with their low water solubility, genreally $<10^{-1}$ mg/l, precludes any significant transport through the leaching pathway. However, if left uncovered soil contaminated with PCBs has the potential to migrate by the same weather related events discussed for lead transport.

C. Potential Exposure Routes

Possible human exposure routes for lead and PCBs consist of ingestion, inhalation, and dermal contact. The dermal contact route for lead is only an exposure route insofar as it leads to ingestion or inhalation of lead. Lead is not typically absorbable through the skin. An ingestion route may occur through voluntary consumption (pica) or involuntary consumption of contaminants contained in soil or dust. Ingestion may also occur through consumption of water containing dissolved lead. Groundwater is not considered an ingestion exposure route at this time since groundwater has not been shown to be contaminated by lead at this facility (see RFI and prior investigations) and groundwater is not presently used as a drinking water source at or in the vicinity of the Roth facility.

D. Summary Risk Evaluation

The Roth Brothers Facility is an industrial site and the intention will be to maintain it as such into the foreseeable future. Public access to the site is restricted except for individuals working at the facility. Therefore, the most conservative exposure assumptions of a child digesting onsite contaminated soil or root crops being grown for human consumption onsite in contaminated soils are not plausible scenarios. If unrestricted use of site soil was to be considered, then PCB levels in surfacial soils must be less than one part per million and total lead levels in soils should not exceed 250 parts per million. These concentrations were established as target cleanup levels and considered goals for the remedy evaluation process during the preparation of the corrective measures study (CMS).

Results of the remedial investigation at the Roth Brothers Facility demonstrate that high concentrations of total lead and moderate levels of PCBs contaminate the soil at several locations. These results show some PCB concentrations exceeding 50 parts per million and that other soils when subjected to the toxicity characteristic leaching procedure (TCLP) yield total lead levels in leachate tests exceeding 5 parts per million. At either one of those concentrations levels the contaminated soil would be considered hazardous waste and represents a significant threat to human health and the environment.

Although there is no immediate contamination of groundwater occurring at this site, the potential for lead contamination exists through the leachate pathway: given the presence of high lead levels in the contaminated soil; the acid rain conditions that can occur at the site; and the propensity to leach lead as evidenced by TCLP tests results. Therefore, a potential risk exists for contaminating groundwater with lead and possibly other heavy metals from contaminated soil, if not appropriately remediated. These same contaminated soils also present a significant risk to human health through the air

pathway when made mobile during dry, windy conditions. Inhalation of dust containing lead concentrations is a potential exposure route onsite and offsite since certain areas that contain lead concentrations (northern fill area) are unpaved and only partially vegetated. The human inhalation exposure routes considered for this facility included an onsite worst case evaluation in the area of exposed soil containing lead and at the downwind facility boundary, which would be the nearest offsite location for potential inhalation of lead containing dusts.

VI. Scope of Corrective Action and Remediation Goals

Based upon the summary risk evaluation proposed remedial alternatives should address the following:

- soil treatment to immobilize the lead and other heavy metal contaminants;

- soil remediation that will midigate impacts on receptors from contaminated dust; and

- soil remediation that reduces the bioavailability of lead, and/or cuts off the ingestion/potential contact exposure route where exposed soil lead and PCB levels exceed the target cleanup levels.

Remedial actions should be designed to mitigate exposures to contaminants through direct contact with the contaminated soils, inhalation of contaminated fugitive dusts, and prevent generation of lead-contaminated leachate. In summary, in order to mitigate potential impacts on receptors, corrective measures should be directed at areas where total lead and PCB concentrations exceed the target cleanup levels. Based on the exposure routes which may cause health risk, the evaluation above indicates that preference should be given to corrective action technologies that immobilize lead (to prevent airborne exposure and future groundwater leaching), cut-off contact, and therefore inhalations/ingestion routes of lead-containing materials, and reduce the bioavailability of lead. This led to the following remediation goals:

1) Those areas of soil that failed the TCLP test for lead (that is, leached lead at 5ppm or more and is characteristic hazardous waste) must be treated, excavated or encapsulated to reduce its leaching potential.

2) Those soil areas that have tested over 825 ppm total lead must be addressed as in 1 above.

3) Conformation soil sampling that tests over 825ppm total lead will be addressed in 1 above.

4) All areas that contain over 250 ppm total lead must be toped by an impermeable cover such as macadam.

5) If an area has over 50 ppm total PCBs, the soil must be removed to a suitable hazardous waste treatment facility.

6) Any area of soil that has been shown be contaminated with PCBs but not metals, need only be be covered.

7) Roth will incorporate a notice in its deed or in a similar instrument which is normally examined in a title search that will, in perpetuity, notify any potential purchaser of the property of the types, concentrations, and locations of such hazardous wastes or hazardous constituents present, that the use of the property must remain industrial in nature, and that access to the property must remain restricted. Any use of the property other than industrial, any removal of soil or any removal of access restrictions will require approval by the NYSDEC.

VII. CORRECTIVE MEASURES ALTERNATIVES

A. SCREENING CHARACTERISTICS

Characteristics used to screen applicable from inapplicable technologies, based on the USEPA RCRA Corrective Action Plan guidance include:

1. Site Characteristics - existing site conditions may limit or promote the use of certain remedial technologies. Where the site characteristics

place such limitations, the technology is eliminated.

2. Waste Characteristics - identification of the waste characteristics which limit the technology's feasibility or effectiveness.

3. Technology Limitations - Limitations such as performance record, inherent construction, operation and maintenance problems, unreliability, poor performance, and methods which have not yet been fully demonstrated are characteristics considered during the technology screening process.

B. CORRECTIVE MEASURE ALTERNATIVES

The following corrective measure alternatives reviewed for this report have shown effectiveness in remediating lead and PCBs (with the exception of the No Action alternative which is included for baseline comparison). These technologies include:

Alternative	1	No Action
Alternative	2	Excavating and offsite disposal
Alternative	3	Cap/slurry walls
Alternative	4	Encapsulation
Alternative	5	Soil Washing
Alternative	6	Electrokinetic Leaching
Alternative	7	In-situ Vitrification
Alternative	8	Secondary Smelting
Alternative	9	In-situ solidification
Alternative	10	Ex-situ silicate solidification/stabilization
Alternative	11	Ex-situ polysilicate stabilization/mineralization

Roth Bros. has estimated the following costs for each of the alternatives listed above:

TABLE 1			
Alternative	Total Cost (Millions Of Dollars)	Cost Per Ton	Total Waste (Tons)
1	0	0	19,036
2	8.02	421	"
3	.685 - .837	36-44	"
4	1.18	62	"
5	.95 - 2.86	50-150	"
6	1.066 - 1.68	56-88	"
7	5.9 - 6.85	310-360	"
8	2.85 - 5.71	150-300	"
9	3.71	195	"
10	1.43 - 1.99	75-105	"
11	.76 - 1.52	40-80	"

The costs listed in Table 1 do not include the off-site disposal of more than 2,000 tons of soil contaminated with over 50ppm of PCBs. This cost would add over $500,000 to the total cost of each alternative except number 2.

ALTERNATIVE 1 NO-ACTION

The no-action alternative would allow the lead/PCB contaminated materials to remain in place. No further steps would be taken to reduce the concentration of the components which render the material hazardous.

ALTERNATIVE 2- EXCAVATION

The excavation alternative consists of the removal, hauling and disposal of lead and PCB contaminated soil/fill material to a permitted hazardous waste storage, and disposal treatment facility. Sampling of remaining soil/fill would

be conducted for confirmation that this alternative meets or exceeds appropriate target cleanup levels.

ALTERNATIVE 3 CAP/SLURRY WALLS

The capping in-place alternative involves capping the existing ground surface in the affected areas. The capping process would cover the lead and PCB contaminated soil/fill material with a low permeability barrier thereby reducing the likelihood of contact with the contaminated material, and reducing the likelihood of migration via infiltrating groundwater or erosion of lead and PCB containing soil/fill. The affected area would also be surrounded by a low permeability slurry or grout wall to reduce migration potential via groundwater underflow.

ALTERNATIVE 4 ENCAPSULATION

The encapsulation alternative involves excavation of the soil/fill material to a designated area on the site. The material would be placed over a bottom liner and sealed with a multi-layered cap. The excavated areas would require backfilling, compaction and grading.

ALTERNATIVE 5 Soil Washing

The soil washing alternative involves excavating the contaminated soil, separating the particles by size, and then applying a combination of physical (scrubbing, pressure, heat jets) and chemical (pH adjustment, oxidation) steps. Since inorganic contaminants tend to bind to clay- and silt-sized soil particles the physical and chemical separation accomplished by the washing concentrates the contaminants into a smaller volume of soil.

Mobile units for soil washing operations are available and could be set up on the Roth Bros. site. Contaminated materials would be excavated as described previously. Mixed waste, such as a combination of organics with metals (i.e. lead and PCBs), make the washing fluid formulation difficult. EPA has rated the applicability of this technology as moderate to marginal for PCB contamination and moderate to marginal on silty/clay soils with metal contamination. This alternative would reduce the volume of contamination by separating and concentrating the contaminants in a smaller volume. Toxicity would likely be

reduced for the treated volume but would be higher for the high concentration smaller volume. Mobility is not necessarily addressed since the leachability and chemical state of the treated volume is not known. Technology studies predict a 80-90% reduction in waste volume, resulting in a lower volume (10 to 20% of original), higher concentration waste. Additional treatment (off-site treatment and/or destruction) would be required for the reduced waste volume. Thus this alternative must be considered in combination with off-site treatment and disposal. Further, washing is not applicable to the TCLP-lead material so additional measures would be required for site wastes with this characteristic.

ALTERNATIVE 6 ELECTROKINETIC LEACHING

The electrokinetic leaching alternative is an emerging technology for reduction of metal contamination in soil. Electrokinetic soil processing is an in-situ, semi-continuous technology that electrically induces migration of heavy-metal ions. A low intensity direct current is applied across the contaminated soil. This is a cyclic application that takes two to three months per cycle, based on treatment of homogeneous material.

ALTERNATIVE 7 In-Situ Vitrification

In-situ vitrification alternative involves the use of electrical networks to melt soil or sludge at temperatures ranging from 1600° to 2000°C. The process results in immobilization of inorganic pollutants (metals) and PCBs. The soil volume is typically reduced by 20-40% by elimination of void space and ignition/oxidation through low temperature burns. A silicate glass and microcrystalline structure remains as the vitrified soil waste material. Backfill is placed over the vitrified material.

ALTERNATIVE 8 Secondary Smelting

The secondary smelting alternative is otherwise known as slagging with off-gas treatment. During this process waste is injected into a hot (2,200 - 2,500°C) reducing flame in the reactor section of the burner. The control of operating parameters allows extraction of valuable metals and destruction of hazardous organics. Metals such as lead are vaporized from the waste along with volatile compounds. The

reactor feeds into a slag separator where process gases are separated from molten materials. The slag is continuously solidified and removed. Off-gas vapors are post-combusted with ambient air and condensed as metal oxides. The mixed metal oxide particulate is collected in a baghouse.

ALTERNATIVE 9 In-Situ Solidification

The in-situ solidification method involves treating the soil/fill material in-place using a large diameter (3 to 12 ft.) single mixing auger. A solidification product, consisting of a cement-organic clay mix, is injected and mixed with the soils. The procedure continues in an overlapping circular pattern over the affected areas. The overall bulk density of treated soil/fill is increased by approximately 21%, and the end product is a low porosity, dense, homogeneous mass of soil/fill. This method is reported to be effective in stabilizing the leachable lead and PCBs without having to excavate the soil.

ALTERNATIVE 10 Ex-Situ Silicate Solidification/Stabilization

The silicate solidification/stabilization alternative involves the solidification and stabilization of excavated soil/fill materials. The affected material is excavated, mixed with silicates and a cementatious material on-site and then cast into molds for on-site or off-site disposal.

This method is applicable to soils and sludges with heavy metals and high molecular weight organics (i.e. PCBs). The wastes are immobilized and bound into a hardened, concrete-like solidified mass. The volume of the treated material will be approximately 50% greater than the original contaminated soil.

ALTERNATIVE 11 Ex-Situ Polysilicate Stabilization/Mineralization

The polysilicate stabilization/or an equivalent mineralization alternative is similar to the silicate solidification/stabilization, but the technology does not form a solidified monolith. Contaminated materials are excavated and processed on site. Heavy-metals contaminated soils are wetted with a polysilicate water mixture and/or other proprietary reagents that convert metal oxides to metal metasilicate or lead phosphate (apatite crystal) mineral structure. Small amounts of a cementatious material are added and the resulting material is cured for a period of time determined from treatability testing. The treated

material is friable and may be backfilled and recompacted with conventional earthmoving equipment, and remains workable over the long term.

VIII. EVALUATION OF THE PROPOSED CORRECTIVE MEASURE ALTERNATIVES

This section evaluates the proposed remedies against five remedy decision factors and eliminates those that do not measure up to anyone of the factors.

A. Implimentablity - This means that a particular alternative is practical, it can be constructed and operated, it is a reliable technology, it can be monitored for effectiveness, and the technology is available.

The alternative technologies that do not meet this decision and the reasons are as follows:

Alternative 5 Soil Washing - The lead contaminants at this site have a very small grain size, as does the soil. Separating the contaminated soil by grain size will only remove the small percentage of the soil that has a larger grain size. The reduction in volume of contaminated soil would be correspondingly small.

Alternative 6 Electrokinetic Leaching - This technology exists only at the pilot study stage and has not yet been proven to be reliable in full scale field operations.

Alternative 7 In-Situ Vitrification - This technology is not currently available for full scale field implementation.

Alternative 8 Secondary Smelting - This alternative requires that the soil have enough lead in it to recover are cyclable grade of metal. Since most of the Roth Site soils have less than 5% lead by weight this option is not viable.

Alternative 9 In-Situ Solidification - While this option is implementable,it is not as practical as Ex-Situ Solidification/Stabilization) (ESSS) or

Ex-Situ Polysilicate Stabilization/Mineralization (ESPSM). Mixing additives and cement to soil while it is still in the ground makes it difficult to get a uniform mixture and increases the likelyhood of having "hot spot" areas that will not pass the remedial standards set for this project. Also, it is also more difficult to maintain quality control over the end product.

Alternative 10 Ex-Situ Solidification/Stabilization - This method is also implementable but considerably less so than ESPSM. ESSS will increase the volume of contaminated soil by 50% (Compared to only 10-15% for ESPSM) and the end product will be monolithic chunks of soil which make handling or building on material much more difficult while providing no additional benefits that ESPSM does not provide.

None of the above alternatives that were not implementable will be considered further in the selection process.

The following alternations are considered to be implementable: Cap/Slurry Walls, Eucapsulation, No Action, Excavation and Off-Site Disposal, Ex-Situ Polyselicate Stabilization Mineralization (ESPSM).

ESPSM has been used at many other sites contaminated with metals and found to be a practical solution for this type of problem. This process typically increases the volume of the treated material by only about 10%.

B. Long Term Reliability and Effectiveness - The magnitude of residual risk must be acceptable and the related controls for the technology must be reliable.

The alternative technologies that do not meet this decision and the reasons are as follows:

Alternative 3 Cap/Slurry Walls - This would isolate the contaminated soil from potential receptors, however the soil itself would not be any less toxic. This site would

most expensive option, it does not , over all, solve any problems. It simply trucks the contaminated soil someplace else where it would then have to be treated anyway.

ESPSM is not extremely expensive and provides a reasonable value to the environment and human health for the cost of this alternative.

IX. PROPOSED CORRECTIVE MEASURES

This section further details the evaluation of the ex-situ polysilicate stabilization technology for application at the Roth Bros site. Initial detailed evaluation is against technical criteria described by USEPA Corrective Action Plan guidance. Additionally, the technology is evaluated relative to satisfying the goals of creating a Corrective Action Management Unit (CAMU) on the site, as described by the 2/16/93 Federal Register CAMU listing.

A. TECHNICAL CRITERIA

The selected technology alternative was reviewed against four technical criteria; performance, reliability, implementability and safety.

1. Performance

Performance of the evaluated technology is measured by the degree to which the technology reduces the possibility of lead and PCBs leaching to the groundwater, reduces exposure of on-site and off-site receptors via airborne dust particles containing lead, and reduces exposure via ingestion.

An ex-situ polysilicate stabilization process is available from Greenfield Environmental/Solid Treatment Systems (STS) Division. STS has performed a treatability study on samples taken from the Roth Bros site.

Treatability studies are performed to develop the appropriate method to eliminate or minimize the concentrations of hazardous materials. The treatability study establishes such factors as appropriate polysilicate mixture for the wastes,

the applicability to the site specific soils, and cost information. Two five-gallon buckets of soil were collected from the Plant 2 northern fill area. The sample locations were identified as B-1 and B-2 for analyses were selected from locations of B250 and TP202, respectively. Each sample was obtained by lining a pail with a clean polyethylene soil sample bag. The upper 3 in. of soil was scraped from each location, and soil from 3 to 18 in. depth was excavated with a clean shovel, piled adjacent to the hole and blended before placement into the bag. The bags were then sealed, labeled and stored in the H&A of New York rock and soil laboratory until shipment to STS, Inc.

Prior to submitting the samples to STS, Inc. for the treatability study, H&A mixed a predetermined amount of the lead flue dust with sample B-2 to provide a spiked sample representation of high TCLP conditions. A split (labeled as B-2S) was collected and submitted to an independent laboratory (General Testing Corporation) for TCLP lead analyses. Samples B-1 and B-2 were then shipped on to STS, Inc. in California for the treatability study.

The results of the treatability study indicate the soil/fill material can be stabilized with the STS proprietary reagents at a cost within the range presented for the technology. TCLP tests were used as a measure of the potential of toxic constituents to leach from a waste to contaminate the groundwater. The initial concentration for sample B-2 was 50.15 ppm by a TCLP test. The post-treatment sample was analyzed and found to contain 0.06 ppm of TCLP lead. This indicates a 99% reduction in leachable lead content.

The ex-situ polysilicate stabilization process also increases the average size of soil particles by a minimum a factor of 10. This increase in average particle size decreases the number of particles subject to air entrainment as respirable dust, thereby significantly reducing the inhalation exposure route. Encapsulation of lead compounds in the final metal metasilicate makes the final product less toxic (by ingestion) by limiting the bioavailability of the lead. Total

lead concentrations are not reduced, therefore even though the stabilized lead is less bioavailable, an ingestion route would not be eliminated unless the treated area received a minimal cap.

Further bench scale tests were performed by IT Corporation in May and June of 1994. The data from the studies showed the results of TCLP tests on lead contaminated soil treated with five different stabilization formulations. The soil from each formulation was tested by TCLP for lead and other metals at a 3,6, and 13 day cure period. The results of formulations 1 and 2 were as low as non-detect for lead. This data is available in Attachment 4.

2. Reliability

The reliability of the chosen corrective measure is judged by evaluating the operating and maintenance requirements of the process. The ex-situ polysilicate stabilization process does not require any on-going maintenance activities to be reliable. Once the material has been stabilized it is cured in small piles on-site. The cured material is analyzed and used to backfill the formerly contaminated soil excavations. When this operation is complete at all site areas requiring remediation, the process unit is broken down and removed from the site. The only periodic monitoring anticipated would be that required to support closure of the CAMU(s) necessary to perform this on site (see below). This and similar mineralization processes have been performed at several sites to date and have demonstrated reliability of implementation and performance.

3. Implementability

The selected corrective measure should be relatively easy to construct and implement, reducing the contamination in a timely manner.

The polysilicate stabilization and mineralization technologies have been successfully applied to a number of sites. We anticipate the operation of the Roth corrective measure would cycle through

the excavation, sorting, treatment (stabilization), curing and backfilling steps in an efficient manner. By selecting the polysilicate stabilization technology, the site avoids continuing operations and maintenance costs that may be associated with other technologies.

In summary, the STS polysilicate stabilization (or equivalent by other vendors) meets these criteria. STS has developed a mobile self contained system for applying the technology that is anticipated would be used at Roth Bros. if STS is the selected vendor.

4. Safety

The selected corrective measure must satisfy the criteria of maintaining the safety of on-site and off-site persons. Equipment for the stabilization/mineralization methods involve conventional earth moving and handling machinery (wet screens, blenders, pugmill, etc.) thus safety measures are relatively easily defined and implemented. Since the treatment is wet, dust control measures are limited to those needed for initial excavation. The Corrective Measures Implementation Report will include measures to monitor lead contaminated dust in the air during these activities.

Site excavation requirements have been reviewed with Roth, and their representatives indicate excavation can be sequenced to allow safe conduct of ongoing site operations.

5. HUMAN HEALTH

The corrective measure selected for the Roth Bros site must satisfy the criteria of being protective of human health.

On site lead contamination has been detected in soils, but not in groundwater. The lead on site has also been shown to have the potential of leaching to groundwater (via TCLP analysis). Although groundwater is not presently and not anticipated to be used for a drinking water source, the polysilicate stabilization/mineralization processes protect

human health in this respect by reducing the leachability of lead, thereby protecting the groundwater resource.

As described in the USEPA Uptake/Biokinetic Model, lead impacts are best determined by evaluating effects on blood lead levels. The model shows that many different lead sources (i.e. drinking water, paint) contribute to the total body burden. The site-specific evaluation performed for this CMS determined that lead containing dust particles transported by air movement across the Roth site potentially can contribute to human lead body burdens, if the site was not remediated. The STS stabilization technology increases the size of the treated particles by a minimum 10X making them significantly less mobile, and decreasing their ability to become airborne particles transported off-site. The particle size increase will also restrict the availability of dust particles of a respirable size to on-site personnel.

Toxicity of the treated material is reduced by the decrease in bioavailability of the treated material. However, once treated and replaced on site the ingestion route of exposure would not be eliminated by the STS method. To do this contact with the treated material need only be eliminated. A minimal cap (pavement, building, or minimal soil cover and vegetation) or limited administrative controls to control access would satisfy this criteria. This would be implemented best by consolidating the treated material to allow controlled final placement, grading for drainage to controlled run-off points (such as existing SPDES outfalls), and control of future access.

6. ENVIRONMENTAL

Satisfaction of the environmental criteria is measured by the corrective measures ability to cause the least adverse impact or greatest improvement over the shortest period of time. The polysilicate stabilization or equivalent mineralization meets these environmental goals.

Application of the process is not anticipated to cause adverse effects on environmental receptors. The area of operation for the treatment unit would

be industrial. Activities associated with the treatment unit would not be significantly different than those already conducted on site.

Removal of the contaminated sediments from outfall areas for treatment and backfill on-site would limit any further transfer of contamination toward off-site locations from the outfalls. This would be a net positive environmental benefit. Similar to the benefit expected for human health, a decrease in lead containing dust transported off-site will benefit potential environmental receptors.

The polysilicate stabilization or equivalent mineralization will prevent the leaching of lead into groundwater; protecting those resources, and preventing migration of contaminants off-site.

X. Procedure For Reaching A Final Decision

Section 7004(b) of the Resource Conservation and Recovery Act (RCRA), 42 U.S.C. Section of 6974 and 40 C.F.R. § 124.10, as well as Article 27 of the ECL and 6 NYCRR Part 621 require that the public be given forty-five (45) days to comment on a proposed remedy. The comment period will begin on July 20, 1994 and will end on August 18, 1994. Any person interested in commenting on this proposed remedy must do so within the forty-five (45) days comment period.

All persons wishing to comment on this proposed remedy should provide comments in writing to mr. Edwin Dassatti, Chief, Eastern Bureau Hazardous Waste, 50 Wolf Road, Albany, New York 12233-7252 no later than August 18, 1994. comments should include all reasonably available references, factual grounds and supporting material.

NYSDEC will consider all written comments received during the public comment period in making the final remedy decision. Any determination to conduct a public hearing on the proposed remedy based upon written comments will be made in accordance with the EPA requirements in 40 C.F.R. Part 124 and the NYSDEC Uniform Procedures regulations in 6 NYCRR Part 621.

When NYSDEC makes a final determination regarding this proposed remedy, notice will be given to each person who has provided written comments or requested notice of the final decision. The final remedy decision shall become effective

thirty (30) after the service of notice of the decision, unless a later date is specified. If no comments request a change in the proposed final remedy, the final remedy decision shall become effective immediately upon issuance.

XI. Tentative Determination

Since the proposed final corrective measure will prevent the contamination from migrating off-site by air or groundwater by reducing the mobility of wastes, complying with applicable environmental requirements (e.g. SPDES, air emissions), and is protective of human health and the environment, the NYSDEC has made a tentative determination that this proposed final corrective measure will be appropriate.

EXHIBIT 10

COUNTY OF ONONDAGA

DEPARTMENT OF DRAINAGE AND SANITATION

650 HIAWATHA BOULEVARD, WEST
SYRACUSE, NEW YORK 13204-1194
478-3755 - 425-2260

NICHOLAS J. PIRRO
COUNTY EXECUTIVE

JOHN M. KARANIK
COMMISSIONER

July 3, 1990

Mr. Neil Schwartz
Roth Brothers Smelting Corporation
6223 Thompson Road
P. O. Box 639
East Syracuse, New York 13057

SUBJECT: INDUSTRIAL WASTEWATER DISCHARGE PERMIT FOR THE THOMPSON ROAD FACILITY

Mr. Schwartz:

Please find enclosed a copy of the fully executed Industrial Wastewater Discharge Permit (#121) for the Thompson Road facility. This permit is in effect as of the date issued. Any requests for modifications to this permit, including changes in the nature and/or volume of wastewater discharged, must be submitted to this office in writing and are subject to my approval.

Please note that a correction has been made in Section IV (Notice of Noncompliance) of this permit. This section now contains a new series of Department of Drainage and Sanitation telephone numbers, by which contact can be made in the event of an uncontrolled discharge at your facility.

In accordance with the monitoring section of this permit, the County will periodically monitor your discharge to ensure compliance with permit effluent limitations.

Please be advised that any violation of the terms or conditions of the enclosed permit may subject you to penalties for violations prescribed under Article VII of the Onondaga County Rules and Regulations Relating to the Use of the Public Sewer System.

Thank you for your cooperation in this matter. If you have any questions, please do not hesitate to contact Mr. Joseph J. Mastriano of this office.

Sincerely,

DEPARTMENT OF DRAINAGE & SANITATION

Randy R. Ott for JMK

JOHN M. KARANIK
Commissioner

B/jb
nc.
c w/Original: File #47-Roth Brothers Smelting Corp

COUNTY OF ONONDAGA

DEPARTMENT OF DRAINAGE AND SANITATION

650 HIAWATHA BOULEVARD, WEST
SYRACUSE, NEW YORK 13204-1194
478-3755 - 425-2260

NICHOLAS J. PIRRO
COUNTY EXECUTIVE

JOHN M. KARANIK
COMMISSIONER

ONONDAGA COUNTY INDUSTRIAL WASTEWATER DISCHARGE PERMIT

PERMIT NUMBER : 121

DATE ISSUED : July 1, 1990

INDUSTRIAL CODE: 47

EXPIRATION DATE: July 1, 1993

SIC : 3341

Pursuant to Article IV, Section 4.01, of the Rules and Regulations Relating to the Use of the Public Sewer System issued by the County of Onondaga, Department of Drainage and Sanitation,

Roth Brothers Smelting Corp.
NAME OF COMPANY

is authorized by the Commissioner to discharge industrial wastewater from the industrial facility located at

6223 Thompson Road, East Syracuse, New York
ADDRESS OF COMPANY FACILITY DISCHARGING WASTEWATER

to the Metropolitan Syracuse Wastewater Treatment Facility
NAME OF RECEIVING TREATMENT PLANT

in accordance with the following conditions:

I. PERMITTED WASTEWATER DISCHARGE

The permittee is authorized to discharge the following to the county sewer system:

1. Sanitary Wastewater.

2. Wastewater from the casting cooling process pretreated to meet the United States Environmental Protection Agency (USEPA) discharge standards for the Non-Ferrous Metals Manufacturing Point Source Category, Subpart M - Secondary Lead Smelting Subcategory.

II. PROHIBITED DISCHARGES

The following shall not be introduced into the county system:

(a) Wastes which create a fire or explosion hazard in the wastewater treatment plant.

(b) Wastes which have a pH lower than 5.5 or higher than 9.5.

(c) Solid or viscous wastes in amounts which would cause an obstruction to the flow in sewers, or other interferences with the proper operation of the wastewater treatment plant.

(d) Wastes at a flow rate and/or pollutant discharge rate which is excessive over relatively short time periods creating a treatment process upset and subsequent loss of treatment efficiency.

(e) Wastes which are prohibited in Article III of the Rules and Regulations.

III. EFFLUENT LIMITATIONS AND PRETREATMENT STANDARDS

The wastewater discharge of the permittee shall comply with the following effluent limitations and pretreatment standards. Section 3.08 of the Onondaga County Rules and Regulations requires the permittee to comply with USEPA pretreatment standards if they are more stringent than county effluent limitations.

(A) Onondaga County Effluent Limitations

Sewer #1 - Sanitary discharge from Plant #1.
Sewer #2 - The total sanitary and process discharge from Plant #2.

PARAMETERS	DISCHARGE LIMITATIONS	
	INSTANTANEOUS (1) ALLOWABLE (mg/l)	DAILY (2) ALLOWABLE (mg/l)
Cadmium (Cd)	3.0	2.0
Chromium, Total (Cr)	12.0	8.0
Copper (Cu)	7.5	5.0
Cyanide, Total (CN)	3.0	2.0
Lead (Pb)	1.5	1.0
Nickel (Ni)	7.5	5.0
Silver (Ag)	1.5	1.0
Zinc (Zn)	7.5	5.0
Oil and Grease (O&G)	150.0	100.0
Phenolic Compounds	4.5	3.0
pH	5.5 - 9.5 Standard Units	

(1) As determined by a grab sample taken of the permittee discharge at any time during the daily operational and/or production period.

(2) As determined by a composite sample taken of the permittee daily discharge over the operational and/or production period.

III. EFFLUENT LIMITATIONS AND PRETREATMENT STANDARDS (continued)

(B) Pretreatment standards for Existing Sources in the Non-Ferrous Metals Manufacturing Point Source Category, Subpart M - Secondary Lead Subcategory (40 CFR Part 421.135).

Sewer #3 - Pretreated effluent from the castings cooling process.

PARAMETERS	DISCHARGE LIMITATIONS (3)	
	DAILY MAXIMUM (mg/l)	MAXIMUM MONTHLY AVERAGE (mg/l)
Antimony (Sb)	0.70	0.32
Arsenic (As)	0.52	0.22
Lead (Pb)	0.10	0.05
Zinc (Zn)	0.37	0.15
Ammonia (NH3N)	Not detectable	Not Detectable

(3) The Combined Wastestream Formula (CWF) has been used to calculate the pretreatment standards for the non-ferrous metals manufacturing operations in accordance with USEPA 40 CFR Parts 403.6(e). The long term average pouring rate of 20,434,900 pounds per year was used for the calculation of the maximum daily and maximum monthly average production-based limits for the lead casting operation. Production/flow weighted values based on annual water usage of 148,062 gallons then yielded the daily maximum and maximum monthly average effluent flow weighted concentration limits listed above. Should the production rate vary from the long term average rate by more or less than fifteen percent during any six month period, the permittee must submit a recalculation of flow weighted concentration limits for all regulated pollutants in accordance with Section XV (Permittee Self-Monitoring and Reporting Requirements), Item 9 of this permit.

This section of the permit may be modified at any time to contain specified parameters and numeric effluent limitations due to any change in requirements of Section 307 of Public Law 92-500 or any other local, state, or federal standards. A timetable will be established in the schedule of compliance section of this permit allowing reasonable time to comply with any modifications made to this permit.

IV. NOTICE OF NON-COMPLIANCE

In the event the permittee is unable to comply with any effluent limitation or pretreatment standard specified in this permit due to:

(1) Breakdown of industrial waste pretreatment equipment;

(2) Accident caused by human error or negligence, mechanical failure; or,

(3) Other causes, such as acts of nature;

the permittee shall notify the operator of the receiving treatment plant immediately by telephone (435-2260 between the hours of 8:00 am-4:30 pm and 435-3142 or 435-3182 between the hours of 4:30 pm-8:00 am) so the necessary steps can be taken to prevent damage to the wastewater treatment process and equipment. In accordance with Article IV, Section 4.10, of the Rules and Regulations, the Commissioner shall be notified in writing within five (5) days and shall be informed of the following pertinent information:

(1) Cause of noncompliance;

(2) A description of the noncomplying discharge;

(3) Anticipated time the condition of noncompliance is expected to continue, or if such condition has been corrected, the duration of the period of noncompliance;

(4) Steps taken by the permittee to reduce and eliminate the noncomplying discharge; and,

(5) Steps to be taken by the permittee to prevent recurrence of the condition of noncompliance.

Nothing in this permit shall be construed to relieve the permittee from the penalties for noncompliance with this permit pursuant to Article VII-Enforcement and Penalties of the Rules and Regulations Relating to the Use of the Public Sewer System.

V. CHANGE IN WASTEWATER DISCHARGE

All discharges authorized herein shall comply with the terms and conditions of this permit. Any industrial facility expansions, production increases or process modifications which result in new, different or increased discharges of pollutants must be reported by submission of a new industrial waste disposal questionnaire pursuant to Article IV, Section 4.02, of the Rules and Regulations. This permit may be modified to specify and limit any pollutants not previously limited. The discharges of any pollutant more frequently than, or at a level in excess of that specified and authorized by this permit, shall constitute a violation of the terms and conditions of this permit.

VI. COUNTY MONITORING

The monitoring of each industrial discharge and the recording of quantitative values shall be performed by authorized employees or representatives of the county according to schedules established by the Commissioner. Composite samples will be collected whenever possible over the production day including clean-up periods. The flow (in gallons per day) shall be measured during each sampling period. If flow measurement is not practicable, water use records may be substituted in place of flow measurement.

Additional sampling and flow measurement may be performed by the permittee using approved methods. The data obtained by the permittee may be used at the discretion of the Commissioner as supplemental data to show compliance with permit effluent limitations and pretreatment standards or to be used in addition to county data for computations of the Industrial Waste Surcharge.

All analyses shall be performed in accordance with, approved USEPA analytical methods (40 CFR 136) as stated in the latest edition of the following references:

> STANDARD METHODS FOR THE EXAMINATION OF WATER AND WASTEWATER, 16th Edition,1985, American Public Health Association, New York, New York 10019.
>
> METHODS FOR CHEMICAL ANALYSIS OF WATER AND WASTES, Environmental Monitoring and Support Laboratory, Office of Research and Development, March 1983, Environmental Protection Agency, Cincinnati, Ohio 45268.

The sampling schedule cited below shall become effective the day this permit is issued.

DISCHARGE LOCATION	PARAMETERS	MINIMUM FREQUENCY OF ANALYSIS	TYPE OF SAMPLE
Sewer #1 (Sanitary Discharge From Plant #1)	Biochemical Oxygen Demand (BOD)	6 times/year	Composite
	Total Suspended Solids (TSS)	6 times/year	Composite
	Total Phosphorus (TP)	6 times/year	Composite
	pH	6 times/year	Composite
	Chromium (Cr)	6 times/year	Composite
	Copper (Cu)	6 times/year	Composite
	Lead (Pb)	6 times/year	Composite
	Nickel (Ni)	6 times/year	Composite
	Zinc (Zn)	6 times/year	Composite
	Oil and Grease (O&G)	6 times/year	Grab
	Phenolic Compounds	6 times/year	Grab

VI. COUNTY MONITORING (cont.)

DISCHARGE LOCATION	PARAMETERS	MINIMUM FREQUENCY OF ANALYSIS	TYPE OF SAMPLE
Sewer #2 (Total Discharge From Plant #2)	Biochemical Oxygen Demand (BOD)	6 times/year	Composite
	Total Suspended Solids (TSS)	6 times/year	Composite
	Total Phosphorus (TP)	6 times/year	Composite
	pH	6 times/year	Composite
	Chromium (Cr)	6 times/year	Composite
	Copper (Cu)	6 times/year	Composite
	Lead (Pb)	6 times/year	Composite
	Nickel (Ni)	6 times/year	Composite
	Zinc (Zn)	6 times/year	Composite
	Oil and Grease (O&G)	6 times/year	Grab
	Phenolic Compounds	6 times/year	Grab
Sewer #3 (Pretreated Casting Cooling Wastewater)	pH	6 times/year	Grab
	Antimony (Sb)	6 times/year	Grab
	Arsenic (As)	6 times/year	Grab
	Lead (Pb)	6 times/year	Grab
	Zinc (Zn)	6 times/year	Grab
	Ammonia (NH3N)	6 times/year	Grab

VII. PERMIT MODIFICATIONS

After sufficient notice to the permittee, this permit may be modified, suspended, or revoked in whole or part during its term for causes including, but not limited to, the following:

(a) Violation of any terms or conditions of this permit.

(b) A change in any condition that requires either a temporary or permanent reduction or elimination of the authorized discharge.

(c) A toxic effluent standard being established under any state or federal law for a toxic pollutant which is present in the discharge and such standard or prohibition is more stringent than any limitation for such pollutant in this permit.

(d) Failure to make payments of the Industrial Waste Surcharge.

VIII. RIGHT OF ENTRY

The permittee shall allow duly authorized employees or representatives of the county to enter the permittee's premises for the purpose of inspection, observation, flow measurement, sampling and testing in accordance with Article IV, Section 4.08, of the Rules and Regulations.

IX. TRANSFER OF OWNERSHIP CONTROL

In the event of any change in the ownership of the Industrial Facilities from which the authorized discharges emanate, the permittee shall notify the succeeding owner or controller of the existence of this permit by letter, a copy of which shall be forwarded to the Commissioner.

X. PRETREATMENT FACILITIES

The permittee shall provide and maintain, at its expense, pretreatment of industrial wastewaters when required by the Commissioner pursuant to Article IV, Section 4.09, of the Rules and Regulations. All reports, plans and/or specifications for new or modified pretreatment facilities or changes in method of operation must be approved by the Commissioner or his designee.

XI. WASTE MATERIAL DISPOSAL

Any screening, sludge, solids, waste oils, or other waste materials removed or separated from the permittee's authorized discharge shall be disposed of in such a manner as to prevent entry of such materials into navigable waters or into the wastewater treatment system. Upon the request of the Commissioner, the following data regarding the disposal of pretreatment process sludge shall be reported to the County of Onondaga:

(a) The source of materials to be disposed of.

(b) The approximate volumes and weights.

(c) The method by which they were removed and transported.

(d) The company contracted to remove such materials.

(e) The final disposal or recovery location.

XII. MONITORING FACILITIES

If, in the opinion of the Commissioner, there are inadequate provisions for the collection of representative samples and accurate flow measurements, the Commissioner can require, in accordance with Article IV, Section 4.07, of the Rules and Regulations, that a monitoring facility consisting of a sampling manhole with a flow measuring device be installed by the permittee at its expense. This monitoring facility shall be approved by the Commissioner before installation. The permittee shall be responsible for all maintenance of the sampling manhole and calibration of the monitoring equipment.

XIII. SCHEDULE OF COMPLIANCE

A timetable for achieving compliance is reserved since the permittee shall be in compliance with USEPA 40 CFR Part 421 Non-Ferrous Metals Manufacturing Pretreatment Standards and County effluent limitations detailed in Section III on pages 3 and 4 of this permit.

XIV. COMPUTATION AND PAYMENTS OF INDUSTRIAL WASTE SURCHARGE

The permittee shall pay its proportionate share of the cost of operation and maintenance and local debt retirement of the treatment system.

These charges shall be computed by the Commissioner using the formulae in Article V, Section 5.02, of the Onondaga County Rules and Regulations.

Payments shall be made to the County of Onondaga by the permittee no less often than annually.

If there is a substantial change in the wastewater characteristics and/or flow rate introduced into the County Treatment Plant by the permittee, the industrial surcharge shall be adjusted accordingly.

XV. PERMITTEE SELF-MONITORING AND REPORTING REQUIREMENTS

In accordance with 40 CFR 403.12(e), the permittee shall submit a semi-annual Self-Monitoring Report by June 30 and December 31 of each year. The permittee is subject to both County and Non-Ferrous Metals Manufacturing Preatment Standards (40 CFR Part 421). Failure to submit the Self-Monitoring Report within 30 days from due date shall subject the permittee to the fines and penalties prescribed under Article VII of the Onondaga County Rules and Regulations Relating to the Use of the Public Sewer System. The permittee must submit a Self-Monitoring Report which shall include the following:

1. A listing of the nature and concentration of all regulated pollutants in the facility's regulated process waste streams.

   a. The sampling schedule cited below shall become effective the day this permit is issued.

DISCHARGE LOCATION	PARAMETERS	MINIMUM FREQUENCY OF ANALYSIS	TYPE OF SAMPLE
Sewer #1 (Sanitary Discharge From Plant #1)	Biochemical Oxygen Demand (BOD)	4 times/report	Composite
	Total Suspended Solids (TSS)	4 times/report	Composite
	Total Phosphorus (TP)	4 times/report	Composite
	pH	4 times/report	Composite
	Chromium (Cr)	4 times/report	Composite
	Copper (Cu)	4 times/report	Composite
	Lead (Pb)	4 times/report	Composite
	Nickel (Ni)	4 times/report	Composite
	Zinc (Zn)	4 times/report	Composite
	Oil and Grease (O&G)	4 times/report	Grab
	Phenolic Compounds	4 times/report	Grab
Sewer #2 (Total Discharge From Plant #2)	Biochemical Oxygen Demand (BOD)	4 times/report	Composite
	Total Suspended Solids (TSS)	4 times/report	Composite
	Total Phosphorus (TP)	4 times/report	Composite
	pH	4 times/report	Composite
	Chromium (Cr)	4 times/report	Composite
	Copper (Cu)	4 times/report	Composite
	Lead (Pb)	4 times/report	Composite
	Nickel (Ni)	4 times/report	Composite
	Zinc (Zn)	4 times/report	Composite
	Oil and Grease (O&G)	4 times/report	Grab
	Phenolic Compounds	4 times/report	Grab

XV. PERMITTEE SELF-MONITORING AND REPORTING REQUIREMENTS (cont.)

DISCHARGE LOCATION	PARAMETERS	MINIMUM FREQUENCY OF ANALYSIS	TYPE OF SAMPLE
Sewer #3 (Pretreated Casting Cooling Wastewater)	pH	4 times/report	Grab
	Antimony (Sb)	4 times/report	Grab
	Arsenic (As)	4 times/report	Grab
	Lead (Pb)	4 times/report	Grab
	Zinc (Zn)	4 times/report	Grab
	Ammonia (NH3N)	4 times/report	Grab

b. The sampling and analytical data submitted shall consist of self-monitoring data for the regulated process waste stream.
c. Samples shall be collected for four (4) consecutive days typical of normal production.
d. Samples shall be collected in accordance with the methods outlined in the regulations. Note that the sample interval for composite samples must not exceed a frequency of one sample every thirty (30) minutes.

2. A summary of the methods used by the permittee to sample and analyze the data and a certification that these methods conform to USEPA approved methodology. Note that all analyses must be performed by a New York State Department of Health certified laboratory.

3. For sewer #1 and sewer #2, a summary of the daily amount of water discharged to the county sewer system throughout the reporting period. List the daily amount discharged through each connection to the sanitary sewer system. In addition include a semiannual summary of monthly flow totalizer readings from the casting cooling wastewater pretreatment system.

4. For sewer #3, the total daily flow and average daily flow rate during each day of self-monitoring.

5. A summary of the results of quarterly equipment calibration checks conducted during March, June, September and December of each year for the flow metering device installed on the casting cooling wastewater treatment system. March and June submittals shall be included in the June 30 report. Submittals for September and December shall be included in the December 31 report.

6. By July 31 of each year, the permittee must submit the annual USEPA Toxic Chemical Release Inventory Reporting Form R.

7. The total number of days when the plant was in full operation throughout the reporting period.

8. The total number of people employed throughout each reporting period.

XV. PERMITTEE SELF-MONITORING AND REPORTING REQUIREMENTS (cont.)

9. A statement certifying that the amount of lead poured was within plus or minus fifteen percent of the 20,434,900 pounds per year (10,217,450 lb/6 mo.) long term average production rate during the reporting period. Include the total number of pounds of lead ingots cast during the six month period. If the total production rate during the reporting period deviates from the long term average by more or less than than fifteen percent, the permittee must submit a new calculation of equivalent concentration limits for all regulated pollutants in order to verify consistancy with the Sewer #3 limits established in this permit.

10. A statement that compliance with all applicable standards is consistently achieved. If compliance is not consistently achieved, the report must identify the reasons for noncompliance and include a statement as to what additional operation and maintenance and/or pretreatment equipment is necessary to achieve compliance.

11. Section 403.12(g) of the USEPA General Pretreatment Regulations (40 CFR Part 403) promulgated in final form on October 17, 1988 requires the permittee to notify the Commissioner within 24 hours of becoming aware of a self-monitoring violation. The permittee must also repeat the sampling for all parameters exceeding applicable discharge limitations and submit the results of the repeat analysis within thirty (30) days of becoming aware of the violation. Note that the results of the repeat analysis may be submitted separately in order to avoid late periodic reporting.

12. The report must be signed by an authorized representative of the permittee.

XVI. RECORD KEEPING

Records of all information resulting from self-monitoring activities shall be maintained for a minimum of three (3) years in accordance with 40 CFR 403.12(1). These records shall be available for inspection and copying by the Department of Drainage and Sanitation as the Control Authority.

XVII. AUTHORIZATION AND AGREEMENT

This permit and the authorization to discharge industrial wastewater into the public sewer system shall be legally binding upon the permittee. This permit shall expire three (3) years from the date of issuance. The permittee shall not discharge after the date of expiration. In order to receive a new permit and continued authorization to discharge wastewater to the public sewer system beyond the date of expiration, the permittee shall have paid all industrial waste surcharges owed to the County of Onondaga and submit an up-to-date industrial waste questionnaire and other information as required by the Commissioner no later than 120 days prior to the expiration date.

7/5/90
DATE

Randy R. Orff for JMK
SIGNATURE

By the authority of

JOHN M. KARANIK
COMMISSIONER

I hereby agree to comply with the terms, conditions and requirements of this permit.

SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE

June 29, 1990
DATE

Neal Schwartz
PRINTED NAME OF PERSON SIGNING

General Manager
TITLE

EXHIBIT 12

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

50 WOLF ROAD
ALBANY, NEW YORK 12233

GENERATOR FORM
PART - I

HAZARDOUS WASTE DISPOSAL QUESTIONNAIRE

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS, ATTENTION: RTK PROCESSING UNIT, ROOM 525

C ICS #: 7178059
ROTH BROS. SMELTING CORP.
C ~~H.T. HAMAT~~
6223 THOMPSON RD.
PL E. SYRACUSE NY 13057

		ICS CODE EPA ID NUMBER NYD 006977086	
	CITY	STATE	ZIP CODE
	CONTACT NAME NEAL SCHWARTZ		TELEPHONE 315 463 9500
PLANT ADDRESS (if different) STREET	CITY	STATE	ZIP CODE

PRINCIPAL BUSINESS OF PLANT
RECYCLING NON-FERROUS METALS

PLEASE ANSWER THE FOLLOWING QUESTIONS:

CHECK ONE

1. SINCE JANUARY 1, 1952 THRU DECEMBER 31, 1981, HAVE YOU OR ANY PREVIOUS OWNERS/OPERATORS OF THIS FACILITY GENERATED ANY HAZARDOUS WASTE (SEE INSTRUCTIONS) AT YOUR PRESENT FACILITY, PLANT, PROPERTY, ETC?

☒ YES
☐ NO

IF THE ANSWER IS **YES** COMPLETE QUESTIONS **1, 2, 3, 4** AND **GENERATOR FORM PART - II**
IF THE ANSWER IS **NO** COMPLETE QUESTIONS 1 AND 4 AND RETURN THIS FORM

2. HAS THE FACILITY AT THIS LOCATION CHANGED ITS NAME OR IDENTIFICATION BECAUSE THERE WAS A CHANGE IN OWNERSHIP, CORPORATE NAME OR OPERATOR NAME, ETC. IF YES LIST THE NAMES BY WHICH THIS FACILITY HAS BEEN IDENTIFIED SINCE JANUARY 1, 1952 TO THE PRESENT.

☒ YES
☐ NO

NAME, ADDRESSES, AND TELEPHONE NUMBERS	DATES
ROTH BROS. METAL CO., INC.	UP TO 1/17/72
ROTH BROS. SMELTING CORP.	FROM 1/17/72 to PRESENT

3. DESCRIBE THE DOCUMENTS FROM WHICH DATA THAT IS INCLUDED ON PART-II WAS OBTAINED (SEE INSTRUCTIONS).

DOCUMENT DESCRIPTION	DATES
SEE ATTACHMENT	

4. I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT INFORMATION SUPPLIED IS TRUE AND COMPLETE. FALSE STATEMENTS SUBMITTED ON THIS DOCUMENT ARE PUNISHABLE PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

NAME OF OWNER/OPERATOR, PARTNER OFFICER OR AUTHORIZED REPRESENTATIVE	TITLE	DATE
LAURENCE N. ROTH	PRES.	8/27/84

SIGNATURE	BUSINESS PHONE
	315 463 9500

NAME	ICS NUMBER - EPA ID NUMBER		
ROTH BROS. SMELTING CORP	7178059		
ADDRESS 6225 THOMPSON ROAD			
CITY EAST SYRACUSE	STATE N Y	ZIP 13057	

GENERATOR FORM

PART - II

G

DATE 8/27/84

1. HAZARDOUS WASTE DISPOSAL SITE (SEE INSTRUCTIONS)	2. DESCRIPTION OF HAZARDOUS WASTES DEPOSITED AT THIS LOCATION (SEE INSTRUCTIONS)	3. EPA WASTE CODE	4. WASTE DISPOSED OF QUANTITY OF WASTE (TONS)	FORM LIQUID	FORM SOLID	FORM DRUMS	5. WASTE DISPOSAL DATES	6. TRANSPORTER OF HAZARDOUS WASTE (SEE INSTRUCTIONS)
TOWN OF DEWITT SANITARY LANDFILL FISHER ROAD EAST SYRACUSE, N Y ONONDAGA COUNTY	BAGHOUSE DUSTS	(E)	SEE ATTACHMENT		X		SEE ATTACHMENT	ROTH BROS. SMELTING

ROTH BROS. SMELTING CORP.

HAZARDOUS WASTE DISPOSAL QUESTIONNAIRE

GENERATOR & TRANSPORTER FORMS

During the period 1/1/52 - 12/21/81, Roth Bros. Smelting Corp. generated emmission control (baghouse) dusts that are now classified as characteristic hazardous waste (D008).

Records were not maintained for quantities of dust generated or disposed of during the above period. The vast majority of dust was sold, along with furnace residues, to smelters and refiners. The remainder of the dust was taken, together with other refuse, to the local landfill.

The information supplied above was derived from a review limited to our internal documents and current employees and management.

EXHIBIT 13(A)

ROTH BROS. SMELTING CORP.
6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500

March 5, 1982

Mr. Eric Turkki
Sanitary Engineer
New York State Department Of
Environmental Conservation
7481 Henry Clay Boulevard
Liverpool, New York 13088

Dear Mr. Turkki,

Attached are the appropriate application forms for an SPDES wastewater discharge permit for our facility on Thompson Road in East Syracuse. The application covers four existing discharges to an unnamed tributary of the South Branch of Ley Creek. The four outfalls are those agreed upon in our meeting of January 21, 1982 and they include both process cooling waters and stormwater runoff.

In order to submit an application in a timely manner, we have included only the available analytical data. Since these data are based on grab samples, we have provided the results in Attachment I instead of Section V of the application. We are currently planning to obtain composite samples of the four outfalls, with subsequent laboratory analysis.

Please contact us if there are any questions.

Very truly yours,

Roth Bros. Smelting Corp.

Neal Schwartz,
Assistant General Manager
NS/ds
att.

(fill—in areas are spaced for elite type, i.e., 12 characters/inch)

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F NYD 006977086

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

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

III. NAME OF FACILITY

1 SKIP ROTH BROS. SMELTING CORP.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2 SCHWARTZ NEAL PA	315	463	9500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 6223 THOMPSON ROAD			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
4 EAST SYRACUSE	N Y	13057	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 6223 THOMPSON ROAD			
B. COUNTY NAME			
ONONDAGA			
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE** *(if known)*
6 EAST SYRACUSE	N Y	13057	

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
7 3341 (specify) Secondary Smelting & Refining of Non Ferrous Metals	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 ROTH BROS. SMELTING CORP.

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 M = PUBLIC (other than federal or state)
S = STATE O = OTHER (specify)
P = PRIVATE

P (specify)

D. PHONE (area code & no.)

A 315 463 9500

E. STREET OR P.O. BOX

6223 THOMPSON ROAD

F. CITY OR TOWN

B EAST SYRACUSE

G. STATE NY

H. ZIP CODE 13057

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R NYD 006977086	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. 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)

SECONDARY SMELTING AND REFINING OF NON-FERROUS METALS

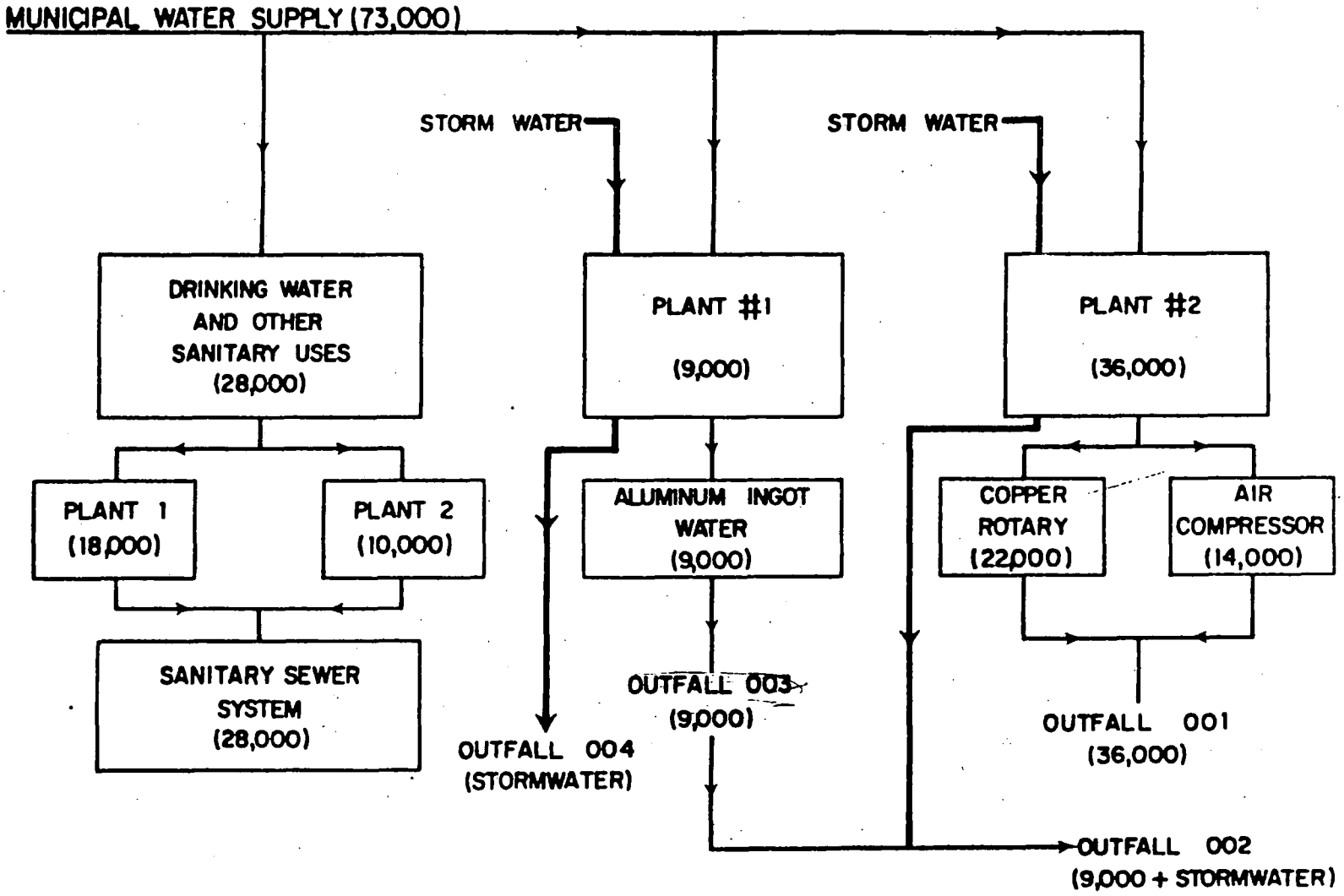
XIII. CERTIFICATION (see instructions)

"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
Laurence Roth - President		3/8/82

COMMENTS FOR OFFICIAL USE ONLY

C



NOTE:
ALL FLOWS IN GALLONS / DAY

ROTH BROS. SMELTING CORPORATION
SCHEMATIC OF WATER FLOW

ROTH BROTHERS SMELTING CORPORATION

Attachment I

Outfall	TSS	Sn	Cr Total	Fe	Mn	Zn	Al	Cr^{+6}	Cu	Pb	Ni	pH
001	0.5	0.05	0.02	0.50	0.02	0.26	0.6	<0.04	0.13	0.20	0.02	7.7
	17.0	<0.1	NA	0.70	NA	0.32	0.5	NA	0.20	0.60	NA	8.1
	4.0	<1.	<0.01	0.55	NA	0.60	0.5	NA	0.28	0.68	NA	8.9
	38.	<1.	<0.01	2.50	NA	3.40	2.0	NA	0.55	1.26	NA	7.4
002	1.0	0.030	<0.01	0.35	0.15	0.79	0.1	<0.004	0.19	0.44	0.04	8.2
	8.0	<1.	0.24	1.36	NA	1.0	0.8	NA	0.30	0.58	NA	6.9
	14.	<1.	<0.01	0.61	NA	0.48	0.8	NA	0.09	0.40	NA	7.5
003	7.0	<1.	<0.01	0.20	NA	0.58	<0.1	NA	0.08	0.20	NA	7.4
	9.0	<1.	<0.01	0.21	NA	0.39	<0.1	NA	0.10	0.18	NA	7.4

NA = Not Analyzed

All analyses based on grab samples
All results in mg/l (except pH)

United States
Environmental Protection
Agency

Office of
Enforcement
Washington, DC 20460

EPA Form 3510-2C
June 1980

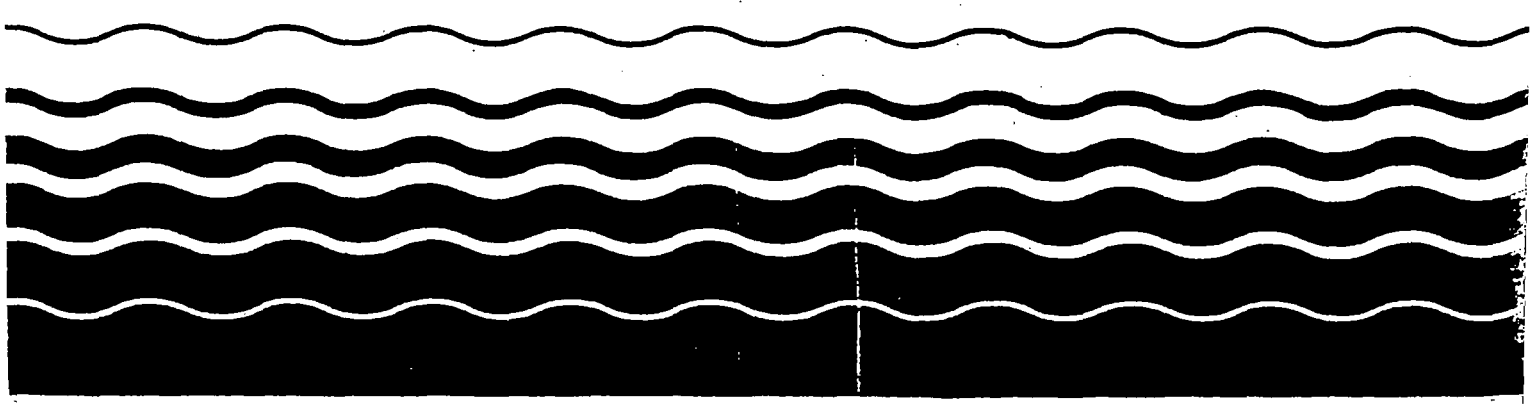
Permits Division

EPA

Application Form 2C - Wastewater Discharge Information

Consolidated Permits Program

This form must be completed by all persons applying for an EPA permit to discharge wastewater *(existing manufacturing, commercial, mining, and silvicultural operations)*.



Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1): NYD 006977086

Form Approved OMB No. 158-R0173

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY

APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER

EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS

Consolidated Permits Program

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	43	01	55	76	05	47	Unnamed Tributary to South Branch Of Ley Creek
002	43	01	59	76	05	41	" " " " " "
003	43	01	51	76	05	39	" " " " " "
004	43	01	51	76	05	26	Storm Sewer to South Branch Of Ley Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
001	Copper Rotary Cooling Water and Air Compressor Cooling Water (Plant #2)	36,000 GPD	NONE	
002	Outfall 003 & Stormwater Runoff (Plant #2)	9,000 + Runoff GPD	NONE	
003	Aluminum Ingot Cooling Water & Air Compressor Cooling Water (Plant 1	9,000 GPD	NONE	
004	Stormwater runoff Plant #1	Runoff	NONE	

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(S) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DU ATIC *(in da*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES *(complete Item III-B)* ☐ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☒ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C. If you answered "Yes" to Item III-B, list the quantity which represents an actual measurement of your maximum level of production, expressed in the ter and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. MAXIMUM QUANTITY			2. AFFECTED OUTFALLS
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	*(list outfall number*
700	Pounds	Removal Of Magnesium using Chlorine in the secondary Aluminum Smelting Category (40CFR421.32,c) Forms Magnesium Chloride - captured by baghouse dust collector	002 003

IV. IMPROVEMENTS

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

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL CO FLIANCE DA	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. A REC

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may a your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actu planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NYD 006977086

Form Approved OMB No. 158-R0173

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you do or expect that you will over the next 5 years use or manufacture as an intermediate or final product or byproduct?

☒ YES (list all such pollutants below) ☐ NO (go to Item VI-B)

Copper, Lead, Zinc

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharges of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ YES (complete Item VI-C below) ☒ NO (go to Section VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years, to the best of your ability at this time. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

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

☒ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZ (list)
Calocerinos & Spina Consulting Engineers	1020 7th North St. Liverpool, N Y 13088	315 457-6711	All Analyses

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information sub[illegible]tted in this application and [illegible] attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the [illegible] formation is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including t[illegible] possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
C. SIGNATURE	D. DATE SIGNED

Please print or type in the unshaded areas only

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*
NYD 006977086

Form Approved OMB No. 158-R0173

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER *(list)*	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER *(name)*
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUT-FALL NO. *(list)*	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION *(list)*	b. AVERAGE FLOW *(include units)*	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

D R A F T

August 3, 1988

Ms. Joanne L. March
Sr. Enviromental Analyst
New York State Department of
Environmental Conservation
615 Erie Boulevard, West
Syracuse, New York 13042

Dear Ms. March:

Enclosed please find the appropriate application forms for renewal of our wastewater discharge permit (Permit No. NY0110311) along with the appropriate application fee. The application includes four existing outfalls to an unnamed tributary of the South Branch of Ley Creek. The outfalls include both process cooling water and stormwater runoff.

If you have any questions, please do not hesitate to call.

Very truly yours,

ROTH BROS. SMELTING CO.

Neal Schwartz
General Manager

Enclosure

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

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F N Y D 0 0 6 9 7 7 0 8 6 | | D

LABEL ITEMS

- EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING ADDRESS
- VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

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

II. POLLUTANT CHARACTERISTICS

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

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
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		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

1 SKIP: ROTH BROS. SMELTING CORP.

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 SCHWARTZ, NEAL, GENERAL MANAGER	315 463 9500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 6223 THOMPSON ROAD			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
4 EAST SYRACUSE	NY	13057	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 6223 THOMPSON ROAD			
B. COUNTY NAME			
ONONDAGA			
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE** *(if known)*
6 EAST SYRACUSE	NY	13057	

EPA Form 3510-1 (Rev. 10-80)

CONTINUE ON REVERSE

ONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
3341 (specify) Secondary smelting and refining of non-ferrous metals	C 7 (specify)
C. THIRD	**D. FOURTH**
(specify)	C 7 (specify)

III. OPERATOR INFORMATION

A. NAME

ROTH BROS.. SMELTING CORP.

B. Is the name listed in Item VIII-A also the owner? XX 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 315 463 9500

E. STREET OR P.O. BOX

223 THOMPSON ROAD

F. CITY OR TOWN

EAST SYRACUSE

G. STATE NY

H. ZIP CODE 13057

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

V. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water) N NY0110311

D. PSD (Air Emissions from Proposed Sources) C 9 P

B. UIC (Underground Injection of Fluids) U

E. OTHER (specify) C 9 (specify)

C. RCRA (Hazardous Wastes) NYD006977086

E. OTHER (specify) C 9 (specify)

VI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. 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.

VII. NATURE OF BUSINESS (provide a brief description)

Secondary smelting and refining of non-ferrous metals.

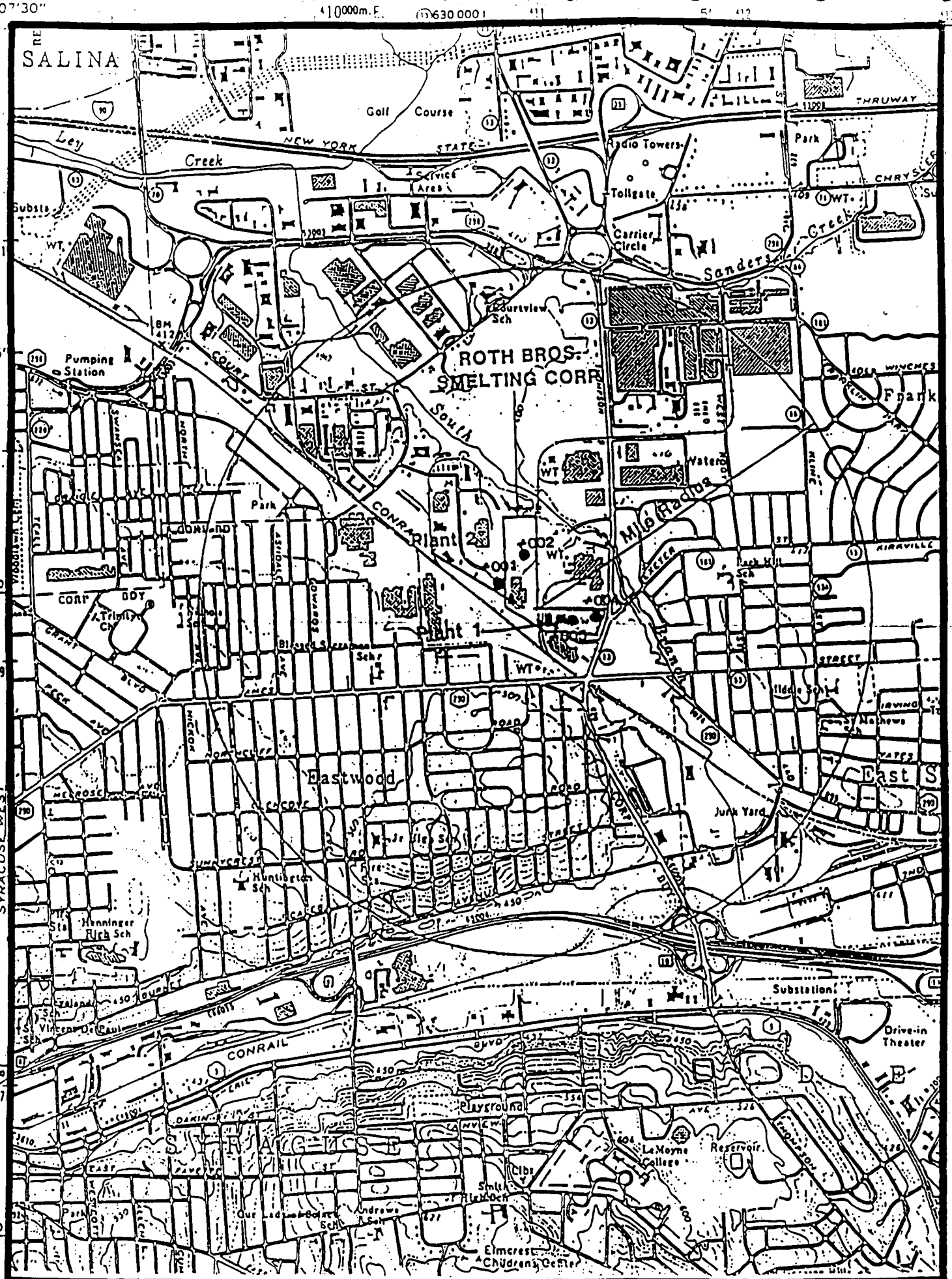
VIII. CERTIFICATION (see instructions)

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
rence Roth, President		

COMMENTS FOR OFFICIAL USE ONLY

U.S. Government Printing Office : 1985 - 486-785/3155



MALCOLM PIRNIE

ROTH BROS. SMELTING CORPORATION

MALCOLM PIRNIE, INC.

AUGUST 1988

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1): NYD 006977086

OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
001	43	04	23	76	05	53	Unnamed tributary to South Branch of Ley Creek
002	43	04	28	76	05	47	Unnamed tributary to South Branch of Ley Creek
004	43	04	19	76	05	31	Storm Sewer to South Branch of Ley Creek
005	43	04	18	76	05	37	Storm Sewer to South Branch of Ley Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Copper Rotary Furnace Cooling Water		None		
	Lead Furnace Cooling Water	43,000			
	Stormwater Runoff	+ Runoff			
	Oil Separator				
002	Stormwater Runoff		None		
	Aluminum Ingot Cooling Water	16,500			
		+ Runoff			
	Ground Water From Dewatering Pumps				
004	Stormwater Runoff		None		
	(Plant #1, Aluminum Scrap area	Runoff			
	drainage ditch along adjacent				
	landfill).				
005	Zamac Process Cooling Water	21,600	None		
	Stormwater (from east of	+ Runoff			
	Plant #1)				

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES *(complete the following table)* ☒ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES *(complete Item III-B)* ☐ NO *(go to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☒ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS *(list outfall numbers)*
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	
3520	Pounds	Removal of magnesium using chlorine in the secondary aluminum smelting category (40 CFR 421.32,C) Forms magnesium chloride captured by baghouse dust collector	002

IV. IMPROVEMENTS

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

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NYD 006977086

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS

A-B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☒ YES (list all such pollutants below) ☐ NO (go to Item VI-B)

Copper, lead, zinc.

VII. BIOLOGICAL TOXICITY TESTING DATA

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

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

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

☒ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ NO *(go to Section IX)*

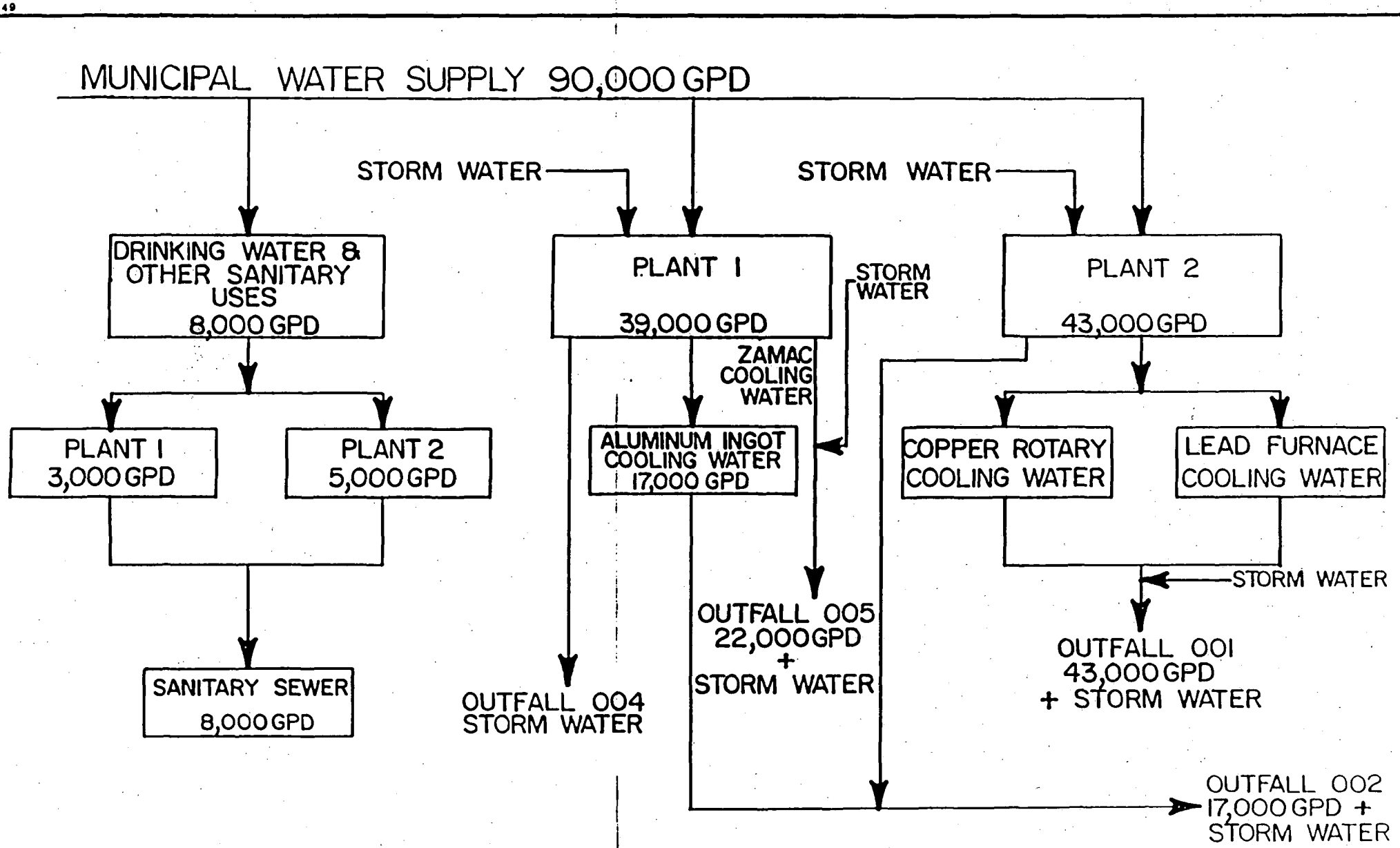
A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
Upstate Laboratories, Inc	143 Midler Park Drive Box 289 Syracuse, New York 13206	315-437-0255	All analyses

IX. CERTIFICATION

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

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
Lawrence Roth, President	(315) 463-9500
C. SIGNATURE	D. DATE SIGNED

134649



MALCOLM PIRNIE

SCHEMATIC OF WATER FLOW
ROTH BROS. SMELTING CORPORATION
EAST SYRACUSE, NEW YORK

MALCOLM PIRNIE, INC.
JOB NO. 1084 04 6
AUGUST 1988

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NYD 006977086

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 001

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	2. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	2. EFFLUENT d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS (specify if blank) b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE (optional) b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)* BOD5	< 5						1	mg/l				
b. Chemical Oxygen Demand *(COD)*	5						1	mg/l				
c. Total Organic Carbon *(TOC)*	1.9						1	mg/l				
d. Total Suspended Solids *(TSS)*	7						1	mg/l				
e. Ammonia *(as N)*	< 0.5						1	mg/l				
f. Flow	VALUE 0.047		VALUE		VALUE		4		mgd	VALUE		
g. Temperature *(winter)*	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE 28		VALUE		VALUE		4	°C		VALUE		
i. pH	MINIMUM 6.25	MAXIMUM 8.35	MINIMUM	MAXIMUM			27	STANDARD UNITS				

PART B - *Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent.* If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
a. Bromide (24959-67-9)			1.7						1	mg/l				
b. Chlorine, Total Residual			< 1						4	mg/l				
c. Color			1						1	unit				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)			0.94						1	mg/l				
f. Nitrate-Nitrite *(as N)*			0.75						1	mg/l				

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (If available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)			1.4						1	mg/l				
h. Oil and Grease			< 5				< 5		13	mg/l				
i. Phosphorus (as P), Total (7723-14-0)			0.58						1	mg/l				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)			23						1	mg/l				
l. Sulfide (as S) (18496-25-8)			8						1	mg/l				
m. Sulfite (as SO_3) (14265-45-3)			< 2				< 2		13	mg/l				
n. Surfactants MBAS			0.063						1	mg/l				
o. Aluminum, Total (7429-90-5)			< 0.5						1	mg/l				
p. Barium, Total (7440-39-3)			0.5						1	mg/l				
q. Boron, Total (7440-42-8)			0.1						1	mg/l				
r. Cobalt, Total (7440-48-4)			< 0.05						1	mg/l				
s. Iron, Total (7439-89-6)			0.53				0.15		13	mg/l				
t. Magnesium, Total (7439-95-4)			10						1	mg/l				
u. Molybdenum, Total (7439-98-7)			< 0.3						1	mg/l				
v. Manganese, Total (7439-96-5)			0.05						1	mg/l				
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)			< 0.3						1	mg/l				

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PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)				< 0.3				<0.3		13	mg/l				
2M. Arsenic, Total (7440-38-2)				0.003						1	mg/l				
3M. Beryllium, Total, 7440-41-7)				< 0.005						1	mg/l				
4M. Cadmium, Total (7440-43-9)				0.068				0.014		13	mg/l				
5M. Chromium, Total (7440-47-3)				< 0.05						1	mg/l				
6M. Copper, Total (7440-50-8)				3.10				0.33		13	mg/l				
7M. Lead, Total (7439-92-1)				0.5				0.19		13	mg/l				
8M. Mercury, Total (7439-97-6)				< 0.0004						1	mg/l				
9M. Nickel, Total (7440-02-0)				< 0.03						1	mg/l				
10M. Selenium, Total (7782-49-2)				0.001						1	mg/l				
11M. Silver, Total (7440-22-4)				< 0.05						1	mg/l				
12M. Thallium, Total (7440-28-0)				< 0.3						1	mg/l				
13M. Zinc, Total (7440-66-6)				1.6				0.36		13	mg/l				
14M. Cyanide, Total (57-12-5)				< 0.01						1	mg/l				
15M. Phenols, Total				< 0.005						1	mg/l				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)				<100						1	ug/l				
2V. Acrylonitrile (107-13-1)				< 100						1	ug/l				
3V. Benzene (71-43-2)				< 3						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)				< 3						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)				< 3						1	ug/l				
7V. Chlorobenzene (108-90-7)				< 3						1	ug/l				
8V. Chlorodibromomethane (124-48-1)				< 3						1	ug/l				
9V. Chloroethane (75-00-3)				< 3						1	ug/l				
10V. 2-Chloroethylvinyl Ether (110-75-8)				< 3						1	ug/l				
11V. Chloroform (67-66-3)				39						1	ug/l				
12V. Dichlorobromomethane (75-27-4)				10						1	ug/l				
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)				< 3						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)				< 3						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)				< 3						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)				< 3						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)				c-<3 t-<3						1	ug/l				
19V. Ethylbenzene (100-41-4)				< 3						1	ug/l				
20V. Methyl Bromide (74-83-9)				< 3						1	ug/l				
21V. Methyl Chloride (74-87-3)				< 3						1	ug/l				

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1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)				< 3						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)				< 3						1	ug/l				
24V. Tetrachloroethylene (127-18-4)				< 3						1	ug/l				
25V. Toluene (108-88-3)				< 3						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)				< 3						1	ug/l				
27V. 1,1,1-Trichloroethane (71-55-6)				< 3						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)				< 3						1	ug/l				
29V. Trichloroethylene (79-01-6)				< 3						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)				< 3						1	ug/l				
31V. Vinyl Chloride (75-01-4)				< 3						1	ug/l				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)				< 5						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)				< 5						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)				< 5						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-52-1)				< 50						1	ug/l				
5A. 2,4-Dinitrophenol (51-28-5)				< 50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)				< 5						1	ug/l				
7A. 4-Nitrophenol (100-02-7)				< 5						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)				< 5						1	ug/l				
9A. Pentachlorophenol (87-86-5)				< 10						1	ug/l				
10A. Phenol (108-95-2)				< 5						1	ug/l				
11A. 2,4,6-Trichlorophenol (88-06-2)				< 5						1	ug/l				

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)				< 5						1	ug/l				
2B. Acenaphtylene (208-96-8)				< 5						1	ug/l				
3B. Anthracene (120-12-7)				< 5						1	ug/l				
4B. Benzidine (92-87-5)				< 5						1	ug/l				
5B. Benzo (a) Anthracene (56-55-3)				< 5						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)				< 5						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)				< 5						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)				< 10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)				< 5						1	ug/l				
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)				< 5						1	ug/l				
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)				< 5						1	ug/l				
12B. Bis (2-Chloroiso-propyl) Ether (102-80-1)				< 5						1	ug/l				
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)				14						1	ug/l				
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)				< 5						1	ug/l				
15B. Butyl Benzyl Phthalate (85-68-7)				< 5						1	ug/l				
16B. 2-Chloro-naphthalene (91-58-7)				< 5						1	ug/l				
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)				< 5						1	ug/l				
18B. Chrysene (218-01-9)				< 5						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)				< 10						1	ug/l				
20B. 1,2-Dichloro-benzene (95-50-1)				< 5						1	ug/l				
21B. 1,3-Dichloro-benzene (541-73-1)				< 5						1	ug/l				

EPA I.D. NUMBER (copy from Item Form 1) NYD 006977086 | OUTFALL NUMBER 001

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1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)				< 5						1	ug/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)				< 5						1	ug/l				
24B. Diethyl Phthalate (84-66-2)				< 5						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)				< 5						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)				< 5						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)				< 5						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)				< 5						1	ug/l				
29B. Di-N-Octyl Phthalate (117-84-0)				8						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)				< 100						1	ug/l				
31B. Fluoranthene (206-44-0)				< 5						1	ug/l				
32B. Fluorene (86-73-7)				< 5						1	ug/l				
33B. Hexachlorobenzene (118-74-1)				< 5						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)				< 5						1	ug/l				
35B. Hexachlorocyclopentadiene (77-47-4)				< 5						1	ug/l				
36B. Hexachloroethane (67-72-1)				< 5						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)				< 10						1	ug/l				
38B. Isophorone (78-59-1)				< 5						1	ug/l				
39B. Naphthalene (91-20-3)				< 5						1	ug/l				
40B. Nitrobenzene (98-95-3)				< 5						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)				< 5						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)				< 5						1	ug/l				

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)				< 5						1	ug/l				
44B. Phenanthrene (85-01-8)				< 5						1	ug/l				
45B. Pyrene (129-00-0)				< 5						1	ug/l				
46B. 1,2,4 - Trichlorobenzene (120-82-1)				< 5						1	ug/l				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)				< 0.01						1	ug/l				
2P. α-BHC (319-84-6)				< 0.01						1	ug/l				
3P. β-BHC (319-85-7)				< 0.01						1	ug/l				
4P. γ-BHC (58-89-9)				< 0.01						1	ug/l				
5P. δ-BHC (319-86-8)				< 0.01						1	ug/l				
6P. Chlordane (57-74-9)				< 0.03						1	ug/l				
7P. 4,4'-DDT (50-29-3)				< 0.01						1	ug/l				
8P. 4,4'-DDE (72-55-9)				< 0.01						1	ug/l				
9P. 4,4'-DDD (72-54-8)				< 0.01						1	ug/l				
10P. Dieldrin (60-57-1)				< 0.01						1	ug/l				
11P. α-Endosulfan (115-29-7)				< 0.01						1	ug/l				
12P. β-Endosulfan (115-29-7)				< 0.01						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)				< 0.1						1	ug/l				
14P. Endrin (72-20-8)				< 0.01						1	ug/l				
15P. Endrin Aldehyde (7421-93-4)				< 0.03						1	ug/l				
16P. Heptachlor (76-44-8)				< 0.01						1	ug/l				

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)				< 0.1						1	ug/l				
18P. PCB-1242 (53469-21-9)				< 0.1						1	ug/l				
19P. PCB-1254 (11097-69-1)				< 0.1						1	ug/l				
20P. PCB-1221 (11104-28-2)				< 0.1						1	ug/l				
21P. PCB-1232 (11141-16-5)				< 0.1						1	ug/l				
22P. PCB-1248 (12672-29-6)				< 0.1						1	ug/l				
23P. PCB-1260 (11096-82-5)				< 0.1						1	ug/l				
24P. PCB-1016 (12674-11-2)				< 0.1						1	ug/l				
25P. Toxaphene (8001-35-2)				< 0.5						1	ug/l				

PCBs*
Effluent Gross Value 1.5 0.35 12 ug/l

*Based on monthly DMRs (July 87 - June 88)

.EASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of is information on separate sheets *(use the same format)* instead of completing these pages. E INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NYD 006977086

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V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO.: 002

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

POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE *(if available)* (2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	c. LONG TERM AVRG. VALUE *(if available)* (2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
Biochemical Oxygen Demand (BOD) 5	< 5						1	mg/1				
Chemical Oxygen Demand (COD)	10						1	mg/1				
Total Organic Carbon (TOC)	2.6						1	mg/1				
Total Suspended Solids (TSS)	7						1	mg/1				
Ammonia (as N)	< 0.5						1	mg/1				
Flow	VALUE 0.0165		VALUE		VALUE		4		mgd	VALUE		
Temperature (Wint.)	VALUE		VALUE		VALUE			°C		VALUE		
Temperature (Summer)	VALUE 23		VALUE		VALUE		4	°C		VALUE		
pH	MINIMUM 6.9	MAXIMUM 8.1	MINIMUM	MAXIMUM			27	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE *(if available)* (2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	c. LONG TERM AVRG. VALUE *(if available)* (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
Bromide (24959-67-9)			5.6						1	mg/1				
Chlorine, Total Residual			< 1						4	mg/1				
Color			1						1	unit				
Fecal Coliform		X												
Fluoride (16984-48-8)			0.52						1	mg/1				
Nitrate-Nitrite *(as N)*			0.86						1	mg/1				

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
. Nitrogen, otal Organic as N)			1.7						1	mg/l				
. Oil and rease			27				7.2		13	mg/l				
Phosphorus as P), Total 7723-14-0)			< 0.05						1	mg/l				
. Radioactivity														
1) Alpha, otal		X												
2) Beta, otal		X												
3) Radium, otal		X												
4) Radium 26, Total		X					"							
. Sulfate as SO4) 14808-79-8)			690						1	mg/l				
. Sulfide as S) 8496-25-8)			230						1	mg/l				
n. Sulfite as SO3) 14265-45-3)			< 2				<2		13	mg/l				
. Surfactants MBAS			0.33						1	mg/l				
. Aluminum, Total 7429-90-5)			0.5						1	mg/l				
. Barium, Total 7440-39-3)			< 0.3						1	mg/l				
. Boron, Total 7440-42-8)			0.2						1	mg/l				
. Cobalt, Total 7440-48-4)			< 0.05						1	mg/l				
. Iron, Total 7439-89-6)			1.0				0.50		13	mg/l				
. Magnesium, Total 7439-95-4)			44						1	mg/l				
. Molybdenum, Total 7439-98-7)			< 0.3						1	mg/l				
. Manganese, Total 7439-96-5)			0.18						1	mg/l				
. Tin, Total 7440-31-5)		X												
. Titanium, Total 7440-32-6)			< 0.3						1	mg/l				

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EPA I.D. NUMBER (copy from Item 1 of 1)	OUTFALL NUMBER
NYD 006977086	002

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ART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (If available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
TALS, CYANIDE, AND TOTAL PHENOLS															
Antimony, Total (7440-36-0)				< 0.3				< 0.3		13	mg/l				
Arsenic, Total (40-38-2)				0.002						1	mg/l				
Beryllium, Total (7440-41-7)				< 0.005						1	mg/l				
Cadmium, Total (7440-43-9)				0.07				0.016		13	mg/l				
Chromium, Total (7440-47-3)				< 0.05						1	mg/l				
Copper, Total (40-50-8)				0.60				0.10		13	mg/l				
Lead, Total (39-92-1)				0.3				0.12		13	mg/l				
Mercury, Total (39-97-6)				0.0023						1	mg/l				
Nickel, Total (40-02-0)				< 0.03						1	mg/l				
Selenium, Total (7782-49-2)				0.001						1	mg/l				
Silver, Total (40-22-4)				< 0.05						1	mg/l				
Thallium, Total (7440-28-0)				< 0.3						1	mg/l				
Zinc, Total (40-66-6)				0.61				0.15		13	mg/l				
Cyanide, Total (57-12-5)				0.02						1	mg/l				
Phenols, Total				< 0.005						1	mg/l				
OXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TEST INCLUDED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
V. Acrolein 107-02-8)				<100						1	ug/l				
V. Acrylonitrile 107-13-1)				<100						1	ug/l				
V. Benzene 71-43-2)				< 3						1	ug/l				
V. Bis (Chloro-ethyl) Ether 542-88-1)			X												
V. Bromoform 75-25-2)				< 3						1	ug/l				
V. Carbon Tetrachloride 56-23-5)				< 3						1	ug/l				
V. Chlorobenzene 108-90-7)				< 3						1	ug/l				
V. Chlorodi-bromomethane 124-48-1)				< 3						1	ug/l				
V. Chloroethane 75-00-3)				< 3						1	ug/l				
0V. 2-Chloro-thylvinyl Ether 110-75-8)				< 3						1	ug/l				
1V. Chloroform 67-66-3)				6						1	ug/l				
2V. Dichloro-bromomethane 75-27-4)				< 3						1	ug/l				
3V. Dichloro-difluoromethane 75-71-8)			X												
4V. 1,1-Dichloro-thane (75-34-3)				< 3						1	ug/l				
5V. 1,2-Dichloro-thane (107-06-2)				< 3						1	ug/l				
6V. 1,1-Dichloro-thylene (75-35-4)				< 3						1	ug/l				
7V. 1,2-Dichloro-propane (78-87-5)				< 3						1	ug/l				
8V. 1,3-Dichloro-propylene (542-75-6)				c-<3 t-<3						1	ug/l				
9V. Ethylbenzene 100-41-4)				< 3						1	ug/l				
0V. Methyl Bromide (74-83-9)				< 3						1	ug/l				
1V. Methyl Chloride (74-87-3)				< 3						1	ug/l				

CONTINUE ON PAGE

1. POLLUTA. AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)				< 3						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)				< 3						1	ug/l				
24V. Tetrachloroethylene (127-18-4)				< 3						1	ug/l				
25V. Toluene (108-88-3)				< 3						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)				< 3						1	ug/l				
27V. 1,1,1-Trichloroethane (71-55-6)				< 3						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)				< 3						1	ug/l				
29V. Trichloroethylene (79-01-6)				< 3						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)				< 3						1	ug/l				
31V. Vinyl Chloride (75-01-4)				< 3						1	ug/l				
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)				< 5						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)				< 5						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)				< 5						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-52-1)				< 50						1	ug/l				
5A. 2,4-Dinitrophenol (51-28-5)				< 50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)				<5						1	ug/l				
A. 4-Nitrophenol (100-02-7)				<5						1	ug/l				
A. P-Chloro-M-Cresol (59-50-7)				<5						1	ug/l				
A. Pentachlorophenol (87-86-5)				<10						1	ug/l				
0A. Phenol (108-95-2)				< 5						1	ug/l				
1A. 2,4,6-Trichlorophenol (88-06-2)				< 5						1	ug/l				

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1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)				< 5						1	ug/l				
2B. Acenaphtylene (208-96-8)				< 5						1	ug/l				
3B. Anthracene (120-12-7)				< 5						1	ug/l				
4B. Benzidine (92-87-5)				< 5						1	ug/l				
5B. Benzo (a) Anthracene (56-55-3)				< 5						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)				< 5						1	ug/l				
7B. 3,4-Benzo fluoranthene (205-99-2)				< 5						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)				< 10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)				< 5						1	ug/l				
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)				< 5						1	ug/l				
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)				< 5						1	ug/l				
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)				< 5						1	ug/l				
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)				7						1	ug/l				
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)				< 5						1	ug/l				
15B. Butyl Benzyl Phthalate (85-68-7)				< 5						1	ug/l				
16B. 2-Chloro-naphthalene (91-58-7)				< 5						1	ug/l				
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)				< 5						1	ug/l				
18B. Chrysene (218-01-9)				< 5						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)				< 10						1	ug/l				
20B. 1,2-Dichloro-benzene (95-50-1)				< 5						1	ug/l				
21B. 1,3-Dichloro-benzene (541-73-1)				< 5						1	ug/l				

EPA I.D. NUMBER (copy from Item 1 ...rm 1) NYD 006977086 | OUTFALL NUMBER 002

OMB No. 2040-0086
Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)				< 5						1	ug/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)				< 5						1	ug/l				
24B. Diethyl Phthalate (84-66-2)				< 5						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)				< 5						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)				< 5						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)				< 5						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)				< 5						1	ug/l				
29B. Di-N-Octyl Phthalate (117-84-0)				< 5						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)				< 100						1	ug/l				
31B. Fluoranthene (206-44-0)				< 5						1	ug/l				
32B. Fluorene (86-73-7)				< 5						1	ug/l				
33B. Hexachlorobenzene (118-74-1)				< 5						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)				< 5						1	ug/l				
35B. Hexachlorocyclopentadiene (77-47-4)				< 5						1	ug/l				
36B. Hexachloroethane (67-72-1)				< 5						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)				< 10						1	ug/l				
38B. Isophorone (78-59-1)				< 5						1	ug/l				
39B. Naphthalene (91-20-3)				< 5						1	ug/l				
40B. Nitrobenzene (98-95-3)				< 5						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)				< 5						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)				< 5						1	ug/l				

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
83B. N-Nitrosodiphenylamine (86-30-6)				< 5						1	ug/l				
84B. Phenanthrene (85-01-8)				< 5						1	ug/l				
85B. Pyrene (129-00-0)				< 5						1	ug/l				
86B. 1,2,4-Trichlorobenzene (120-82-1)				< 5						1	ug/l				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)				< 0.01						1	ug/l				
2P. α-BHC (319-84-6)				< 0.01						1	ug/l				
3P. β-BHC (319-85-7)				< 0.01						1	ug/l				
4P. γ-BHC (58-89-9)				< 0.01						1	ug/l				
5P. δ-BHC (319-86-8)				< 0.01						1	ug/l				
6P. Chlordane (57-74-9)				< 0.03						1	ug/l				
7P. 4,4'-DDT (50-29-3)				< 0.01						1	ug/l				
8P. 4,4'-DDE (72-55-9)				< 0.01						1	ug/l				
9P. 4,4'-DDD (72-54-8)				< 0.01						1	ug/l				
10P. Dieldrin (60-57-1)				< 0.01						1	ug/l				
11P. α-Endosulfan (115-29-7)				< 0.01						1	ug/l				
12P. β-Endosulfan (115-29-7)				< 0.1						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)				< 0.01						1	ug/l				
14P. Endrin (72-20-8)				< 0.01						1	ug/l				
15P. Endrin Aldehyde (7421-93-4)				< 0.03						1	ug/l				
16P. Heptachlor (76-44-8)				< 0.01						1	ug/l				

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NYD 006977086	002

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor poxide (1024-57-3)				< 0.1						1	ug/l				
18P. PCB-1242 (53469-21-9)				< 0.1						1	ug/l				
19P. PCB-1254 (11097-69-1)				< 0.1						1	ug/l				
20P. PCB-1221 (11104-28-2)				< 0.1						1	ug/l				
21P. PCB-1232 (11141-16-5)				< 0.1						1	ug/l				
22P. PCB-1248 (12672-29-6)				< 0.1						1	ug/l				
23P. PCB-1260 (11096-82-5)				< 0.1						1	ug/l				
24P. PCB-1016 (12674-11-2)				< 0.1						1	ug/l				
25P. Toxaphene (8001-35-2)				< 0.5						1	ug/l				

LEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of
is information on separate sheets *(use the same format)* instead of completing these pages.
EE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NYD 006977086

Form Approved.
OMB No. 2040-0086
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V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 004

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

. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE *(if available)* (2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	c. LONG TERM AVRG. VALUE *(if available)* (2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
. Biochemical Oxygen Demand (BOD) 5	< 5						1	mg/l				
. Chemical Oxygen Demand (COD)	130						1	mg/l				
. Total Organic Carbon (TOC)	20						1	mg/l				
. Total Suspended Solids (TSS)	260						1	mg/l				
. Ammonia (as N)	0.8						1	mg/l				
Flow	VALUE 800		VALUE		VALUE		1		gpd	VALUE		
. Temperature (Winter)	VALUE		VALUE		VALUE			°C		VALUE		
. Temperature (Summer)	VALUE 18		VALUE		VALUE		1	°C		VALUE		
pH	MINIMUM 6.5	MAXIMUM 7.35	MINIMUM	MAXIMUM			3	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

. POLLUTANT AND CAS NO. *(If available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE *(if available)* (2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	c. LONG TERM AVRG. VALUE *(if available)* (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
Bromide (24959-67-9)			7.8						1	mg/l				
Chlorine, Total Residual			< 1						1	mg/l				
Color			1						1	unit				
Fecal Coliform		X												
Fluoride (16984-48-8)			0.74						1	mg/l				
Nitrate-Nitrite *(as N)*			1.0						1	mg/l				

ITEM V-B CONT'D FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
i. Nitrogen, Total Organic (as N)			3.4						1	mg/l				
j. Oil and Grease			17				12.3		3	mg/l				
k. Phosphorus (as P), Total (7723-14-0)			0.77						1	mg/l				
l. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
m. Sulfate (as SO_4) (14808-79-8)			68						1	mg/l				
n. Sulfide (as S)			22						1	mg/l				
o. Sulfite (as SO_3) (14265-45-3)			< 2				<2		3	mg/l				
p. Surfactants MBAS			0.62						1	mg/l				
q. Aluminum, Total (7429-90-5)			5.6						1	mg/l				
r. Barium, Total (7440-39-3)			< 0.3						1	mg/l				
s. Boron, Total (7440-42-8)			0.1						1	mg/l				
t. Cobalt, Total (7440-48-4)			< 0.05						1	mg/l				
u. Iron, Total (7439-89-6)			1.9				0.88		3	mg/l				
v. Magnesium, Total (7439-95-4)			27						1	mg/l				
w. Molybdenum, Total (7439-98-7)			< 0.3						1	mg/l				
x. Manganese, Total (7439-96-5)			0.13						1	mg/l				
y. Tin, Total (7440-31-5)		X												
z. Titanium, Total (7440-32-6)			< 0.3						1	mg/l				

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NYD 006977086	004

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'ART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
TALS, CYANIDE, AND TOTAL PHENOLS															
I. Antimony, Total (7440-36-0)			X	< 0.3				< 0.3		2	mg/l				
I. Arsenic, Total (440-38-2)			X												
I. Beryllium, Total (7440-41-7)			X												
I. Cadmium, Total (7440-43-9)			X	< 0.005				< 0.005		2	mg/l				
I. Chromium, Total (7440-47-3)			X												
I. Copper, Total (440-50-8)			X	0.17				0.11		2	mg/l				
I. Lead, Total (439-92-1)			X	0.4				0.25		2	mg/l				
I. Mercury, Total (439-97-6)			X												
I. Nickel, Total (440-02-0)			X												
M. Selenium, Total (7782-49-2)			X												
M. Silver, Total (440-22-4)			X												
M. Thallium, Total (7440-28-0)			X												
M. Zinc, Total (440-66-6)			X	0.33				0.22		2	mg/l				
M. Cyanide, Total (57-12-5)			X												
M. Phenols, Total			X												
IOXIN															
3,7,8-Tetrachlorodibenzo-P-oxin (1764-01-6)			X	DESCRIBE RESULTS											

POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
/MS FRACTION – VOLATILE COMPOUNDS															
. Acrolein 7-02-8)			X												
. Acrylonitrile 7-13-1)			X												
. Benzene -43-2)			X												
. Bis (Chloro-thyl) Ether 2-88-1)			X												
. Bromoform -25-2)			X												
. Carbon rachloride -23-5)			X												
. Chlorobenzene 8-90-7)			X												
. Chlorodi-momethane 4-48-1)			X												
. Chloroethane -00-3)			X												
/. 2-Chloro-yivinyl Ether 0-75-8)			X												
/. Chloroform -66-3)			X												
/. Dichloro-momethane -27-4)			X												
/. Dichloro-luoromethane -71-8)			X												
/. 1,1-Dichloro-ane (75-34-3)			X												
/. 1,2-Dichloro-ane (107-06-2)			X												
/. 1,1-Dichloro-ylene (75-35-4)			X												
/. 1,2-Dichloro-ipane (78-87-5)			X												
/. 1,3-Dichloro-pylene (542-75-6)			X												
/. Ethylbenzene 10-41-4)			X												
/. Methyl omide (74-83-9)			X												
/. Methyl loride (74-87-3)			X												

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POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (If available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
C/MS FRACTION – VOLATILE COMPOUNDS (continued)															
V. Methylene ıloride (75-09-2)			X												
V. 1,1,2,2-Tetra- loroethane 3-34-5)			X												
V. Tetrachloro- ıylene (127-18-4)			X												
V. Toluene 08-88-3)			X												
V. 1,2-Trans- chloroethylene 56-60-5)			X												
V. 1,1,1-Tri- loroethane 1-55-6)			X												
V. 1,1,2-Tri- oroethane)-00-5)			X												
V. Trichloro- ıylene (79-01-6)			X												
V. Trichloro- oromethane 3-69-4)			X												
V. Vinyl loride (75-01-4)			X												
/MS FRACTION – ACID COMPOUNDS															
. 2-Chlorophenol 7-57-8)			X												
. 2,4-Dichloro- ınol (120-83-2)			X												
. 2,4-Dimethyl- ınol (105-67-9)			X												
. 4,6-Dinitro-O- sol (534-52-1)			X												
. 2,4-Dinitro- ınol (51-28-5)			X												
2-Nitrophenol 75-5)			X												
4-Nitrophenol 0-02-7)			X												
P-Chloro-M- sol (59-50-7)			X												
Pentachloro- ınol (87-86-5)			X												
. Phenol 8-95-2)			X												
. 2,4,6-Tri- ıophenol 06-2)			X												

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POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1. Acenaphthene (83-32-9)			X												
2. Acenaphtylene (208-96-8)			X												
3. Anthracene (120-12-7)			X												
4. Benzidine (92-87-5)			X												
5. Benzo (a) Anthracene (56-55-3)			X												
6. Benzo (a) Pyrene (50-32-8)			X												
7. 3,4-Benzofluoranthene (205-99-2)			X												
8. Benzo (ghi) Perylene (191-24-2)			X												
9. Benzo (k) Fluoranthene (207-08-9)			X												
10. Bis (2-Chloroethoxy) Methane (111-91-1)			X												
11. Bis (2-Chloroethyl) Ether (111-44-4)			X												
12. Bis (2-Chloroisopropyl) Ether (102-60-1)			X												
13. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15. Butyl Benzyl Phthalate (85-68-7)			X												
16. 2-Chloronaphthalene (91-58-7)			X												
17. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18. Chrysene (218-01-9)			X												
19. Dibenzo (a,h) Anthracene (53-70-3)			X												
20. 1,2-Dichlorobenzene (95-50-1)			X												
21. 1,3-Dichlorobenzene (541-73-1)			X												

EPA I.D. NUMBER (copy from Item 1 of 1) NYD 006977086

OUTFALL NUMBER 004

OMB No. 2040-0086
Approval expires 7-31-88

POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (If available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
B. 1,4-Dichloro-nzene (106-46-7)			X												
B. 3,3'-Dichloro-nzidine 1-94-1)			X												
B. Diethyl thalate 4-66-2)			X												
B. Dimethyl thalate 31-11-3)			X												
B. Di-N-Butyl thalate 4-74-2)			X												
B. 2,4-Dinitro-uene (121-14-2)			X												
B. 2,6-Dinitro-uene (606-20-2)			X												
B. Di-N-Octyl thalate 17-84-0)			X												
3. 1,2-Diphenyl-frazine (as Azo-zene) (122-66-7			X												
B. Fluoranthene)6-44-0)			X												
B. Fluorene 3-73-7)			X												
Hexachlorobenzene 1-74-1)			X												
B. Hexa-lorobutadiene 7-68-3)			X												
B. Hexachloro-clopentadiene 7-47-4)			X												
B. Hexachloro-ane (67-72-1)			X												
B. Indeno (1,2,3-cd) Pyrene 03-39-5)			X												
B. Isophorone 1-59-1)			X												
B. Naphthalene 1-20-3)			X												
B. Nitrobenzene 1-95-3)			X												
B. N-Nitro-dimethylamine 7-75-9)			X												
B. N-Nitrosodi-Propylamine 21-64-7)			X												

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POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(1) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(1) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(1) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(1) MASS	b. NO. OF ANALYSES
C/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
B. N-Nitro-diphenylamine 6-30-6)			X												
B. Phenanthrene 5-01-8)			X												
B. Pyrene 29-00-0)			X												
B. 1,2,4-Tri-lorobenzene 20-82-1)			X												
C/MS FRACTION – PESTICIDES															
. Aldrin 09-00-2)			X												
. α-BHC 19-84-6)			X												
. β-BHC 19-85-7)			X												
. γ-BHC 3-89-9)			X												
. δ-BHC 19-86-8)			X												
. Chlordane 7-74-9)			X												
. 4,4'-DDT 0-29-3)			X												
. 4,4'-DDE 2-55-9)			X												
. 4,4'-DDD 2-54-8)			X												
P. Dieldrin 0-57-1)			X												
P. α-Endosulfan 15-29-7)			X												
P. β-Endosulfan 15-29-7)			X												
P. Endosulfan lfate 031-07-8)			X												
P. Endrin 2-20-8)			X												
P. Endrin dehyde 421-93-4)			X												
P. Heptachlor 6-44-8)			X												

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (copy from Item 1 of Fc ...) NYD 006977086 | OUTFALL NUMBER 004

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
MS FRACTION — PESTICIDES (continued)															
Heptachlor ide 4-57-3)			X												
PCB-1242 69-21-9)			X												
PCB-1254 97-69-1)			X												
PCB-1221 04-28-2)			X												
PCB-1232 41-16-5)			X												
PCB-1248 72-29-6)			X												
PCB-1260 98-82-5)			X												
PCB-1016 74-11-2)			X												
Toxsphene 01-35-2)			X												

CBs*
ffluent Gross Value 0.90 0.62 2 ug/l

Based on Monthly DMRs (July 87-June 88)

'LEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of his information on separate sheets *(use the same format)* instead of completing these pages.
:EE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NYD 006977086

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V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 005

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	2. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	2. EFFLUENT d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS (specify if blank) b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE (optional) b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD) 5	< 5						1	mg/l				
b. Chemical Oxygen Demand (COD)	40						1	mg/l				
c. Total Organic Carbon (TOC)	2.7						1	mg/l				
d. Total Suspended Solids (TSS)	6						1	mg/l				
e. Ammonia (as N)	< 0.5						1	mg/l				
f. Flow	VALUE 28,640		VALUE		VALUE		4		gpd	VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE 40		VALUE		VALUE		4	°C		VALUE		
i. pH	MINIMUM 6.70	MAXIMUM 8.20	MINIMUM	MAXIMUM			18	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
a. Bromide (24959-67-9)			1.5						1	mg/l				
b. Chlorine, Total Residual			< 1						4	mg/l				
c. Color			1						4	unit				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)			1.1						1	mg/l				
f. Nitrate-Nitrite (as N)			0.41						1	mg/l				

ITEM V-B CONT'D FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (If available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
a. Nitrogen, Total Organic (as N)			1.7						1	mg/l				
h. Oil and Grease			< 5						1	mg/l				
i. Phosphorus (as P), Total (7723-14-0)			< 0.05						1	mg/l				
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO_4) (14808-79-8)			22						1	mg/l				
l. Sulfide (as S)			7						1	mg/l				
m. Sulfite (as SO_3) (14265-45-3)			< 2						1	mg/l				
n. Surfactants MBAS			0.37						1	mg/l				
o. Aluminum, Total (7429-90-5)			0.5						1	mg/l				
p. Barium, Total (7440-39-3)			< 0.3						1	mg/l				
q. Boron, Total (7440-42-8)			0.2						1	mg/l				
r. Cobalt, Total (7440-48-4)			< 0.05						1	mg/l				
s. Iron, Total (7439-89-6)			0.32						1	mg/l				
t. Magnesium, Total (7439-95-4)			11						1	mg/l				
u. Molybdenum, Total (7439-98-7)			< 0.3						1	mg/l				
v. Manganese, Total (7439-96-5)			0.05						1	mg/l				
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)			< 0.3						1	mg/l				

EPA I.D. NUMBER (copy from Item 1 of 1): NYD 006977086

OUTFALL NUMBER: 005

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PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)				< 0.3						1	mg/l				
2M. Arsenic, Total (7440-38-2)				0.001						1	mg/l				
3M. Beryllium, Total (7440-41-7)				< 0.005						1	mg/l				
4M. Cadmium, Total (7440-43-9)				0.006						1	mg/l				
5M. Chromium, Total (7440-47-3)				< 0.05						1	mg/l				
6M. Copper, Total (7440-50-8)				0.04						1	mg/l				
7M. Lead, Total (7439-92-1)				< 0.1						1	mg/l				
8M. Mercury, Total (7439-97-6)				< 0.0004						1	mg/l				
9M. Nickel, Total (7440-02-0)				< 0.03						1	mg/l				
10M. Selenium, Total (7782-49-2)				< 0.001						1	mg/l				
11M. Silver, Total (7440-22-4)				< 0.05						1	mg/l				
12M. Thallium, Total (7440-28-0)				< 0.3						1	mg/l				
13M. Zinc, Total (7440-66-6)				0.11						1	mg/l				
14M. Cyanide, Total (57-12-5)				0.02						1	mg/l				
15M. Phenols, Total (V)				0.045						1	mg/l				
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FR THE FRONT

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)				< 100						1	ug/l				
2V. Acrylonitrile (107-13-1)				< 100						1	ug/l				
3V. Benzene (71-43-2)				< 3						1	ug/l				
4V. Bis (Chloromethyl) Ether (542-88-1)			x												
5V. Bromoform (75-25-2)				< 3						1	ug/l				
6V. Carbon Tetrachloride (56-23-5)				< 3						1	ug/l				
7V. Chlorobenzene (108-90-7)				< 3						1	ug/l				
8V. Chlorodibromomethane (124-48-1)				< 3						1	ug/l				
9V. Chloroethane (75-00-3)				< 3						1	ug/l				
10V. 2-Chloroethylvinyl Ether (110-75-8)				< 3						1	ug/l				
11V. Chloroform (67-66-3)				12						1	ug/l				
12V. Dichlorobromomethane (75-27-4)				< 3						1	ug/l				
13V. Dichlorodifluoromethane (75-71-8)			x												
14V. 1,1-Dichloroethane (75-34-3)				< 3						1	ug/l				
15V. 1,2-Dichloroethane (107-06-2)				< 3						1	ug/l				
16V. 1,1-Dichloroethylene (75-35-4)				< 3						1	ug/l				
17V. 1,2-Dichloropropane (78-87-5)				< 3						1	ug/l				
18V. 1,3-Dichloropropylene (542-75-6)				c-<3 t-<3						1	ug/l				
19V. Ethylbenzene (100-41-4)				< 3						1	ug/l				
20V. Methyl Bromide (74-83-9)				< 3						1	ug/l				
21V. Methyl Chloride (74-87-3)				< 3						1	ug/l				

EPA I.D. NUMBER (COPY FROM ITEM 1 OF FORM 1) NYD 006977086 | OUTFALL NUMBER 005 | OMB NO. 2040-0086 Approval expires 7-31-86

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)				< 3						1	ug/l				
23V. 1,1,2,2-Tetrachloroethane (79-34-5)				< 3						1	ug/l				
24V. Tetrachloroethylene (127-18-4)				< 3						1	ug/l				
25V. Toluene (108-88-3)				< 3						1	ug/l				
26V. 1,2-Trans-Dichloroethylene (156-60-5)				< 3						1	ug/l				
27V. 1,1,1-Trichloroethane (71-55-6)				< 3						1	ug/l				
28V. 1,1,2-Trichloroethane (79-00-5)				< 3						1	ug/l				
29V. Trichloroethylene (79-01-6)				< 3						1	ug/l				
30V. Trichlorofluoromethane (75-69-4)				< 3						1	ug/l				
31V. Vinyl Chloride (75-01-4)				< 3						1	ug/l				
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)				< 5						1	ug/l				
2A. 2,4-Dichlorophenol (120-83-2)				< 5						1	ug/l				
3A. 2,4-Dimethylphenol (105-67-9)				< 5						1	ug/l				
4A. 4,6-Dinitro-O-Cresol (534-52-1)				< 50						1	ug/l				
5A. 2,4-Dinitrophenol (51-28-5)				< 50						1	ug/l				
6A. 2-Nitrophenol (88-75-5)				< 5						1	ug/l				
7A. 4-Nitrophenol (100-02-7)				< 5						1	ug/l				
8A. P-Chloro-M-Cresol (59-50-7)				< 5						1	ug/l				
9A. Pentachlorophenol (87-86-5)				< 10						1	ug/l				
10A. Phenol (108-95-2)				< 5						1	ug/l				
11A. 2,4,6-Trichlorophenol (88-06-2)				< 5						1	ug/l				

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)				< 5						1	ug/l				
2B. Acenaphtylene (208-96-8)				< 5						1	ug/l				
3B. Anthracene (120-12-7)				< 5						1	ug/l				
4B. Benzidine (92-87-5)				< 5						1	ug/l				
5B. Benzo (a) Anthracene (56-55-3)				< 5						1	ug/l				
6B. Benzo (a) Pyrene (50-32-8)				< 5						1	ug/l				
7B. 3,4-Benzo-fluoranthene (205-99-2)				< 5						1	ug/l				
8B. Benzo (ghi) Perylene (191-24-2)				< 10						1	ug/l				
9B. Benzo (k) Fluoranthene (207-08-9)				< 5						1	ug/l				
10B. Bis (2-Chloroethoxy) Methane (111-91-1)				< 5						1	ug/l				
11B. Bis (2-Chloroethyl) Ether (111-44-4)				< 5						1	ug/l				
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)				< 5						1	ug/l				
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)				28						1	ug/l				
14B. 4-Bromophenyl Phenyl Ether (101-55-3)				< 5						1	ug/l				
15B. Butyl Benzyl Phthalate (85-68-7)				< 5						1	ug/l				
16B. 2-Chloronaphthalene (91-58-7)				< 5						1	ug/l				
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)				< 5						1	ug/l				
18B. Chrysene (218-01-9)				< 5						1	ug/l				
19B. Dibenzo (a,h) Anthracene (53-70-3)				< 10						1	ug/l				
20B. 1,2-Dichlorobenzene (95-50-1)				< 5						1	ug/l				
21B. 1,3-Dichlorobenzene (541-73-1)				< 5						1	ug/l				

EPA I.D. NUMBER (copy from Item 1 of Form 1): NYD 006977086

OUTFALL NUMBER: 005

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)				< 5						1	ug/l				
23B. 3,3'-Dichlorobenzidine (91-94-1)				< 5						1	ug/l				
24B. Diethyl Phthalate (84-66-2)				< 5						1	ug/l				
25B. Dimethyl Phthalate (131-11-3)				< 5						1	ug/l				
26B. Di-N-Butyl Phthalate (84-74-2)				< 5						1	ug/l				
27B. 2,4-Dinitrotoluene (121-14-2)				< 5						1	ug/l				
28B. 2,6-Dinitrotoluene (606-20-2)				< 5						1	ug/l				
29B. Di-N-Octyl Phthalate (117-84-0)				<5						1	ug/l				
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)				< 100						1	ug/l				
31B. Fluoranthene (206-44-0)				< 5						1	ug/l				
32B. Fluorene (86-73-7)				< 5						1	ug/l				
33B. Hexachlorobenzene (118-74-1)				< 5						1	ug/l				
34B. Hexachlorobutadiene (87-68-3)				< 5						1	ug/l				
35B. Hexachlorocyclopentadiene (77-47-4)				< 5						1	ug/l				
36B. Hexachloroethane (67-72-1)				< 5						1	ug/l				
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)				< 10						1	ug/l				
38B. Isophorone (78-59-1)				< 5						1	ug/l				
39B. Naphthalene (91-20-3)				< 5						1	ug/l				
40B. Nitrobenzene (98-95-3)				< 5						1	ug/l				
41B. N-Nitrosodimethylamine (62-75-9)				< 5						1	ug/l				
42B. N-Nitrosodi-N-Propylamine (621-64-7)				< 5						1	ug/l				

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CONTINUED FR... THE FRONT

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)				< 5						1	ug/l				
44B. Phenanthrene (85-01-8)				< 5						1	ug/l				
45B. Pyrene (129-00-0)				< 5						1	ug/l				
46B. 1,2,4-Trichlorobenzene (120-82-1)				< 5						1	ug/l				
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)				< 0.01						1	ug/l				
2P. α-BHC (319-84-6)				< 0.01						1	ug/l				
3P. β-BHC (319-85-7)				< 0.01						1	ug/l				
4P. γ-BHC (58-89-9)				< 0.01						1	ug/l				
5P. δ-BHC (319-86-8)				< 0.01						1	ug/l				
6P. Chlordane (57-74-9)				< 0.03						1	ug/l				
7P. 4,4'-DDT (50-29-3)				< 0.01						1	ug/l				
8P. 4,4'-DDE (72-55-9)				< 0.01						1	ug/l				
9P. 4,4'-DDD (72-54-8)				< 0.01						1	ug/l				
10P. Dieldrin (60-57-1)				< 0.01						1	ug/l				
11P. α-Endosulfan (115-29-7)				< 0.01						1	ug/l				
12P. β-Endosulfan (115-29-7)				< 0.01						1	ug/l				
13P. Endosulfan Sulfate (1031-07-8)				< 0.1						1	ug/l				
14P. Endrin (72-20-8)				< 0.01						1	ug/l				
15P. Endrin Aldehyde (7421-93-4)				< 0.03						1	ug/l				
16P. Heptachlor (76-44-8)				< 0.01						1	ug/l				

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CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1) NYD 006977086 | OUTFALL NUMBER 005

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)				< 0.1						1	ug/l				
18P. PCB-1242 (53469-21-9)				< 0.1						1	ug/l				
19P. PCB-1254 (11097-69-1)				< 0.1						1	ug/l				
20P. PCB-1221 (11104-28-2)				< 0.1						1	ug/l				
21P. PCB-1232 (11141-16-5)				< 0.1						1	ug/l				
22P. PCB-1248 (12672-29-6)				< 0.1						1	ug/l				
23P. PCB-1260 (11096-82-5)				< 0.1						1	ug/l				
24P. PCB-1016 (12674-11-2)				< 0.1						1	ug/l				
25P. Toxaphene (8001-35-2)				< 0.5						1	ug/l				

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES)
Thermal Discharge And Material
Storage Area Supplement For
Application Form C

(Attach to Application Form)

1. Thermal Discharges

Does the temperature of any of the discharges from this facility exceed 70°F. at any time? [X] YES [ ] NO

If yes, attach the following information, and specify which outfall(s) it relates to:

a) Range of measured discharge temperatures

b) Maximum discharge temperature

c) Discharge configuration (that is, whether surface, subsurface, effluent diffuser, etc.)

d) Chemical additives utilized (also see Section 4 on Form C)

2. Material Storage Areas

Is storm runoff or leachate from any material storage area (such as: coal piles, raw material or finished product stockpiles, etc.) discharged to either surface waters or groundwaters? [ ] YES [X] NO-Other than those described in permit application.

If "yes", please attach a brief description of types and quantities of materials stored, size of storage area, etc., and show its location and the location of any discharge points on the map required by Section 6 of Form C.

SUPPLEMENT
APPLICATION FORM 2C

1. Thermal Discharges

	OUTFALL 001	OUTFALL 002	OUTFALL 005
a. Range of Measured Discharge Temperatures (°F)	77-82	64-73	100-104
b. Maximum Discharge Temperature	82	73	104
c. Discharge Configuration	Surface	Surface	Surface
d. Chemical Additives Utilized	None	None	None

Based on data collected on June 24, 1988.

-S (10/79)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
ALBANY, NEW YORK 12233

INDUSTRIAL CHEMICAL SURVEY

Please refer to attached table 1

PART I:

NAME		SIC CODE (If known)	OFFICE USE ONLY
OTH BROS. SMELTING CORP.		3341	
PANY MAILING ADDRESS	CITY	STATE	ZIP CODE
0223 Thompson Road	East Syracuse	NY	13057
T NAME (If different)	CONTACT NAME	TELEPHONE Area	
T ADDRESS (If different) Street	CITY	STATE	ZIP CODE

CIPAL BUSINESS OF PLANT

Recycling of non-ferrous metals

E: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in New York State. A separate questionnaire is to be completed and submitted for each.)

PART II
Discharge Information

1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? ☒ Yes ☐ No
   Name of System Metropolitan Syracuse Sewage Treatment Plant
2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? ☒ Yes ☐ No
   Permit Number 0 1 1 0 3 1 1
3. Do you discharge liquid wastes in any other manner? ☐ Yes ☒ No
   Explain _____

If any of the above are "Yes":

a. Do you discharge process or chemical wastes – (i.e. water used in manufacturing including direct contact cooling water and scrubber water)? ☒ Yes ☐ No
b. Do you discharge non-contact cooling water? ☒ Yes ☐ No
c. Do you discharge collected storm drainage only? ☐ Yes ☒ No
d. Do you discharge sanitary wastes only? ☐ Yes ☒ No

1. Does your facility have sources of possible emissions to the atmosphere? ☒ Yes ☐ No
2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (If applicable) 3 1 2 6 0 0 0 4 2 0

LIQUID WASTES

1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.

Name	Address	City	State	Zip Code
Tricil Inc	6630 Fly Road	East Syracuse	NY	13057
D & J Transportation Spec., Inc. NY 13204	227 Solar Street	Syracuse	NY	13204

2. List Location(s) of Landfill(s) owned and used by your facility.

		Active	Inactive
1		☐	☐
2		☐	☐

CIDES

1. Does this facility:
   Manufacture Pesticides or Pesticide Product Ingredients? ☐ Yes ☒ No
   Produce Pesticides or Pesticide Product Ingredients? ☐ Yes ☒ No
   Formulate Pesticides? ☐ Yes ☒ No
   Repackage Pesticides? ☐ Yes ☒ No
2. EPA Establishment Number _____ – _____ – _____

PART III

SUBSTANCES OF CONCERN
(Refer to attached TABLE I)

Complete all information for those substances your facility has used, produced, stored, distributed or otherwise disposed of since January 1, 1971. Do not include chemicals used only in analytical laboratory work. Enter the name and code from Table I. If facility uses a substance in any of the Classes A — F which is not specified in the list, enter it as code class plus 99, e.g. B99 with name, usage, etc.

NAME OF SUBSTANCE	CODE	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	(✓) GAL.	(✓) LB.	PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed, no longer used, etc.)
Antimony	m01	1000	200		x	3
Arsenic	mo2	1500	300		x	3
Cadmium *	mo4	3000	200		x	3
Chromium	mo5	300	10		x	3
Copper *	m06	4,000,000	500,000		x	3 & 4
Lead *	mo7	12,500,000	4,700,000		x	3 & 8 (smelted)
Magnesium *	m99	10,000	1800		x	4
Mercury	mo8	25	10		x	8 (resold)
Nickel *	mo9	10,000	4600		x	4
Silver *	m11	500	45		x	8 (alloyed)
Tin	m99	60,000	5300		x	3 & 8 (smelted)
Aluminum *	m99	60,000,000	9,200,000		x	3 & 8 (smelted)
Zinc	m13	6,000,000	860,000		x	3

*Consists of base metal and/or various alloys, in ingot & scrap form

If you use chemicals of unknown composition, list trade name or other identification, name of supplier and complete information.

NAME OF SUBSTANCE	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	(✓) GAL.	(✓) LB.	SUPPLIER	PURPOSE OF USE (State whether produced, reacted, blended, packaged, distributed, no longer used, etc.)

I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

SIGNATURE (Owner, Partner, or Officer) _____ DATE 7-18-88

(Printed or Typed) Paul Roth

TITLE Vice President

EXHIBIT 13(B)

New York State Department of Environmental Conservation
615 Erie Blvd. W., Syracuse, NY 13204-2400

Division of Regulatory Affairs, Region 7
(315) 426-7438

Thomas C. Jorling
Commissioner

August 21, 1991

Neal Schwartz
Roth Brothers Smelting Corp.
6223 Thompson Road
E. Syracuse, NY 13057

RE: SPDES Permit for Roth Brothers Smelting Corp., #NY 011 0311

Dear Mr. Schwartz:

Enclosed please find the State Pollutant Discharge Elimination System (SPDES) permit for your facility. Accompanying the permit is a set of General Conditions governing it and also a list of effluent limitations which must be monitored for the surface discharge. The records of this monitoring should be summarized and submitted on a signed Discharge Monitoring Report according to the schedule listed on the Monitoring, Recording, and Reporting page of your permit.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Barry L. Borrow
Deputy Permit Administrator

cc: Water Division, Region 7
R. Hannaford
EPA Region II
Onondaga County Health Dept.
Onondaga County Dept. of Drainage & Sanitation

91-20-2 (1/89)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

State Pollutant Discharge Elimination System (SPDES)

DISCHARGE PERMIT

Special Conditions (Part I)

Industrial Code: 3341
Discharge Class (CL): 01
Toxic Class (TX): T
Major Drainage Basin: 07
Sub Drainage Basin: 02
Water Index Number: P 154-3
Compact Area:

SPDES Number: NY-0110311
DEC Number:
Effective Date (EDP): 10/ 1 /91
Expiration Date (ExDP): 10/ 1 /96
Modification Date(s):
Attachment(s): General Conditions (Part II) Date: 11/ 90

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act as amended, (33 U.S.C. Section 1251 et. seq.)(hereafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS Attention: Mr. Neal Schwartz

Name: Roth Brothers Smelting Corp.
Street: 6223 Thompson Road
City: East Syracuse State: NY Zip Code: 13057
is authorized to discharge from the facility described below:

FACILITY NAME AND ADDRESS

Name: Roth Brothers Smelting Corp.
Location (C,T,V): East Syracuse County: Onondaga
Facility Address: 6223 Thompson Road
City: East Syracuse State: NY Zip Code: 13057
NYTM - E: . NYTM - N: 4 .
From Outfall No.: 001 at Latitude: 43° 04′ 23" & Longitude: 76° 05′ 53"
into receiving waters known as: trib to S. Branch to Ley Creek Class: D
and; (list other Outfalls, Receiving Waters & Water Classifications)

002 tributary to S. Branch to Ley Creek "D"
004 tributary to S. Branch to Ley Creek "D"
005 tributary to S. Branch to Ley Creek "D"

in accordance with the effluent limitations, monitoring requirements and other conditions set forth in Special Conditions (Part I) and General Conditions (Part II) of this permit.

DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

Mailing Name: Roth Brothers Smelting Corp.
Street: 6223 Thompson Road
City: East Syracuse State: NY Zip Code: 13057
Responsible Official or Agent: Mr. Neal Schwartz Phone: ( ) -

This permit and the authorization to discharge shall expire on midnight of the expiration date shown and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date, the permittee shall apply for a permit renewal no less than 180 days prior to the expiration date shown above.

DISTRIBUTION:
Water Div., Region 7
R. Hannaford
EPA Region II
Onondaga County Health Dept.
O.C.D.D.&S.

Permit Administrator: Barry L. Bborrow
Address: 615 Erie Boulevard W., Syracuse, NY 13204
Signature: Barry L Borrow Date: 8/20/91

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning EDP October 1, 1991

and lasting until EDP + 5 YEARS October 1, 1996

the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall Number & Effluent Parameter	Discharge Limitations Daily Avg.	Daily Max.	Units	Minimum Monitoring Requirements Measurement Frequency	Sample Type
001 - Copper Rotary Cooling Water, Lead Furnace Cooling Water, Stormwater and Oil Separator					
002 - Aluminum Ingot Cooling Water, Groundwater from Dewatering Pumps & Stormwater Runoff					
Flow	Monitoring Only		gal/day	Monthly	Meter
Antimony	N/A	1.0	mg/l	Monthly	6-hr. Comp.
Iron	N/A	4.0	mg/l	Monthly	6-hr. Comp.
Cadmium	N/A	0.8	mg/l	Monthly	6-hr. Comp.
Aluminum	N/A	4.0	mg/l	Monthly	6-hr. Comp.
Oil & Grease	N/A	15	mg/l	Monthly	Grab
Zinc	N/A	1.0	mg/l	Monthly	6-hr. Comp.
Sulfite	N/A	3.0	mg/l	Monthly	6-hr. Comp.
PCB-1016[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1221[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1232[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1242[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1248[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1254[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1260[1]	N/A	0.3	ug/l	Monthly	Grab
pH	(6.5 - 8.5) Range		SU	Weekly	Grab
*Sulfide (as dissolved)	N/A	Monitor	mg/l	Monthly	6-hr. Comp.
*Copper	N/A	Monitor	mg/l	Monthly	6-hr. Comp.
*Lead	N/A	Monitor	mg/l	Monthly	6-hr. Comp.
004 - Stormwater Runoff (Plant #1 Aluminum Scrap Area Drainage Ditch Along Adjacent Landfill)					
(No sample will be required at no flow period)					
Flow	Monitoring Only		gpd	Monthly	Meter
Antimony	N/A	1.0	mg/l	Monthly	6-hr. Comp.
Iron	N/A	4.0	mg/l	Monthly	6-hr. Comp.
Cadmium	N/A	0.8	mg/l	Monthly	6-hr. Comp.
Oil & Grease	N/A	15	mg/l	Monthly	Grab
Zinc	N/A	1.0	mg/l	Monthly	6-hr. Comp.
Sulfite	N/A	3.0	mg/l	Monthly	6-hr. Comp.
PCB-1016[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1221[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1232[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1242[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1248[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1254[1]	N/A	0.3	ug/l	Monthly	Grab
PCB-1260[1]	N/A	0.3	ug/l	Monthly	Grab
pH	(6.5 - 8.5) Range		SU	Monthly	Grab

EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning EDP October 1, 1991

and lasting until EDP + 5 YEARS October 1, 1996

the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall Number & Effluent Parameter	Discharge Limitations Daily Avg.	Daily Max.	Units	Minimum Monitoring Requirements Measurement Frequency	Sample Type
004 - (Con't)					
Total Suspended Solids	N/A	50	mg/l	Monthly	6-hr. Comp.
Aluminum	N/A	4.0	mg/l	Monthly	6-hr. Comp.
Copper	N/A	0.8	mg/l	Monthly	6-hr. Comp.
Lead	N/A	0.4	mg/l	Monthly	6-hr. Comp.
005 - Zamac Process Cooling Water & Stormwater					
Flow	~~Monitoring~~ Only		gpd	Monthly	Meter
pH	(6.5 - 8.5) Range		SU	Weekly	Grab
*Sulfide (as dissolved)	N/A	Monitor	mg/l	Monthly	6-hr. Comp.
*Copper	N/A	Monitor	mg/l	Monthly	6-hr. Comp.
*Lead	N/A	Monitor	mg/l	Monthly	6-hr. Comp.
Phenols (as unchlorinated)	N/A	0.0075	#/D	Monthly	6-hr. Comp.
Sum of Outfalls 001, 002, and 005					
*Sulfide (as dissolved)	N/A	0.04	lbs/day	Monthly	Calculated
*Copper	N/A	0.09	lbs/day	Monthly	Calculated
*Lead	N/A	0.03	lbs/day	Monthly	Calculated

Notes: (1) The permittee shall use USEPA laboratory method 608 for the analysis of PCBs with a method detection limit (MDL) of 0.065 ppb. The permittee has the option to submit a MDL study for their specific wastestreams. The discharge limitations for the PCBs are subject to modification pending the resolutions of the on-going litigation on the TOG - 1.3.4a BPJ Methodologies - Amendment (PCBs Issue) in the Massena Area Facilities.

(2) Sanitary discharge goes to the local POTW.

(3) If there is no flow in outfall 004 during dry sampling events, no sample will be required.

*(4) These parameters shall be sampled during dry period only.

ACTION LEVEL REQUIREMENTS (TYPE I)

The parameters listed below have been reported present in the discharge but at levels that currently do not require water quality or technology based limits. Action levels have been established which, if exceeded, will result in reconsideration or water quality or technology based limits.

Routine action level monitoring results, if not provided for on the Discharge Monitoring Report (DMR) form, shall be appended to the DMR for the period during which the sampling was conducted. If submission of DMR's is not required by this permit, the results shall be maintained in accordance with instructions on the RECORDING, REPORTING AND MONITORING page of this permit.

If any of the action levels is exceeded, the permittee shall undertake a short-term, high-intensity monitoring program for this parameter. Samples identical to those required for routine monitoring purposes shall be taken on each of at least three operating days and analyzed. Results shall be expressed in terms of both concentration and mass, and shall be submitted no later than the end of the third month following the month when the action level was first exceeded. Results may be appended to the DMR or transmitted under separate cover to the addresses listed on the RECORDING, REPORTING AND MONITORING page of this permit. If levels higher than the actions levels are confirmed the permit may be reopened by the Department for consideration of revised action levels or effluent limits.

The permittee is not authorized to discharge any of listed parameters at levels which may cause or contribute to a violation of water quality standards.

Outfall Number & Effluent Parameter	Action Level	Units	Minimum Monitoring Requirements Measurement Frequency	Sample Type
001				
Surfactant	0.12	mg/l	Quarterly	6-hr. Comp.
Fluoride	4.7	mg/l	Quarterly	6-hr. Comp.
Barium	2.5	mg/l	Quarterly	6-hr. Comp.
Boron	0.5	mg/l	Quarterly	6-hr. Comp.
Bis(2-ethylhexyl)Phthalate	0.1	mg/l	Quarterly	6-hr. Comp.
002				
Surfactant	0.66	mg/l	Quarterly	6-hr. Comp.
Fluoride	2.6	mg/l	Quarterly	6-hr. Comp.
Boron	1.0	mg/l	Quarterly	6-hr. Comp.
Cyanide (as amenable to chlorination)	0.08	mg/l	Quarterly	6-hr. Comp.
004				
Fluoride	3.7	mg/l	Quarterly	6-hr. Comp.
Boron	0.5	mg/l	Quarterly	6-hr. Comp.
005				
Surfactant	0.74	mg/l	Quarterly	6-hr. Comp.
Fluoride	5.5	mg/l	Quarterly	6-hr. Comp.
Boron	1.0	mg/l	Quarterly	6-hr. Comp.
Iron	1.6	mg/l	Quarterly	6-hr. Comp.
Zinc	0.55	mg/l	Quarterly	6-hr. Comp.
Bis(2-ethylhexyl)Phthalate	0.14	mg/l	Quarterly	6-hr. Comp.
Cyanide (as amenable to chlorination)	0.08	mg/l	Quarterly	6-hr. Comp.

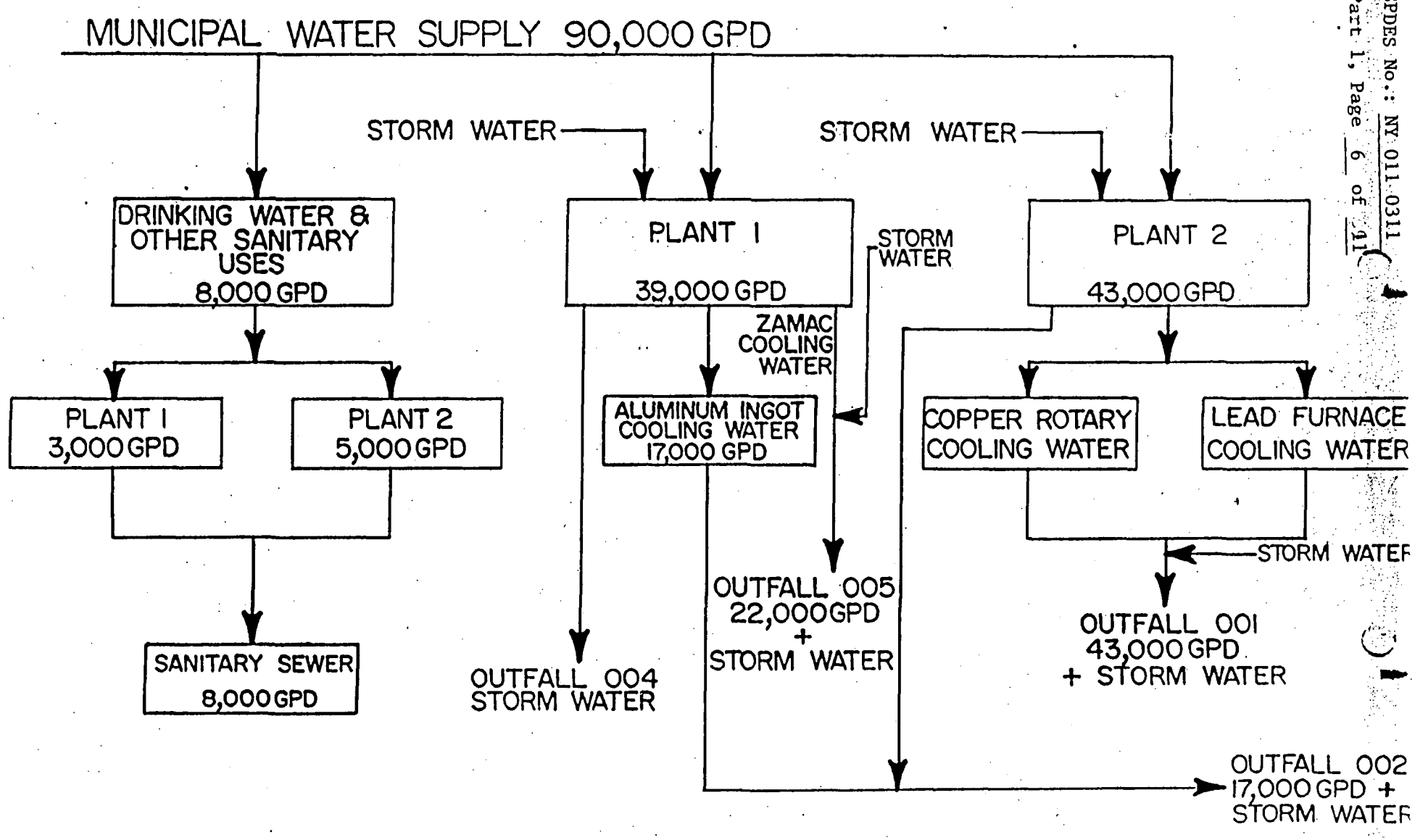
DEFINITIONS OF DAILY AVERAGE AND DAILY MAXIMUM

The daily average discharge is the total discharge by weight or in other appropriate units as specified herein, during a calendar month divided by the number of days in the month that the production or commercial facility was operating. Where less than daily sampling is required by this permit, the daily average discharge shall be determined by the summation of all the measured daily discharges in appropriate units as specified herein divided by the number of days during the calendar month when measuements were made.

The daily maximum discharge means the total discharge by weight or in other appropriate units as specified herein, during any calendar day.

MONITORING LOCATIONS

The permittee shall take samples and measurements, to comply with the monitoring requirements specified in this permit, at the location(s) indicated below: (Show sampling locations and outfalls with sketch or flow diagram as appropriate).
(See next page)



MALCOLM PIRNIE

SCHEMATIC OF WATER FLOW
ROTH BROS. SMELTING CORPORATION
EAST SYRACUSE, NEW YORK

MALCOLM PIRNIE, INC.
JOB NO. 1084 04
AUGUST 1988

SPECIAL CONDITIONS - BEST MANAGEMENT PRACTICES

1. The permittee shall continue to implement a Best Management Practices (BMP) plan to prevent, or minimize the potential for, release of significant amounts of toxic or hazardous pollutants to the waters of the State through plant site runoff; spillage and leaks; sludge or waste disposal; or drainage from raw material storage.

2. The permittee shall review and update all facility components or systems (including material storage areas; in-plant transfer, process and material handling areas; loading and unloading operations; and sludge and waste disposal areas) where toxic or hazardous pollutants are used, manufactured, stored or handled to evaluate the potential for the release of significant amounts of such pollutants to the waters of the State. In performing such an evaluation, the permittee shall consider such factors as the probability of equipment failure or improper operation, the effects of natural phenomena such as freezing temperatures and precipitation, and the facility's history of spills and leaks. For hazardous pollutants, the list of reportable quantities as defined in 40 CFR, Part 117 may be used as a guide in determining significant amounts of releases. For toxic pollutants, the relative toxicity of the pollutant shall be considered in determining the significance of potential releases.

The review shall address all susbtances present at the facility that are listed as toxic pollutants under Section 307(a)(1) of the Clean Water Act or as hazardous pollutants under Section 311 of the Act or that are identified as Chemicals of Concern by the Industrial Chemical Survey. The review shall specifically address the following substances: Aluminum, Lead, PCB, Copper and Zinc.

3. Whenever the potential for a significant release of toxic or hazardous pollutants to State waters is determined to be present, the permittee shall identify Best Management Practices that have been established to minimize such potential releases. Where BMPs are inadequate or absent, appropriate BMPs shall be established. In selecting appropriate BMPs, the permittee shall consider typical industry practices such as spill reporting procedures, risk identification and assessment, employee training, inspections and records, preventive maintenance, good housekeeping, materials compatibility and security. In addition, the permittee may consider structural measures (such as secondary containment devices) where appropriate.

SPECIAL CONDITIONS - BEST MANAGEMENT PRACTICES (con't)

4. The BMP plan shall be documented in narrative form and shall include any necessary plot plans, drawings or maps. Other documents already prepared for the facility such as a Safety Manual or a Spill Prevention, Control and Countermeasure (SPCC) plan may be used as part of the plan and may be incorporated by reference. A copy of the BMP plan shall be maintained at the facility and shall be available to the Director upon request.

5. The BMP plan shall be modified whenever changes at the facility materially increase the potential for significant releases of toxic or hazardous pollutants or where actual releases indicate the plan is inadequate.

6. The BMP plan shall be updated to include the following:

a. BMP Committee
b. Reporting of BMP Incidents
c. Risk Identification and Assessment
d. Employee Training
e. Inspections and Records
f. Preventive Maintenance
g. Good Housekeeping
h. Materials Capability
i. Security

RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

a) The permittee shall also refer to the General Conditions (Part II) of this permit for additional information concerning monitoring and reporting requirements and conditions.

b) The monitoring information required by this permit shall be summarized, signed and retained for a period of three years from the date of the sampling for subsequent inspection by the Department or its designated agent. **Also;**

[x] (if box is checked) monitoring information required by this permit shall be summarized and reported by submitting completed and signed Discharge Monitoring Report (DMR) forms for each one month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28th day of the month following the end of each reporting period.

Send the **original** (top sheet) of each DMR page to:

Department of Environmental Conservation
Division of Water
Bureau of Wastewater Facilities Operations
50 Wolf Road
Albany, New York 12233-3506

Phone: (518) 457-3790

Onondaga County Health Dept.
PO Box 190
Syracuse, NY 13215-0190

Send the **first copy** (second sheet) of each DMR page to:

Department of Environmental Conservation
Regional Water Engineer - Region 7
615 Erie Boulevard West
Syracuse, New York 13204-2400

c) A monthly "Wastewater Facility Operation Report..." (form 92-15-7) shall be submitted (if box is checked) to the [ ] Regional Water Engineer and/or [ ] County Health Department or Environmental Control Agency listed above.

d) **Noncompliance** with the provisions of this permit shall be reported to the Department as prescribed in the attached General Conditions (Part II)

e) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.

f) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.

g) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.

h) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon measurements and sampling carried out during the most recently completed reporting period.

i) Any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been issued a certificate of approval. Inquiries regarding laboratory certification should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences , The Nelson A. Rockerfeller Empire State Plaza, Albany, New York 12201.

SCHEDULE OF COMPLIANCE

a) The permittee shall comply with the following schedule.

Action Code	Outfall Number(s)	Compliance Action	Due Date
	001, 002, 005	Perform a short-term high-intensity monitoring program for the following parameters. Samples shall be taken as grab for three consecutive days and analysis shall be performed each day with analytical method having the detection level of 10 ppb or less. 001: Di-n-octyl Phthalate, Bromoform, Nickel, Chloroform 002: Nickel 005: Aluminum, Antimony, Barium, Copper, Nickel, Thallium	EDP + 3 months
	004	Perform a short-term high-intensity monitoring program for the following parameters. Samples shall be taken as grab on three separate storm events and analyzed with a method having detection level of 10 ppb or less. Surfactant Vinyl Chloride trans-1,2-dichloroethene Nickel Barium 4-Chloro-3-methylphenol	3 months after the third storm
	005	Perform a short-term high-intensity monitoring program for PCB-1016, PCB-1221, PCB-1232, PCB-1242, PCB-1248, PCB-1254 and PCB-1260 at this outfall. Samples shall be taken as 6-hr. composite for three consecutive days and analysis shall be performed on each day in accordance with the analytical procedures stated in the 40 CFR 136 EPA Method 608 with a method detection limit of 0.065 ug/l.	EDP + 3 months
	Done	Inform the Regional Water Engineer of Region 7 regarding the status of the best management practices (BMP) plan according to the requirements stated in the special conditions on page 7.	EDP + 6 months

b) The permittee shall submit a written notice of compliance or non-compliance with each of the above schedule dates no later than 14 days following each elapsed date, unless conditions require more immediate notice under terms of the General Conditions (Part II), Section 5. All such compliance or non-compliance notification shall be sent to the locations listed under the section of this permit entitled RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS. Each notice of non-compliance shall include the following information:

1. A short description of the non-compliance;
2. A description of any actions taken or proposed by the permittee to comply with the elapsed schedule requirements without further delay and to limit environmental impact associated with the non-compliance;
3. A description or any factors which tend to explain or mitigate the non-compliance; and
4. An estimate of the date the permittee will comply with the elapsed schedule requirement and an assessment of the probability that the permittee will meet the next scheduled requirement on time.

c) The permittee shall submit copies of any document required by the above schedule of compliance to NYSDEC Regional Water Engineer at the location listed under the section of this permit entitled RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS, unless otherwise specified in this permit or in writing by the Department.

SCHEDULE OF COMPLIANCE FOR EFFLUENT LIMITATIONS (continued)

(c) The permittee shall submit copies of the written notice of compliance or noncompliance required herein to the following offices:

Chief, Compliance Section
New York State Department of Environmental Conservation
50 Wolf Road
Albany, New York 12233

Regional Water Engineer , Region 7
New York State Department of Environmental Conservation
615 Erie Boulevard West
Syracuse, New York 13204-2400

The permittee shall submit copies of any engineering reports, plans of study, final plans, as-built plans, infiltration-inflow studies, etc. required herein to the New York State Department of Environmental Conservation Regional Office specified above unless otherwise specified in this permit or in writing by the Department or its designated field office.

EXHIBIT 13(C)

New York State Department of Environmental Conservation
Region 7 Water Quality Unit, Suite 203
615 Erie Blvd. W., Syracuse, NY 13204-2400
(315) 426-7500

Thomas C. Jorling
Commissioner

February 16,1993

Mr. Neal Schwartz
General Manager
Roth Brothers Smelting Corporation
6223 Thompson Road
P.O. Box 639
East Syracuse, NY 13057-0639

RE: ANNUAL INSPECTION SPDES #NY 0110311

Dear Mr. Schwartz:

The annual SPDES inspection of your facility was performed on January 6, 1993.

For the items checked, the facility was found to be out of compliance for the following:

1. Violations of the SPDES permit's maximum daily effluent limits of mass loadings or concentrations for oil and grease, lead, zinc, copper, sulfide, and arochlors (PCB's) 1242 and 1248 have occurred for several reporting periods since 1990. Review of the Discharge Monitoring Reports (DMR's) for the outfalls indicates the following violations:

PARAMETER	MONTH	YEAR	OUTFALL
Oil and Grease	Feb.	1990	004
	Nov.	1992	004
Lead	Jan.	1990	001
	Nov.	1991	Sum of 001, 002, and 005
	Feb.	1992	Sum of 001, 002, and 005
	March	1992	Sum of 001, 002, and 005
	Dec.	1992	Sum of 001, 002, and 005
Copper	Oct.	1991	Sum of 001, 002, and 005
Zinc	Jan.	1990	001
	Feb.	1992	001
	March	1992	001
	Nov.	1992	001

Sulfide	Nov.	1991	Sum of 001, 002, and 005
	Feb.	1992	Sum of 001, 002, and 005
	March	1992	Sum of 001, 002, and 005
	Nov.	1992	Sum of 001, 002, and 005
	Dec.	1992	Sum of 001, 002, and 005
Arochlor 1248	Feb.	1992	002
Arochlor 1242	March	1992	001
	March	1992	002

2. Violations of the SPDES permit's reporting requirements for individual Arochlors (PCB's) have occurred from February, 1992 through December, 1992. Review of the Discharge Monitoring Reports (DMR's) for this time period indicates that there were one hundred twenty-eight (128) occurrences of non-reporting of the concentrations of individual Arochlors in the discharges from outfalls 001, 002, and 004. In addition, for this time period, there were nineteen (19) occurrences of reporting the concentration of individual Arochlors above the required method detection limit of 0.065ppb.

3. Quarterly exceedances of the SPDES permit's action level limit for Boron have occurred for all reporting periods since the effective date (October 1, 1991) of the most recent permit modification. Review of the Discharge Monitoring Reports (DMR's) for the outfalls indicates the following Boron action level exceedances (6):

YEAR	QUARTER	OUTFALL	SHORT TERM HIGH INTENSITY TEST RESULTS DUE
1991	4TH	004	March 31, 1992
1992	1st	004	June 30, 1992
	1st	001	June 30, 1992
	2nd	004	Sept. 30, 1992
	3rd	004	Dec. 31, 1992
	4th	004	March 31, 1993

Violations (5) of the SPDES permit's action level requirements have occurred due to your failure to submit the short-term high intensity monitoring program test results for the action level exceedances for Boron.

4. Violations of the SPDES permit's schedule on compliance, as detailed in the first three compliance requirements listed on Page 10 of the permit, have occurred due to your failure to submit the results of the short-term high intensity monitoring program for the parameters listed for item #1 (outfalls 001, 002, and), Item #2 (outfall 004), and item #3 (outfall 005).

5. Review of the 1991 and 1992 Discharge Monitoring Reports (DMR's) indicates that approximately 30% are submitted late; i.e., after the 28th day of the month following the end of the reporting period. The late DMR submittals for 1991 and 1992 are as follows:

MONTH	YEAR
Nov.	1992
Oct.	1992
April	1992
March	1992
Dec.	1991
Nov.	1991
Aug.	1991

6. During the inspection, metal shavings were observed in a catch basin that feeds water flow to outfall 004. Plant operations should address spillage and/or material handling procedures to eliminate this situation. Please submit to the Department on or before May 28, 1993, a supplement to the Best Management Practices Plan for corrective action to eliminate this situation.

7. An unpermitted industrial discharge potentially exists on the north side of Plant #2. This potential discharge point is in the vicinity of the waste, rubble and floor sweepings and is potentially subject to water discharge from run-off and possible leachate from the piles. A request for a permit modification shall be submitted to the Department on or before May 28, 1993 for this discharge and any other industrial discharges.

The permit modification request must include analytical test results for the water discharge(s). Sampling is to be conducted for at least the following parameters:

a. Total Suspended Solids (TSS)
b. Oil and Grease
c. Phenols (total)
d. Metals (including Boron)
e. PCB's, Total (Detection Limit 0.065ppb)
f. ph

If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

William F. McCarthy

William F. McCarthy, P.E.
Environmental Engineer 2

c:schwartz.wm

N. Schwartz

ROTH BROS. SMELTING CORP.

6223 THOMPSON ROAD • P.O. BOX 639 • EAST SYRACUSE, NY 13057
TELEPHONE: 315/463-9500 • FAX: 315/433-9069

May 27, 1993

Mr. William McCarthy
New York State Department of
Environmental Conservation
615 Erie Boulevard West
Syracuse, New York 13204-2400

Re: Roth Bros. SPDES Permit (No. NY0110311)

Dear Mr. McCarthy:

In your February 16, 1993 letter, you discussed seven issues related to the Roth Bros. SPDES permit. We realize that we have had some problems with our SPDES program and we are committed to working with the NYSDEC to improve our program. As you are aware, we have retained the engineering services of Malcolm Pirnie Inc. (MPI) to help implement our SPDES program. We have reviewed your letter and have the following comments. We have also listed any actions we have taken regarding these issues.

Comment #1

We have compared the list of permit exceedances to our records. We were aware of the majority of violations listed; however, our records indicate that the oil and grease level detected in the February of 1990 sample collected at Outfall 004 was <5 mg/l; since the permit limit is 15 mg/l, this was not an exceedance.

Although it is reported as though we have exceeded the sulfide limitation on a number of occasions, sulfide has not been detected at any of the outfalls above the quantitation limit (<0.1 mg/l). Since it is required that sulfide be reported on the DMR as a mass loading, the mass loading is calculated by using the quantitation limit as the concentration. We have checked with other laboratories to see if a lower quantitation limit can be achieved. The laboratories we checked with could not achieve a lower quantitation limit.

Comment #2

We realize that we previously had problems with the way the PCB's were reported. We believe that this problem has been resolved; however, when an Aroclor is detected it sometimes causes an increase in the quantification limit of the other Aroclors. The increase in the quantitation limit is due to the interference caused by the Aroclor that was detected. The method detection limit, which is 0.05 μg/l remains the same; only the quantitation limit is affected by the detection of an Aroclor.

Comment #3

Although we performed the quarterly monitoring required on page 4 of our permit; we overlooked the required short-term high intensity monitoring for those parameters that exceeded the action levels. We plan on performing all monitoring requirements specified in our permit. Your letter brought the additional monitoring requirements to our attention.

We recently (during the first quarter of 1993) exceeded the surfactant action level at Outfall 001 and the boron action level at 004. Although the data is not due to the NYSDEC until June 30, 1993, we have already performed the required short-term high intensity monitoring and have sent the results to the offices specified in the permit. The results were documented in a May 24, 1993 letter to the NYSDEC.

As we discussed at our recent meeting (May 21, 1993), we do not feel that the boron exceedances are coming from our facility. We have reviewed our Material Safety Data Sheets (MSDS) of materials presently used and have not found any material that may affect the SPDES program that contains boron.

Comment #4

We have performed most of the required sampling specified on page 10 of our permit. The results of the sampling were submitted to the appropriate offices on March 25, 1993 and May 24, 1993. The only data that is needed to fulfill the analytical requirements on page 10 of the permit are data from a third storm event at Outfall 004. When we have this information it will be forwarded to the appropriate offices.

Comment #5

We have recently moved our monthly sampling events to the beginning of each month. Moving the sampling up has allowed us to submit our Discharge Monitoring Reports (DMR's) on time; the February, March, and April DMR's were all submitted prior to the due date.

Comment #6

We have revised the Best Management Practices (BMP) plan. A copy of the revised plan is attached for your review. In particular, we have added a number of items that will address your concern about the presence of metal shavings in the catch basins. We will perform weekly inspections of the areas; all catch basins will be cleaned out as needed. Yard clean-ups will be performed when necessary; a general area clean-up is scheduled to be performed in the next two months. Yard supervisors will also be informed of the problem, when spills of materials near the basins are noted the supervisors will have the areas (including the catch basins) cleaned-up.

Comment #7

As discussed in MPI's May 11, 1993 letter, the area on the north side of Plant #2 was inspected. Based on MPI's inspection no point source discharge was found in this area; the surface runoff in the area eventually dissipates. Since no point source discharge was discovered, the sampling requested was not performed.

During our meeting on May 21, 1993, we discussed the NYSDEC's concerns with the area north of Plant #2 and agreed that one way to address this issue is to regrade the back area so that any surface runoff would be directed towards Outfall 002. The outfall location may need to be relocated. Since the areas involved are also part of a RCRA Facility Investigation (RFI), we have written a letter to Mr. Steve Kaminski, Chief of Eastern Civil Technology Section of the NYSDEC, to make sure that this will not interfere with the study being performed in the area. A copy of the letter is attached. Provided we obtain the approval from the NYSDEC, we plan to complete this project by the end of this construction season. Once we obtain approval, we will submit a SPDES permit modification to the NYSDEC.

We will keep you informed of our progress on these matters. Please contact us if there are any questions or concerns.

Very truly yours,

ROTH BROS. SMELTING CORP.

Neal Schwartz
General Manager

c: T. Barba - MPI

New York State Department of Environmental Conservation
Division of Environmental Enforcement
50 Wolf Road
Room 400
Albany, New York 12233-5550

Michael D. Zagata
Commissioner

Telephone: (518) 457-7821
Fax: (518) 457-7819

AUG 17 1995

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Roth Brothers Smelting Co.
6223 Thompson Road
Box 639
East Syracuse, N.Y. 13206

RE: EPA/DEC Joint Request for Information

Dear Sir or Madam:

This correspondence responds to your company's reply to the joint request for information from EPA and the Department dated July 20, 1994. As you may recall, the Department contacted you by letter, dated December 8, 1994, seeking supplemental information in order to complete the July 20, 1994 joint request. After review, our consultant has identified several data gaps in Roth Brother's (Roth's) replies, as set out below. Pursuant to the July 20th request, and the underlying authority provided by CERCLA and the ECL, EPA and the Department ask that the requested information be provided within 30 days of your receipt of this correspondence.

1. Pursuant to the joint request, EPA and the Department request clarification of the apparent inconsistency between Roth's response to question #4 of the original joint request, "the company changed its name in 1949", and exhibit #12 which indicates a date of January 17, 1992 for the company's name change.

2. Roth's response to question #9 of the original joint request indicates that violations of SPDES Permit No. NY0110311 occurred in 1990, 1991 and 1992. Please provide copies of Discharge Monitoring Reports for these years which report the violations of the facility's SPDES permit.

3. With respect to Roth's response to question #12 of the original joint request, please provide a copy of the document entitled "1978 Conceptual Design Report for Pre-treatment of Lead

Casting Wastewater for the Municipal Sewer Authority". Please indicate whether this design was ever implemented and provide any relevant documentation.

4. Please provide copies of the following figures, which Roth did not provided in its earlier replies:

-Env. Investigation of Roth Brothers Plant 1-Figure 1 (sampling locations).
-Env. Investigation of Roth Brothers Plant 2-Figure 2 (Site Plan), Figure 3 (sampling locations).
-Additional Inv. of Roth Brothers Plant 2-Figure 2 (sampling locations), Figure 3 (potentiometric surface map).
-Results of Remaining RCRA Facility Inv.-Figure 1 (sampling locations), Figure 2 (potentiometric surface map).

5. Lastly, please provide a copy of the May 8, 1990 Galston Technical Services report, referenced in Roth's response to question #12 of the original information request.

We hope that EPA's and the Department's receipt of this supplemental information will complete your company's response. We will continue to review your company's submittal and therefore must reserve our rights to ask for further supplemental information at a later date if it becomes necessary. Please contact Mr. Little if you have any questions.

Sincerely Yours,

William G. Little
Associate Attorney
Division of Environmental Enforcement

George A. Shanahan by WGL
George A. Shanahan
Assistant Regional Counsel
United States Environmental Protection Agency, Region II

cc: Ms. Doreen Simmons, Esq.
Hancock & Estabrook
1500 Money Tower
P.O. Box 4976
Syracuse, N.Y. 13221-4976

bcc: Commissioner Zagata
G. Shanahan
H. King, EPAREG2
D. Hesler
A. Peterson

New York State Department of Environmental Conservation
50 Wolf Road, Albany, New York 12233

Langdon Marsh
Commissioner

July 25, 1994

Roth Brothers Smelting Co.
6223 Thompson Road
Box 639
East Syracuse, NY 13206

To Whom it May Concern:

The Department and USEPA mailed your company a CERCLA § 104(e) request for information on July 20, 1994. In that request you were informed that questions regarding the § 104(e) process could be directed to me at (518) 457-3296. I have since changed offices and can now be reached at (518) 457-0090. I would request that any questions be directed to me at this new number.

Thank you.

Sincerely,

William G. Little, Esq.
Division of Environmental
Enforcement

bcc: S. Hammond
B. Daigle
T. Male, R7
C. Branaugh, R7
G. Shanahan, USEPA
H. King, USEPA

ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Steel Corporation No. 1
0000026018

G R E E N S E I F T E R

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1993 - 1995

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† ALSO CERTIFIED PUBLIC ACCOUNTANT
†† NOT FOR SERVICE OF PROCESS

February 28, 1996

William G. Little
Associate Attorney
Division of Environmental Enforcement
New York State Department of
Environmental Conservation
50 Wolf Road, Room 400
Albany, New York 12233-6660

Re: Roth Steel Corporation
Second Supplemental Reply to the Joint Request for Information

Dear Mr. Little:

Please find enclosed certified Second Supplemental reply to the Joint Request for Information from Roth Steel Corporation. If there is any other additional information which you would request, please do not hesitate to contact me. Thank you.

Respectfully,

GREEN & SEIFTER, ATTORNEYS, P.C.

Sidney Manes

Sidney L. Manes

SLM/sg
cc: Mr. George A. Shannon, Assistant Regional Counsel
Mr. William Daigle, P.E., Project Manager
Mr. Herbert H. King, Remedial Project Manager
Lewis Roth
George Stanton
Seymour Roth
SM/20802_1

SECOND SUPPLEMENTAL REPLY TO THE JOINT REQUEST FOR INFORMATION PURSUANT TO 42 USC SECTION 9601 ET SEQ. AND ARTICLES 3, 17, 19, 27, 37, 40, AND 71 OF THE ECL CONCERNING DISPOSAL OF HAZARDOUS SUBSTANCES AT ONONDAGA LAKE, SYRACUSE, NEW YORK

February 13, 1996

ROTH STEEL CORPORATION
800 HIAWATHA BOULEVARD WEST
SYRACUSE, NEW YORK 13204

GREEN & SEIFTER, ATTORNEYS, P.C.
SIDNEY MANES, ESQ., OF COUNSEL
900 ONE LINCOLN CENTER
SYRACUSE, NEW YORK 13202
TELEPHONE: (315) 422-1391

SECOND SUPPLEMENTAL JOINT REQUEST FOR INFORMATION
PURSUANT TO 42 USC SECTION 9601 ET SEQ. AND
ARTICLES 3, 17, 19, 27, 37, 40, AND 71 OF THE ECL
CONCERNING DISPOSAL OF HAZARDOUS SUBSTANCES
AT ONONDAGA LAKE, SYRACUSE, NEW YORK

1. Roth's response to question 5 of the August 17, 1995 request, indicates that a "schematic of the stormwater sewer lines" is attached. Roth's table of attachments also indicates the inclusion of said schematic. However, the copies of Roth's supplemental response received by EPA and the Department did not contain the schematic. Please provide it at this time.

A. (a) In the supplemental reply to the joint request for information submitted on or about September 20, 1995, a Plot and Services Plan relating to the storm water sewer lines was attached to our response. Attached hereto is the Plot and Services Plan as was previously attached and identified as a "schematic of the stormwater sewer lines."

2. Question number 3 of the supplemental request asked Roth to clarify an apparent contradiction, regarding the Richmond Avenue (a.k.a. Tracy Street) facility. In responding to the original joint request, Roth stated (response to question 4) that at the Richmond Avenue facility "what was generated was industrial wastes from a baling operation, recycling scrap metals." However, Roth also stated (response to question 7) that at the Richmond Avenue facility "no industrial waste was generated." Therefore, in the supplemental request EPA and the department asked Roth to clarify this discrepancy. Roth's reply was that no industrial waste was generated at the Erie Blvd. West Site. At this time please clarify the discrepancy regarding the Richmond Avenue facility. Please indicate if Roth's reference to the Erie Blvd. facility, contained in the response to question 3 of the supplemental request was an error.

A. (a) To clarify and to resolve any indication of a discrepancy or an error that may have been related in either the reply to the joint request or the supplemental reply to the joint request. Roth Steel Corporation sets forth as follows:

1. The facility of Roth Steel Corporation located at 800 Hiawatha Boulevard West operates a Newell super heavy duty shredder Model No. 80-104. This shredder grinds up and prepares scrap automobiles and other miscellaneous scrap iron creating a product called fragmentized steel, which is sold to major steel mills throughout the Northeast United States. The Roth process generates up to 15,000.00 tons per year of shredder fluff which is transported as an

industrial waste to the Seneca Meadows Landfill and other facilities as part of the steel recovery operation. The landfills are identified including the dates, tonnage and the haulers in the initial reply to the joint request for information.

(a) There is also general trash generated consisting of wood scraps, paper and broken pallets. This waste was transported to Ley Creek Transfer Station operated by Solid Waste Disposal Authority (SWDA) and then by Onondaga County Resource Recovery Agency (OCRRA). This waste was, at times, classified as MSW and at other times as construction and demolition debris. Roth trucks transported the waste to Ley Creek Transfer Station and SWDA/OCRRA trucks then transported waste to a landfill for disposal.

(b) Upon information and belief, SWDA operated the Ley Creek Transfer Station up until 1990. OCRRA took over the operation of the Ley Creek Transfer Station from 1990 to date. A sample invoice is hereto attached as Exhibit 2.

2. The Roth Steel facility at 738-766 Erie Boulevard West in Syracuse, New York utilized a Harris Model 550 Shearer to process unprepared miscellaneous scrap iron to steel mill specifications at this location. New steel was also sold and the office of Roth Steel was maintained at this location. In the recovery operation and shearer operation of miscellaneous scrap iron, general trash was generated consisting of wood, paper, and wood pallets which was transported as general trash (MSW) to the Ley Creek Transfer Station, which was operated by SWDA/OCRRA. This waste was transported to Ley Creek by Roth's trucks. SWDA/OCRRA trucks then transported this waste to a landfill for disposal.

3. The Roth Steel Corporation at 161-213 Richmond Avenue, Syracuse, New York operated a Logmann Baler which processed miscellaneous lite gauge material to steel mill specifications. Baling operation generated general trash which is paper, wood, and pallets and this general trash was transported to the Ley Creek Transfer Station, which was operated by SWDA/OCRRA. This waste was transported to Ley Creek by Roth's trucks. SWDA/OCRRA trucks then transported this waste to a landfill for disposal. At times, this waste was also classified as a construction and demolition debris.

A. (b) General trash that was generated 738-766 Erie Boulevard West and the Roth Steel facility at 161-213 Richmond Avenue was inadvertently and by mistake and in error identified as industrial waste when in fact it was just general trash consisting of wood scraps, paper, cardboard, and wood pallets and was classified

by SWDA/OCRRA as construction and demolition debris and at other times as MSW.

3. Please provide data, responsive to question 8 of the original joint request, for the time period prior to 1985 and cross-reference the data to the appropriate facilities. Please provide the same cross-reference for that data which has already been provided.

A. (a) The haulers as identified in the joint request and indexed by documents as submitted identifies the landfill and the hauler by names and addresses. These haulers and the landfills to which this material was sent consisted of shredder fluff generated as industrial waste at the Roth facility on Hiawatha Boulevard. The only records available have been attached to the joint request and identify the periods from 1989 to date.

(b) There are voluminous records available in reference to general trash (see Exhibit 2) that was generated to indicate that the general trash went into a dumpster which was then removed from each of the Roth facilities and transported to the Ley Creek Transfer facility for ultimate disposal. This was not done on a daily basis but whenever the dumpster was full, it was removed for disposal and an empty container was put in its place. Records are available which can identify the number of times the trash was hauled to indicate that the material was delivered to the Ley Creek Transfer Station operated by SWDA/OCRRA. Upon information and belief, SWDA/OCRRA contracted with a number of different landfills for the disposal of the waste from the Ley Creek Transfer Station.

CERTIFICATION OF ANSWERS TO THE SECOND SUPPLEMENTAL REQUEST FOR INFORMATION

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA/DEC Joint Request for Information) and all documents submitted herewith, 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, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that my company is under a continuing obligation to supplement its response to EPA's and DEC's Request for Information or the company's response thereto should become known or available to the company.

ROTH STEEL CORPORATION

George Stanton

George Stanton, Chief Executive Officer

Sworn to before me this

14th day of Feb. , 1996.

Sidney Manes

Notary Public

SIDNEY L. MANES
Notary Public in the State of New York
Qualified in Onondaga County No. 2504200
My Commission Expires 4/30/97

CERTIFICATION OF ANSWERS TO THE SECOND SUPPLEMENTAL REQUEST FOR INFORMATION

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA/DEC Joint Request for Information) and all documents submitted herewith, 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, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that my company is under a continuing obligation to supplement its response to EPA's and DEC's Request for Information or the company's response thereto should become known or available to the company.

ROTH STEEL CORPORATION

[redacted], President Seymour Roth-Vice Pres.

Sworn to before me this

27th day of Feb., 1996.

Sidney Manes

Notary Public

SIDNEY L. MANES
Notary Public in the State of New York
Qualified in Onondaga County No. 2504200
My Commission Expires 4/30/97

CERTIFICATION OF ANSWERS TO THE SECOND SUPPLEMENTAL REQUEST FOR INFORMATION

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:

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ROTH STEEL CORPORATION

Lewis Roth Pres.

Lewis Roth, President

Sworn to before me this

14th day of Feb. , 1996.

Sidney Manes

Notary Public

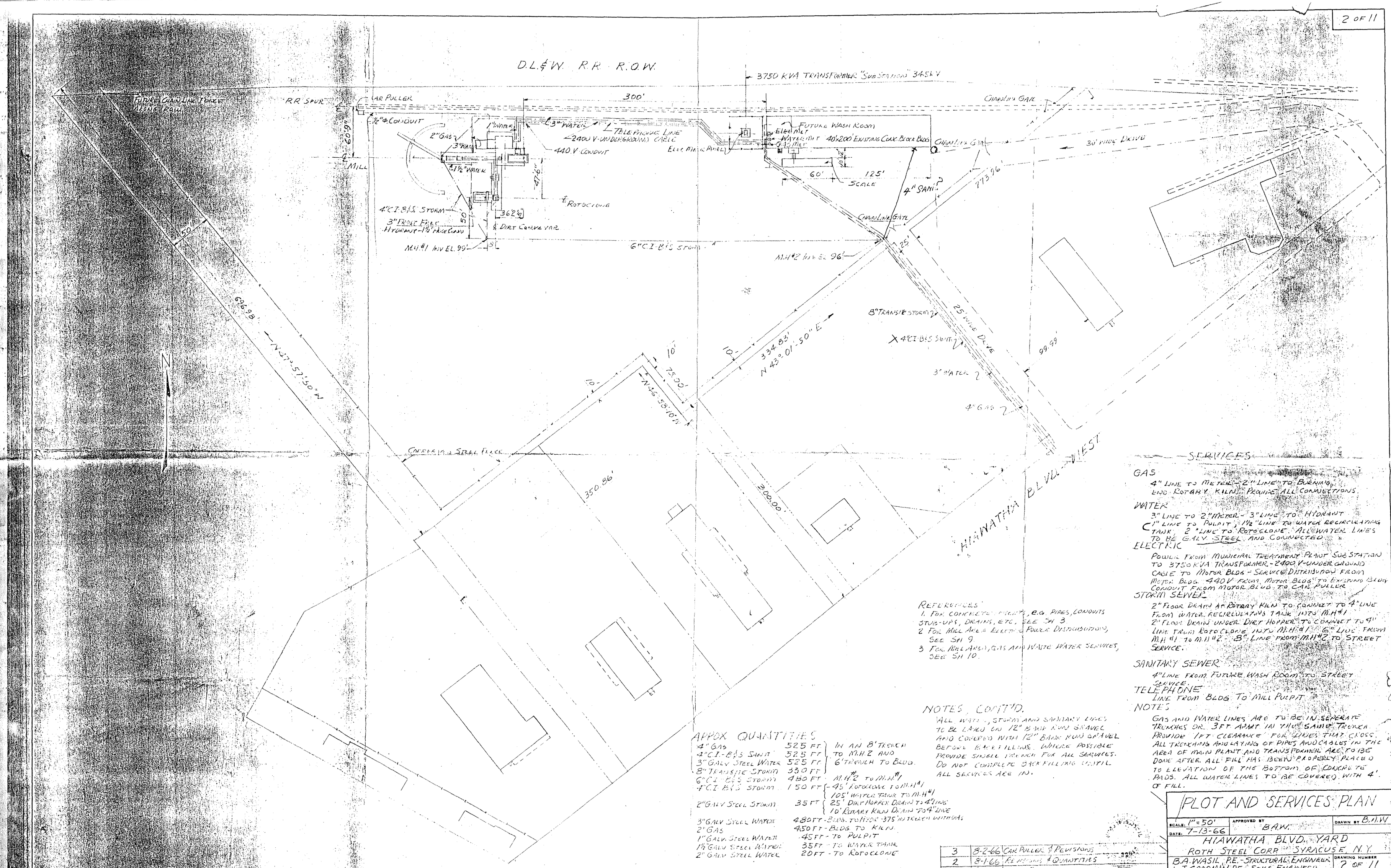
SIDNEY L. MANES
Notary Public in the State of New York
Qualified in Onondaga County No. 2504200
My Commission Expires 4/30/97

ATTACHMENTS TO REPLY TO THE SECOND SUPPLEMENTAL JOINT REQUEST FOR INFORMATION

1. Plot and Services Plan for Hiawatha Boulevard Yard

2. OCRRA Invoice

SM/20799_1



SERVICES

GAS

4" LINE TO METER - 2" LINE TO BURNER AND ROTARY KILN - PROVIDE ALL CONNECTIONS.

WATER

3" LINE TO 2" METER - 3" LINE TO HYDRANT
1" LINE TO PULPIT, 1½" LINE TO WATER RECIRCULATING TANK, 2" LINE TO ROTOCLONE. ALL WATER LINES TO BE G.ALV. STEEL AND CONNECTED.

ELECTRIC

POWER FROM MUNICIPAL TREATMENT PLANT SUB STATION TO 3750 KVA TRANSFORMER - 2400 V-UNDER GROUND CABLE TO MOTOR BLDG - SERVICE & DISTRIBUTION FROM MOTOR BLDG. 440 V FROM MOTOR BLDG TO EXISTING BLDG CONDUIT FROM MOTOR BLDG. TO CAR PULLER

STORM SEWER

2" FLOOR DRAIN AT ROTARY KILN TO CONNECT TO 4" LINE FROM WATER RECIRCULATING TANK INTO M.H.#1
2" FLOOR DRAIN UNDER DIRT HOPPER TO CONNECT TO 4" LINE FROM ROTOCLONE, INTO M.H.#1 - 6" LINE FROM M.H. #1 TO M.H. #2 - 8" LINE FROM M.H. #2 TO STREET SERVICE.

SANITARY SEWER

4" LINE FROM FUTURE WASH ROOM TO STREET SERVICE.

TELEPHONE

LINE FROM BLDG. TO MILL PULPIT

NOTES

GAS AND WATER LINES ARE TO BE IN SEPERATE TRENCHES OR 3FT APART IN THE SAME TRENCH. PROVIDE 1FT. CLEARANCE FOR LINES THAT CROSS. ALL TRENCHING AND LAYING OF PIPES AND CABLES IN THE AREA OF MAIN PLANT AND TRANSFORMER AREA TO BE DONE AFTER ALL FILL HAS BEEN PROPERLY PLACED TO ELEVATION OF THE BOTTOM OF CONCRETE PADS. ALL WATER LINES TO BE COVERED WITH 4' OF FILL.

REFERENCES

1. FOR CONCRETE FOUNDS, B.G. PIPES, CONDUITS STUB-UPS, DRAINS, ETC. SEE SH 3
2. FOR MILL AREA ELECTRIC POWER DISTRIBUTION, SEE SH 9
3. FOR MILL AREA, GAS AND WATER WATER SERVICES, SEE SH 10.

NOTES CONT'D.

ALL WATER, STORM AND SANITARY LINES TO BE LAID ON 12" BANK RUN GRAVEL AND COVERED WITH 12" BANK RUN GRAVEL BEFORE BACK FILLING. WHERE POSSIBLE PROVIDE SINGLE TRENCH FOR ALL SERVICES. DO NOT COMPLETE BACK FILLING UNTIL ALL SERVICES ARE IN.

APPROX QUANTITIES

4" GAS	525 FT	IN AN 8' TRENCH TO M.H. 2 AND 6' TRENCH TO BLDG.
4" C.I. B&S SANIT.	525 FT	
3" GALV STEEL WATER	525 FT	
8" TRANSITE STORM	330 FT	
6" C.I. B&S STORM	480 FT	M.H. #2 TO M.H. #1
4" C.I. B&S STORM	150 FT	45' ROTOCLONE TO M.H. #1; 105' WATER TANK TO M.H. #1
2" GALV STEEL STORM	35 FT	25' DIRT HOPPER DRAIN TO 4" LINE; 10' ROTARY KILN DRAIN TO 4" LINE
3" GALV STEEL WATER	480 FT	BLDG. TO HYDRANT 375 IN TRENCH WITH GAS
2" GAS	450 FT	BLDG. TO KILN
1" GALV STEEL WATER	45 FT	TO PULPIT
1½" GALV STEEL WATER	35 FT	TO WATER TANK
2" GALV STEEL WATER	20 FT	TO ROTOCLONE

ISSUE	DATE	PURPOSE
3	8-2-66	CAR PULLER & REVISIONS
2	8-1-66	REVISIONS & QUANTITIES

PLOT AND SERVICES PLAN

SCALE: 1" = 50'
DATE: 7-13-66
APPROVED BY: B.A.W.
DRAWN BY: B.I.W.

HIAWATHA BLVD. YARD
ROTH STEEL CORP. SYRACUSE N.Y.
B.A. WASIL, P.E. - STRUCTURAL ENGINEER
L.J. GOODMAN, P.E. - SOILS ENGINEER

DRAWING NUMBER: 2 OF 11

DIETZGEN MASTER-TONE 388MT PRINTED ON DIETZGEN 388N AGEPROOF VELLUM

O.C.R.R.A.
100 ELWOOD DAVIS RD
N. SYRACUSE NY 13212

INVOICE NO 000017364 PAGE NO 0001

DATE 08/02/95

ROTH STEEL CORP
800 W. HIAWATHA BLVD.
SYRACUSE NY 13204

ACCOUNT NO ROT10

TICKET NO	DATE	PRODUCT	LOCATION	QTY	UNIT $	MATERIAL	TRUCK	SURCHRGE	TOTAL
000240451	07/21/95	CONST & DEMOL;OPEN	LEY CREEK	6640.00Lb	60.00Tn	199.20	103-0031		199.20
SUB-TTLS		CONST & DEMOL;OPEN		6640.00Lb		199.20			199.20
000235489	07/03/95	CONST & DEMOL; CASH	LEY CREEK	5020.00Lb	60.00Tn	150.60	103-0035		150.60
SUB-TTLS		CONST & DEMOL; CASH		5020.00Lb		150.60			150.60
000239801	07/19/95	MSW; OPEN ACCOUNT	LEY CREEK	3720.00Lb	99.00Tn	184.14	103-0035		184.14
SUB-TTLS		MSW; OPEN ACCOUNT		3720.00Lb		184.14			184.14

THIS INVOICE IS DUE BEFORE 12:00 NOON
ON THURSDAY, AUGUST 31, 1995.
SEE BACK OF INVOICE FOR
IMPORTANT BILLING INFORMATION.

6640.00 Lb CD1
3720.00 Lb MSW1

5020.00 Lb CD3

MATERIAL $ 533.94

DELIVERY $

SURCHRGE $

INVOICE TOTAL $ 533.94

New York State Department of Environmental Conservation
Division of Environmental Enforcement
50 Wolf Road
Room 400
Albany, New York 12233-5550

Michael D. Zagata
Commissioner

Telephone: (518) 457-7821
Fax: (518) 457-7819

JAN 4 1996

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Roth Steel Corp.
Main Office and Shredder
800 Hiawatha Blvd. West
Syracuse, N.Y. 13204

RE: EPA/DEC Joint Request for Information

Dear Sir or Madam:

This correspondence responds to your company's September 20, 1995 response to the supplemental joint request for information, from EPA and the Department, dated August 17, 1995. As you may recall, this request by the Department was made pursuant to the underlying authority of the original CERCLA §104(e) joint request made by EPA and the Department, dated July 20, 1994. After review of Roth Steel's (Roth's) Supplemental Response, the Department has identified several issues that need clarification, as set out in the questions below. Pursuant to the July 20th joint request, and the underlying State and Federal authority set forth therein, please submit the requested information within 30 days of your receipt of this correspondence.

1. Roth's response to question 5 of the August 17, 1995 request, indicates that a "schematic of the stormwater sewer lines" is attached. Roth's table of attachments also indicates the inclusion of said schematic. However, the copies of Roth's supplemental response received by EPA and the Department did not contain the schematic. Please provide it at this time.

2. Question number 3 of the supplemental request asked Roth to clarify an apparent contradiction, regarding the Richmond Avenue (a.k.a. Tracy Street) facility. In responding to the original joint request, Roth stated (response to question 4) that at the Richmond Avenue facility "what was generated was industrial wastes from a baling operation, recycling scrap metals." However, Roth also stated (response to question 7) that at the Richmond Avenue facility "no industrial waste was generated." Therefore, in the supplemental request EPA and the

Department asked Roth to clarify this discrepancy. Roth's reply was that no industrial waste was generated at the Erie Blvd. West Site. At this time please clarify the discrepancy regarding the Richmond Avenue facility. Please indicate if Roth's reference to the Erie Blvd. facility, contained in the response to question 3 of the supplemental request, was an error.

3. Please provide data, responsive to question 8 of the original joint request, for the time period prior to 1985 and cross-reference the data to the appropriate facilities. Please provide the same cross-reference for that data which has already been provided.

We hope that EPA's and the Department's receipt of this supplemental information will complete your company's response. We will continue to review your company's submittal and therefore must reserve our rights to ask for further supplemental information at a later date if it becomes necessary. Please contact Mr. Little at the above telephone number if you have any questions.

Sincerely Yours,

William G. Little
Associate Attorney
Division of Environmental
Enforcement

George A. Shanahan
Assistant Regional Counsel
United States Environmental
Protection Agency, Region II

cc: Mr. Sidney Manes, Esq.
Green & Seifter
One Lincoln Center
Syracuse, N.Y. 13202-3549

Mr. Albert DiBernardo, TAMS

bcc: Commissioner Zagata
G. Shanahan, EPAREG2
H. King, EPAREG2
D. Hesler
A. Peterson

New York State Department of Environmental Conservation
Division of Environmental Enforcement
50 Wolf Road
Room 400
Albany, New York 12233-5550

Michael D. Zagata
Commissioner

Telephone: (518) 457-7821
Fax: (518) 457-7819

AUG 17 1995

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Roth Steel Corp.
Main Office and Shredder
800 Hiawatha Blvd. West
Syracuse, N.Y. 13204

RE: EPA/DEC Joint Request for Information

Dear Sir or Madam:

This correspondence responds to your company's reply to the joint request for information from EPA and the Department dated July 20, 1994. As you may recall, the Department contacted you by letter, dated December 8, 1994, seeking supplemental information in order to complete the July 20, 1994 joint request. After review, our consultant has identified several data gaps in Roth Steel's (Roth's) replies, as set out below. Pursuant to the July 20th request, and the underlying State and Federal authority set forth in the joint request, please submit the requested information within 30 days of your receipt of this correspondence.

1. Pursuant to the joint request, EPA and the Department ask that Roth clarify the facility name and address for the Richmond Avenue facility identified in response to question 4 of the original joint request. Please indicate if this is the Tracy Street site referenced in Attachment 12 or the 732 Erie Blvd. facility referenced in attachment 13. Also, please clarify that it is not the 738-766 Erie Blvd. facility, or the 700 Erie Blvd site referenced in the response. Please list the addresses for each of these sites and provide a clearly labeled map.

2. In response to question 4 of the joint request, Roth indicates that all three of Roth's facilities were scrap metal facilities. Please clarify why only the Hiawatha Blvd. and Richmond Avenue facilities were listed as generating industrial waste in Roth's response to question 4. Please clarify whether the Erie Blvd. facility generated industrial waste, and if so, please provide the information concerning these wastes that was

requested in the July 20, 1994 joint request. In addition, please indicate when operations commenced at the Hiawatha facility.

3. Please clarify the apparent contradiction, regarding the Richmond Avenue facility, between Roth's response to question 4, which reads "what was generated was industrial wastes from a baling operation, recycling scrap metals", and Roth's response to question 7, which reads "no industrial waste was generated". In addition, please indicate whether any solvents were used in the baling/recycling process.

4. Please provide data for the time period prior to 1985 and cross reference the data to the appropriate facilities. Please provide the same cross-references for the data which has already been provided.

5. Roth's response to question 9 indicates that, as a result of a dye study performed by the Metropolitan Sewage Disposal Facility (METRO), manholes at the Hiawatha facility (which were connected to the stormwater sewer line) were covered with concrete. Please provide the results of the dye study and a map showing the locations of the manholes and the direction of the runoff flow.

6. Lastly, Roth indicates in its response to question 9 that it was included in an "industry group" stormwater discharge permit applied for circa 1993, via the Institute of Scrap Recycling Industries. Please provide a copy of the information which was provided as part of the permit application. Please indicate if the permit was granted, and if so, provide a copy of the permit and a summary of its exceedences or copies of all the Discharge Monitoring Reports.

We hope that EPA's and the Department's receipt of this supplemental information will complete your company's response. We will continue to review your company's submittal and therefore must reserve our rights to ask for further supplemental information at a later date if it becomes necessary. Please contact Mr. Little if you have any questions.

Sincerely Yours,

William G. Little
Associate Attorney
Division of Environmental Enforcement

George A. Shanahan
Assistant Regional Counsel
United States Environmental Protection Agency, Region II

cc: Mr. Sidney Manes, Esq.
Green & Seifter
One Lincoln Center
Syracuse, N.Y. 13202-3549

bcc: Commissioner Zagata
G. Shanahan, EPAREG2
H. King, EPAREG2
D. Hesler
A. Peterson

ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Steel Corporation No. 2
0000026017

GREEN & SEIFTER
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OF COUNSEL:
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* ALSO ADMITTED TO FL. BAR
** ALSO ADMITTED TO IL. BAR
*** ALSO ADMITTED TO D.C. BAR
**** ALSO ADMITTED TO PA. AND N.J. BAR
† ALSO CERTIFIED PUBLIC ACCOUNTANT

December 13, 1994

George A. Shannon
Assistant Regional Counsel
United States Environmental Protection Agency
Region 2
26 Federal Plaza, Room 437
New York, New York 10278

William G. Little
Associate Attorney
Division of Environmental Enforcement
50 Wolf Road, Room 400
Albany, New York 12233-5550

Re: **Roth Steel Corporation**
Joint Request for Information

Dear Mr. Shannon & Mr. Little:

I am in receipt of a copy of your letter dated December 8, 1994 in reference to CERCLA Section 104(e) Joint Request for Information. Your letter of December 8, 1994 made specific reference to information reflected in paragraph number 12 and the answer which indicated that we had attached an "index" identifying all documents referenced in the reply to the Joint Request for Information. Inadvertently, though all of the documents were supplied, the index was not. I apologize for the oversight and wish to advise you that attached hereto is a two page index of all of the documents which have been submitted to you pursuant to the Joint Request for Information.

I hope this complies with your request and if there is any further documentation that I may afford you please contact me as counsel to Roth Steel Corporation. Thank you very much.

Respectfully,

GREEN & SEIFTER, ATTORNEYS, P.C.

Sidney Manes

Sidney Manes

SLM/sjh
Enclosure
cc: William Daigle, P.E.
Herbert H. King
Mr. Lewis Roth
Mr. Seymour Roth
Mr. George Stanton
F:\LEGLDATA\CORRESP\SM\SHANNONL.WPD

INDEX OF ALL DOCUMENTS SUBMITTED
IN REPLY TO JOINT REQUEST FOR INFORMATION 9/22/94

1. Fluff Disposal - Roth Steel Corp., Sept. 1989 - Sept. 1994
2. Landfill and Hauler - Names & Addresses
3. CNA Insurance Companies - Policy Numbers, Dates, Broker
4. Notice - Roth Steel Corp., Automobiles and Refrigeration Units 7/13/94
5. Plumley Engineering, P.C. Letter to Robert Olechowski 7/27/94
6. Green & Seifter Letter to James Masuicca 8/4/93 with documents
   - (a) Sid Manes Notes
   - (b) Roth Steel Corp. History of Landfill Usage
   - (c) Letter 7/1/93 certifying appliances do not contain refrigerants (CFCs & HCFCs)
   - (d) White Goods Policy "Capacitor Removal Program"
   - (e) Letter - Attention: All Car Haulers
   - (f) Auburn Steel Company Letter Re: Roth Steel 6/14/93
   - (g) Madison County Dept. of Solid Waste and Sanitation Re: Roth Steel
   - (h) Miscellaneous Sheet Iron and Landfill Material - Restrictions
   - (i) Sid Manes 7/19/93 - Documents and Sampling Results
   - (j) NYS Dept. of Environmental Conservation Letter to George Stanton at Roth Steel 9/7/94
7. Roth Steel Corp. Report prepared by W.Z. Baumgartner & Associates, Inc., 12/9/93.
8. W.Z. Baumgartner & Associates, Inc. Letter to Sidney Manes dated 8/18/93 "Sampling and Characterization Plan" for Roth Steel Company.
9. ERM-Northeast Letter to Sidney Manes Re: Roth Steel Removal of Petroleum-Affected Soil and ERM-Northeast Project No. 759.002 1/17/94

10. Residue Characterization Report dated December 1993 from W.Z. Baumgartner & Assoc.

11. Fax to Sidney Manes from Plumley Engineers, P.C. re: Letter to Robert Olechowski 7/27/94

12. Plumley Engineering, P.C. Letter to Daniel Kraft at United States Environmental Protection Agency Re: Roth Steel 3/29/94 - with attachments including Malcolm Pirnie Inc. Draft Field Investigation Program.

13. Consent Agreement and Final Order

14. Compliance Status Update 4/19/90 prepared by Am Can Environmental Management Inc. with attachments

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† ALSO CERTIFIED PUBLIC ACCOUNTANT

September 22, 1994

Mr. William Daigle
NYS Department of Environmental Conservation
50 Wolff Road
Albany, New York 12233-7010

Re: **Roth Steel Corporation**

Dear Mr. Daigle:

In compliance with your request to Roth Steel Corporation, pursuant to 42USC Section 9601, et al., I enclose to you the Joint Information within the period of time reflected in the August 24, 1994 letter, which afforded me until September 23, 1994 to provide the necessary information and documentation. The extension of time was granted to me by Scott Crisafulli. If there is any further information, or documentation that may come to light, I will forward it on to you to supplement this document. If there is any further information that you should require, please feel free to contact me.

Thank you very much.

Respectfully,

GREEN & SEIFTER, ATTORNEYS, P.C.

Sidney L. Manes

SLM/sjh
Enclosures
cc: Herbert H. King
George A. Shannon
William G. Little

REPLY TO THE JOINT REQUEST FOR INFORMATION PURSUANT TO 42 USC SECTION 9601 ET SEQ. AND ARTICLES 3, 17, 19, 27, 37, 40 AND 71 OF THE ECL CONCERNING DISPOSAL OF HAZARDOUS SUBSTANCES AT ONONDAGA LAKE, SYRACUSE, NEW YORK

ROTH STEEL CORPORATION
800 HIAWATHA BOULEVARD WEST
SYRACUSE, NEW YORK 13204

GREEN & SEIFTER, ATTORNEYS, P.C.
SIDNEY MANES, ESQ., OF COUNCIL
900 ONE LINCOLN CENTER
SYRACUSE, NEW YORK 13202
(315) 422-1391

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
ROTH STEEL CORPORATION
800 Hiawatha Boulevard West
Syracuse, New York 13204

JOINT REQUEST FOR INFORMATION PURSUANT TO 42 USC SECTION 9601 ET SEQ. AND ARTICLES 3, 17,19 27, 37, 40 AND 71 OF THE ECL CONCERNING DISPOSAL OF HAZARDOUS SUBSTANCES AT THE ONONDAGA LAKE, SYRACUSE, NEW YORK

1. (a) State the correct legal name and address of your company.

A.
Roth Steel Corporation
Post Office Box 1354
800 Hiawatha Boulevard West
Syracuse, New York 13204

(b) Identify the state of incorporation of your company and your company's agent for service of process in the state of incorporation and in New York.

A.
New York State and Companies Agent for service of process is George Stanton, Chief Executive Operating Officer

2. State the name(s) and address(es) of the President, the Chairman of the Board and the Chief Executive Officer of your company.

A.
Lewis Roth, President
123 Shirley Road
Syracuse, New York 13224

Seymour Roth, Vice President
6972 Colonial Drive
Syracuse, New York 13066

George Stanton, Chief Executive Officer
7506 Shalako Circle
Baldwinsville, New York 13027

3. If your company is a subsidiary or affiliate of another corporation, or has subsidiaries, identify each such entity and its relationship to the company, and state the name(s) and address(es) of each such entity's President, Chairman of the Board and Chief Executive Officer.

A.

Roth Steel Corporation is a subsidiary of El-Roh Realty Corp. El-Roh Realty Corp. is a domestic corporation formed pursuant to the statutes of the State of New York and has a principle place of business at 800 Hiawatha Boulevard West, Syracuse, New York 13204. The President is Lewis Roth. The Vice President is Seymour Roth.

4. List all of your facilities which generated, handled, transported, treated, stored or disposed of hazardous substances, hazardous wastes, or industrial wastes which are, or were formerly, located within fifty miles of any point along the shoreline of Onondaga Lake. For each such facility, state its name and address, and period of operation. Please identify any of your facilities that are no longer in operation within this area.

A.

(1) Roth Steel Corporation is located at 800 Hiawatha Boulevard West in Onondaga County, Syracuse, New York 13204. This facility does not generate, handle, treat, store or dispose of hazardous substances or hazardous wastes. The company engages in the processing of scrap articles to recover recyclable ferrous and non-ferrous metals.

(2) Roth Steel Corporation owned and operated a scrap recycling facility at 738-766 Erie Boulevard West, Syracuse, New York 13204. This facility did not generate, handle, transport, treat store or dispose of hazardous substances or hazardous wastes. This facility as a scrap recycling facility generated industrial waste and operated for a period from 1949 to 1990 when said facility ceased operation. This facility is no longer in operation.

(3) Roth Steel Corporation owned and operated a scrap recycling facility at 161-213 Richmond Avenue, Syracuse, New York 13204 . Roth Steel did not generate, handle, transport, treat, store or disposed of hazardous substances or hazardous wastes at this facility. What was generated was industrial wastes from a baling operation, recycling scrap metal. It was subsequently discovered that transformers which were recycled at this facility contained PCB contaminated oil. This facility operated from 1949 to 1987 at which time the facility closed down and entered into a Consent Order with the United States Environmental Protection Agency for a Remediation Investigation and Feasibility Study and subsequently took on the responsibility for remediation of this site and satisfied the Consent Order as per the correspondence attached hereto. This facility is no longer in operation.

5. Indicate the nature of the operation for each facility identified in Question 4 above. If the operations changed, indicate the nature of those changes (including any name changes) and the dates the changes took place.

A.

Roth Steel Corporation is a recycling facility of scrap metal. It processes approximately 2,000 automobiles a month plus a substantial quantity of white goods and other scrap metal and generates high quality steel scrap recovery. This scrap metal is recycled to local steel mills and represents a reclamation process that saves 50% of the energy used to make new steel and keeps scrap metal from filling up the landfills in and around Central New York. The Roth Steel Corporation employs upwards of 45 people, not counting more than 200 scrap haulers in Central New York who rely upon Roth Steel Corporation for the majority of their income. Roth Steel Corporation also services 15 to 20 municipalities including the City of Syracuse and all of Onondaga County and numerous towns and villages in Central New York. Roth Steel Corporation is one of the largest scrap recycling dealer operations in Central New York. Roth Steel Corporation generates up to 15,000 tons of fluff per year on the average and is a primary source of recycled and reclaimed scrap steel for the Auburn Steel Mill of Auburn New York that employs over 300 people. The Roth Steel Corporation has been in the scrap recovery and reclamation business for over 82 years in the Central New York Area.

The basic operation of Roth Steel Corporation has not changed in over 82 years other than a greater sophistication in it's scrap metal recovery system using state of the art shredder, chopping and, grinding operation. Roth Steel Corporation is a member of the National Institute of Recycling Scrap Industries and, is responsive to all environmental concerns of it's operation. It has constantly updated it's operation and has provided information to it's vendors of materials that it will accept for recycling and how that material is to be received at the Roth Steel Corporation facility. See attached documentation of Notices to Vendors.

6. For each facility identified in your response to Question 4 above, provide a detailed process/mechanical description of the processes used, the wastes generated from such process and/or waste stream changed, indicate the nature of the changes (including volumes) and the dates the changes took place. For each such waste stream provide any analyses that you have of the chemical composition of the waste stream.

A.

(1) The facility of Roth Steel Corporation located at 800 Hiawatha Boulevard West operates a Newell super heavy duty shredder, model number 80-104. This shredder grinds up and prepares scrap automobiles and other miscellaneous scrap iron creating a product called fragmentized steel, which is sold to major Steel Mills throughout the Northeast United States. The Roth process generates up to 15,000 tons per year of shredder fluff which is transported as industrial waste to Seneca Meadows Landfill and other facilities. See attached documentation as prepared by W.Z.

Baumgartner and Associates, Inc. Consulting Engineers, P.O. Box 786, Brentwood, TN 37024-0786.

(2) The Roth Steel facility at 738-766 Erie Boulevard West in Syracuse, New York utilized a Harris model 550 shearer to process unprepared miscellaneous scrap iron to steel mill specifications.

(3) The Roth Steel Corporation facility at 161-213 Richmond Avenue, Syracuse, New York operated a Logmann baler which processed miscellaneous lite gage material to steel mill specifications. See attached documentation prepared by AmCan Environmental Management, Inc., 408 North Midler Avenue, P.O. Box 49, Syracuse, New York 13206 and the report of Plumley Engineering, P.C., 3070 Belgium Road, Baldwinsville, New York 13027.

*Documents attached previously submitted to Region 7 of the New York State Department of Environmental Conservation and U.S. E.P.A.

(1) Sampling and characterization plan dated August of 1993 prepared by W.Z. Baumgartner and Associates, Inc. consulting engineers.

(2) A residue characterization report prepared December of 1993 by W.Z. Baumgartner and Associates, Inc. consulting engineers.

(3) A proposed plan dated December 9, 1993 as prepared by W.Z. Baumgartner and Associates, Inc. consulting engineers.

7. Explain in detail the manner of transportation or disposal of the hazardous wastes, hazardous substances and industrial wastes generated, handled, treated or stored at the facilities identified in your response to Question 4 above. Provide a separate response for each facility identified in your answer to Question 4 above.

A.

(1) 800 Hiawatha Boulevard West Facility:

Industrial waste consisting of shredder fluff transported to Seneca Meadows, Inc., 1786 Salcman Road, Waterloo, New York 13165, a permitted landfill facility which handled all of the transportation aspects of shredder fluff categorized as industrial waste generated at the Hiawatha, Roth Steel facility.

(2) Erie Boulevard Facility:

No industrial waste was generated at the Erie Boulevard facility.

(3) Richmond Avenue Facility:

No industrial waste was generated at the Richmond Avenue facility, but your attention is called to Paragraph "4" and the documents prepared by AmCan Environmental Management, Inc., and Plumley Engineering, P.C.

8. For each type of hazardous waste, hazardous substance, and industrial waste material listed above, provide the names and addresses of all transporters and disposal facilities used, and state when each such transporter and disposal facility was used. Please identify the total volume or weight of such material that was transported by that entity or individual to each such disposal facility.

A.

(1) 800 Hiawatha Boulevard West Facility:

In reference to 800 Hiawatha Boulevard West, we provide you with information attached hereto, of our transportation and disposal of shredder fluff transported within the Onondaga Lake Watershed between the periods of October 19, 1989 and October of 1994.

(2) Richmond Avenue Facility:

I refer you to the AmCan Environmental Management, Inc. Executive Report; a Compliance, Status Update in reference to the Roth Steel Corporation, PCB Spill Soil Remediation Project, and the documentation prepared by Malcolm Pirnie, Inc., of 890 Seventh North Street, Liverpool, New York 13088, which documentation is included in the AmCan Environmental Management, Inc., document hereto attached. You are further referred to the Plumley Engineering Report that I have submitted to the United States Environmental Protection Agency on/or about March 29, 1994, which incorporates the Revised Work Plan For Closure dated October 28, 1992, and the contact made by Plumley Engineering with Robert Olechowski, USEPA and Dale R. Vollmer, P.E., of Plumley Engineering wherein it confirmed a conversation of July 8, 1994 regarding the status of the PCB Clean-up at the Roth Steel Corporation, Tracy Street Site (Richmond Avenue). That conversation confirmed that the clean-up was performed under the terms of a Consent Agreement and Final Order (Docket No.: II-TSCA-PCB-82-0208) which is hereto attached, and it was indicated that both you and your Supervisor, Daniel Kraft consider the terms of the Order to have been completely

satisfied by Roth Steel Corporation. See attached draft correspondence from Plumley Engineering to Robert Olechowski.

(3) Erie Boulevard West Facility:

At the Roth Steel facility at Erie Boulevard West, no hazardous waste, hazardous substance or industrial waste was generated at this facility.

9. State whether any hazardous substance, hazardous waste or industrial waste, as those terms are defined in Instructions 11-13, was ever released or discharged into the environment at your facility. If yes, provide the following information:

(a) If this was a continuous or intermittent practice or even, identify the period of time during which this practice or event occurred and the hazardous substances and the quantity that was released or discharged and to where it was discharged. (In addition to a description of the discharge location, the discharge location should be shown on a map of the area and enclosed with your reply).

A.

(1) 800 Hiawatha Boulevard West Facility:

See report and documentation from W.Z. Baumgartner Associates, Inc., dated August 18, 1993, December 9, 1993 and the Residue Characterization Report of December of 1993. Also, see Proposal for Environmental Engineering prepared by ERM-Northeast, 6700 Kirkville Road, Suite B-1, East Syracuse, New York 13057 and dated the 15th of July 1993; The Soil Investigation Below Dinosaur Box Storage Area dated July 23, 1993; The Work Plan for Excavation and Landfilling of Petroleum Containing Soil, dated September 1993; and The Removal of Petroleum Affected Soil, dated January 17, 1994.

(2) Richmond Avenue Facility:

See AmCan Environmental Management, Inc. remediation project report and the further report of Plumley Engineering, P.C., in reference to the PCB Clean-up.

(3) Erie Boulevard West Facility:

No continuous or intermittent practice or event of release or discharge from this facility.

(b) If there was no continuous or intermittent practice or event of release or discharge, specify the date of each incident, the hazardous substances and the quantities that were released or discharged.

A.

No information available of any discharge or release of hazardous substances having entered either directly or indirectly into Onondaga Lake or its Tributaries from any of the Facilities of the Roth Steel Corporation, identified as 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(c) If any of the hazardous substances released would have entered either directly or indirectly (e.g. through surface runoff or groundwater migration) into Onondaga Lake or its tributaries, please provide the path of release.

A.

No information available of any discharge or release of hazardous substances having entered either directly or indirectly into Onondaga Lake or its Tributaries from any of the Facilities of the Roth Steel Corporation, identified as 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

10. Was any of the material described in your response to Question 9 treated prior to direct discharge into the Lake or its tributaries, or pretreated prior to discharge into a municipal sewerage system which discharges to the Lake or a tributary to the Lake? If so:

(a) describe the treatment or pretreatment process and capacity and whether discharges were continuous or intermittent;

A.

Not applicable in reference to the facilities of the Roth Steel Corporation at 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(b) The years during which treatment or pretreatment occurred, including date treatment or pretreatment began, and whether discharges continue or date of cessation of discharges continue or date of cessation of discharges if discontinued;

A.

Not applicable to the Roth Steel Corporation Facilities as 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(c) The quantities of influent waste treated or pretreated;

A.

Not applicable as no quantities of influent waste was treated or pretreated at the Roth Steel Corporation Facilities at 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(d) The quantities and composition (chemical analysis) of treated or pretreated material discharged;

A.

Not applicable to the Roth Steel Corporation Facilities at 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(e) Whether the material was discharged directly into the Onondaga Lake, a tributary of the Lake or into a municipal sewerage system which discharges to the Lake or a tributary of the Lake;

A.

Not applicable to the Roth Steel Corporation, as no material was discharged directly into Onondaga Lake, a tributary of the Lake or into a municipal sewage system from the facilities at 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(f) How you disposed of any sludges or residues generated by the treatment or pretreatment process; and

A.

Not applicable to Roth Steel Corporation Facilities at 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

(g) Provide the location of discharge and, if applicable, the name of municipal sewerage system to which discharge was made.

A.

Not applicable to Roth Steel Corporation Facilities at 800 Hiawatha Boulevard West, Richmond Avenue or Erie Boulevard West.

11. Identify all persons and other entities, including yourself, who determined how to treat, store, and/or dispose of hazardous wastes, hazardous substances, and industrial wastes generated at the facility. Provide the names and current addresses of all individuals who participated in such determinations.

A.

(1) 800 Hiawatha Boulevard West Facility:

W.Z. Bumgartner and Associates, Inc. Consulting Engineers, P.O. Box 786, Brentwood, TN 37024-0786 report that is hereto attached.

(2) Richmond Avenue Facility:

Malcolm Pirnie, Inc., 897 North Street, Liverpool, NY 13088. Thomas A. Barba, Senior Project Scientist. AmCan Environmental Management, Inc., 408 North Midler Avenue, P.O. Box 49, Syracuse, New York 13206. John M. Antczak, Project Coordinator and Dr. Keith A. Schimel, P.E. Plumley Engineering, P.C., 3070 Belgium Road, Baldwinsville, New York 13027. Dale R. Vollmer, P.E. Joel D. Plumley, P.E.

(3) Erie Boulevard West Facility:

No determination made of how to treat, store, or dispose of hazardous waste, hazardous substances, and industrial waste as generated at this Facility.

12. Identify all of the sources of the information contained in your answers to questions 6-10. Provide copies of all documents that relate to your answers including, but not limited to invoices, manifests, hazardous substances, hazardous and industrial waste data and analyses or characterizations and contracts, or agreements with transporting, treatment, storage or disposal facilities.

A.

Index attached identifying all documents referenced in this reply to The Joint Request for Information.

13. Provide copies of applications for Refuse Act Permit Program, National Pollutant Discharge Elimination System Permits, and State Pollutant Discharge Elimination System Permits, including any waste analyses or characterization submitted with such applications. Provide copies of all permits issued and all amendments to said permits. Provide copies of all Notices of Violations, or administrative or judicial complaints, concerning such discharges submitted or filed by federal, state, county or municipal governments and their regulatory agencies as well as copies of all judicial complaints filed by other persons (including corporate or partnership entities or public interest groups).

A.

(1) 800 Hiawatha Boulevard West Facility:

See attached correspondence and documentation dated August 4, 1993 addressed to James Masuicca, and further documentation as previously identified, and there have been no notices of violation or administrative or judicial complaints filed by any other persons.

(2) Richmond Avenue Facility:

As concerns the Richmond Avenue Facility, find hereto attached, United States Environmental Protection Agency Region 2, Consent Agreement and Final Order in regard to Docket No. II TSCA-PCB-82-0208. Other documentation is hereto attached, and there have been no other notices of violations or administrative or judicial complaints or any judicial complaints filed by any other person.

(3) Erie Boulevard West Facility:

In reference to Erie Boulevard West Facility, there have been no notice of violations, or administrative or judicial complaints, or any judicial complaints filed by any other persons.

14. Identify any current or previous insurance policies that may indemnify you or your company against any liability that you or any entity may incur in connection with the release of any hazardous substances and/or hazardous wastes at the Site. Please provide a copy of the policy. For any policy that you cannot locate or obtain, provide the name of the carrier, years in effect, nature and extent of coverage, and any other relevant information you have.

A.

(1) 800 Hiawatha Boulevard West Facility:

As hereto attached.

(2) Richmond Avenue Facility:

As hereto attached.

(3) Erie Boulevard West Facility:

As hereto attached.

15. Supply any additional information that may be used to identify additional sources of information or parties involved with the Site.

A.

Additional sources of information or parties have not been identified, other than, as reflected in the documentation attached hereto.

16. State the name, title, and address of each individual who assisted or was consulted in the preparation of the response to this "Request for Information" and specify the question to which each person assisted in responding.

A.

Lewis Roth is the President of Roth Steel Corporation, and as President of El-Roh Realty Corp., and his address is 123 Shirley Road, Syracuse, New York 13224.

Seymour Roth, Vice President, Roth Steel Corporation and Vice President to El-Roh Realty Corp., his address, 6972 Coloniel Drive, Syracuse, New York 13066.

George Stanton, Chief Executive Officer, 7506 Shalako Circle, Baldwinsville, New York 13027.

F:\LEGLDATA\CORRESP\SM\USRFI.ROT

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

STATE OF NEW YORK

COUNTY OF ONONDAGA:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA/DEC Joint Request for Information) and all documents submitted herewith, 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, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I am also aware that my company is under a continuing obligation to supplement its response to EPA's and DEC'S Request for Information or the company's response thereto should become known or available to the company.

LEWIS ROTH

PRESIDENT, ROTH STEEL CORPORATION

Lewis Roth Pres.

Sworn to before me this
21st day of September 1994

Sidney L Manes

SIDNEY L. MANES
Notary Public in the State of New York
Qualified in Onondaga County No. 2504200
My Commission Expires 4/30/95

CERTIFICATION OF ANSWERS TO REQUEST FOR INFORMATION

STATE OF NEW YORK

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SEYMOUR ROTH

VICE PRESIDENT, ROTH STEEL CORPORATION

Seymour Roth V.P.

Sworn to before me this
21st day of September 1994

Sidney L Manes

SIDNEY L. MANES
Notary Public in the State of New York
Qualified in Onondaga County No. 2504200
My Commission Expires 4/30/95

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GEORGE STANTON

CHIEF EXECUTIVE OFFICER, ROTH STEEL CORPORATION

George C Stanton

Sworn to before me this

21st day of September 1994

Sidney L Manes

SIDNEY L. MANES
Notary Public in the State of New York
Qualified in Onondaga County No. 2504200
My Commission Expires 4/30/95

FLUFF DISPOSAL ROTH STEEL CORP.
SEPT. 1989 - SEPT. 1994

	DATE	TONS	LANDFILL	HAULER
1989	8/24 - 12/29	4617	SENECA	R.S. COMPTON
	9/25 -12/29	762	ORLEANS	R.S. COMPTON
1990	1/3 - 2/28	1902	SENECA	R.S. COMPTON
	1/4 - 2/28	367	ORLEANS	R.S. COMPTON
	3/1 - 4/26	2268	SENECA	R.S. COMPTON
	4/30 - 12/31	6478	BFI	TITUS/PAGE
1991	1/2 - 8/3	5323	BFI	TITUS/PAGE
	8/8 - 12/31	3754	EMAC	TITUS/PAGE
	2/1 - 12/31	4801	JP MASCARO	TITUS/PAGE
1992	1/3 - 4/24	3337	EMAC	TITUS/PAGE
	1/1 - 4/28	383	JP MASCARO	TITUS/PAGE
	5/1 - 9/25	832	JP MASCARO	TITUS/PAGE
	9/26 - 10/13	350	EMAC	TITUS/PAGE
	10/15 - 12/31	3198	BFI	TITUS/PAGE
1993	1/1 - 6/30	5460	BFI	LHJF
	7/1 - 11/30	6023	BFI	LJF
	12/1 - 12/31	982	SENECA	SENECA
1994	1/1 - CURRENT	10206	SENECA	SENECA

LANDFILL

Seneca Meadows
1786 Saleman Road
Waterloo, NY 13165

Orleans Sanitary Landfill
11372 Main Street
Clarence, NY 14031

Brawing Ferris Industries
Willowcreek Landfill
Atwater, OH

EMAC
Clarksburg Landfill
North 12th Street
Clarksburg, WV 26301

JP Mascaro & Son
Brooke County Sanitary Landfill
Brooke County
Colliers, WV

HAULER

R.S. Compton Transport
RD #1 Box 297-1
Montour Falls, NY

L J F
RD #1
Irvona, PA 16656

Titus - Page
P.O. Box 920
Weedsport, NY 13166

Seneca Meadows
1786 Saleman Road
Waterloo, NY 13165

PLUMLEY ENGINEERING, P.C.
Civil, Environmental and Geotechnical Engineering
3070 BELGIUM ROAD, BALDWINSVILLE, NEW YORK 13027
(315) 638-6587 FAX (315) 638-9740

July 27, 1994

DRAFT

Mr. Robert Olechowski
Pesticides and Toxic Substances Control Branch
Environmental Services Division
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
2890 Woodbridge Avenue
Raritan Depot Building 10
Edison, New Jersey 08837-3679

RE: Roth Steel Corporation
Tracy Street Site
Syracuse, New York

Dear Mr. Olechowski:

This is to confirm our conversation of July 8, 1994 regarding the status of the polychlorinated biphenyl (PCB) cleanup at the above referenced site. The cleanup was performed under the terms of Consent Agreement and Final Order, Docket Number II-TSCA-PCB-82-0208 . You indicated that both you and your supervisor, Daniel Kraft, consider the terms of the order to have been completely satisfied by Roth Steel Corporation.

We also understand that the Roth Steel Corporation is free to perform any further remedial action on the site that is deemed necessary and that the United States Environmental Protection Agency (USEPA) has no desire to review or oversee such actions at this time.

We would like to thank you for you cooperation in this matter. If you have any questions or feel that we have not accurately characterized EPA's position in this matter, please contact me.

Sincerely,

PLUMLEY ENGINEERING, P.C.

Dale R. Vollmer, P.E.

DRV/cas

cc: Sidney Manes, Esquire
Mr. Louis Roth
Mr. Seymour Roth
William C. Weiss, Esquire

CNA INSURANCE COMPANIES

POLICY #	DATES		BROKER
MA601222787	(Issued by Valley Forge Insurance Co.)	10/1/92 - 10/1/93	
UMB6509477	(Issued by Transportation Insurance Co.	expired 10/1/81	Alexander & Alexander
RDX 1413494	(Issued by Transportation Insurance Co.	expired 10/1/81	Alexander & Alexander
UMB 6463870	(Issued by Transportation Insurance Co.	expired 10/1/82	Alexander & Alexander
UMB 082055330	(Issued by Transportation Insurance Co.	10/1/82 - 84	Langan & Swete Co.
802055330	(Issued by Transportation Insurance Co.	10/1/84 - 85	Langan & Swete Co.
TBP 007060791	(Issued by Transportation Insurance Co.	10/29/80 - 81	Alexander & Alexander
TBP 059029455	(Issued by Transportation Insurance Co.	expired 10/1/82	Alexander & Alexander
CCP 042055170	(Issued by Transportation Insurance Co.	10/1/82 - 83	Langan & Swete Co.
TBP 082055165	(Issued by Transportation Insurance Co.	10/1/82 - 84	Langan & Swete Co.
TBP 802055165	(Issued by Transportation Insurance Co.	10/1/84 - 85	Langan & Swete Co.
CCP 042055170	(Issued by Transportation Insurance Co.	10/1/84 - 85	Langan & Swete Co.
UMB 006503560	(Issued by CNA)	10/1/81 - 82	
RDX 00961701	(Issued by CNA)	10/1/81 - 82	
RDX 06205(5)331	(Issued by CNA)	10/1/82 - 84	
RDX 602055331	(Issued by CNA)	10/1/84 - 85	Langan & Swete Co.
5281380	(Issued by CNA)	11/1/80 - 81	Alexander & Alexander
9468085	(Issued by CNA)	10/1/81 - 82	Alexander & Alexander
9644474	(Issued by CNA)	10/1/81 - 82	Alexander & Alexander
CPP 09810219	(Issued by CNA)	10/1/81 - 82	Langan & Swete Co.
TBP 019029460	(Issued by CNA)	10/1/81 - 82	Langan & Swete Co.
9468123	(Issued by CNA)	10/1/81 - 82	Langan & Swete Co.
CPP 0420441	(Issued by CNA)	10/1/82 - 83	Langan & Swete Co.
2055263	(Issued by CNA)	10/1/82 - 85	Langan & Swete Co.
CPP 042055170	(Issued by CNA)	10/1/83 - 84	Langan & Swete Co.
CPP 022286913	(Issued by CNA)	10/1/83 - 84	Langan & Swete Co.
8282804	(Issued by CNA)	10/1/81 - 82	
2055165	(Issued by CNA)	10/1/84 - 85	Langan & Swete Co.
2055125	(Issued by CNA)	10/1/82 - 85	Langan & Swete Co.
2055170	(Issued by CNA)	10/1/82 - 83	Langan & Swete Co.
	(Issued by CNA)		

Insurance Co. of North America/CIGNA

SFC 321979	1978 - 79	

Royal Globe Insurance Co.

9 P 255R14189	1978 - 79	

Continential Insurance Co.

2 ZFDP 3194428	1978-79	Alexander & Alexander

Hanover Insurance Co.

V 209 39 59	10/1/85 - 91	Langan & Swete Co.
Q 209 52 01	10/1/85 - 86	Langan & Swete Co.
QDS 226 67 81	10/1/86 - 87	Langan & Swete Co.
SHS 226 67 81	10/1/87 - 88	Langan & Swete Co.

ZHS 226 67 81		10/1/88 - 91	Langan & Swete Co.

American Empire Insurance Co.

4 CM 0 3562	(claims made policy)	12/10/84 - 85	Stewart Smith Mid America Inc.

We do not have any insurance information for 10/91 through 10/92 or for 10/93 the present

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

NOTICE

AUTOMOBILES AND REFRIGERATION UNITS THAT MAY CONTAIN REFRIGERANT FLUIDS ("CHLOROFLUOROCARBONS" CFCs AND HYDROCHLOROFLUOROCARBONS" HCFs)

ROTH STEEL CORPORATION WILL COMPLY WITH FEDERAL LAWS, AND WILL NOT RECEIVE FOR PROCESSING ANY REFRIGERATION UNITS WHERE CFCs AND BCFCs HAVE NOT BEEN REMOVED.

This policy is also consistent with Sections 608(b)(1) and 608(c) of the Clean Air Act amendments, effective July 1, 1992, which provide that the CFC refrigerants "shall be removed from each such appliance, machine or other good prior to the disposal of such items or their delivery for recycling".

The Act specifically requires that, effective July 1, 1992:

It shall be unlawful for any person, in the course of maintaining, servicing, repairing, or disposing of an appliance or industrial process refrigeration, to knowingly vent or otherwise or knowingly release or dispose of any class 1 (CFCs) or class 2 (HCFCs) substance used as a refrigerant in such appliance (or industrial process refrigeration) in a manner which permits such substance to enter the environment.

For any further information, we suggest you contact your trade association, your local Solid Waste Co-ordinator and/or your local E.P.A. Regional Office.

ROTH STEEL CORPORATION MANAGEMENT

JULY 13, 1994

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

ATTN: ALL WHITEWARE & MIXED SHEET IRON SHIPPERS

CAPACITOR AND LEAD REMOVAL PROGRAM

CAPACITORS VARY IN SIZE FROM A FEW INCHES LONG TO ALMOST A FOOT IN LENGTH. THEY ARE USUALLY MOUNTED ON OR NEAR THE MOTOR FOR THE APPLIANCE. (SEE ACCOMPANYING PHOTO FOR HELP ON SIZES AND LOCATIONS.)

THE FOLLOWING HAVE CAPACITORS WHICH MUST BE REMOVED BEFORE ROTH STEEL CORPORATION WILL ACCEPT THEM:

A. REFRIGERATORS B. FREEZERS C. WASHING MACHINES

THE FOLLOWING GENERALLY DO NOT HAVE CAPACITORS BUT SHOULD ALWAYS BE CHECKED:

D. STOVES E. DISHWASHERS F. DRYERS

IN ADDITION, ITEMS A THRU F ABOVE, WHICH HAVE FLUORESCENT LIGHTING, ALSO HAVE BALLASTS WHICH MUST BE REMOVED. ABSOLUTELY NO BALLASTS ON ANY FLUORESCENT LIGHT FIXTURES - THESE ARE HUGE AND MUST BE REMOVED.

EVEN IF CAPACITORS APPEAR EMPTY - THEY MUST BE REMOVED, EXCEPT THOSE WHICH ARE DEFINITELY MARKED NO PCB'S, IF THERE IS NO MARKING, THEY MUST BE REMOVED.

ROTH STEEL CORPORATION WILL ACCEPT **NO** ROOM OR ROOF TOP AIR CONDITIONERS. THESE UNITS USUALLY HAVE LARGE MULTIPLE CAPACITORS AND ARE SOMETIMES DIFFICULT TO REMOVE. ABSOLUTELY **NO** MICROWAVE OVENS. **NO** COMMERCIAL SUPERMARKET TYPE OPEN VAT FREEZERS - THESE ARE LOADED WITH ROWS OF CAPACITORS - SOME BURIED IN THE INSULATION. **NO** HOME OR COMMERCIAL ICE MAKERS.

A WORD OF CAUTION

ALWAYS WEAR PROTECTIVE OIL PROOF GLOVES WHEN HANDLING CAPACITORS OF ANY TYPE - NEVER ACCEPT A UNIT IF THE CAPACITORS ARE LEAKING OR APPEAR BROKEN.

NO ITEMS THAT CONTAIN LEAD IN YOUR LOAD. NO WHEEL WEIGHTS ON WHEELS, NO SOIL PIPE UNLESS BROKEN AND LEAD REMOVED FROM JOINTS.

GAS TANKS MUST HAVE THREE HOLES ON TOP AND THREE HOLES ON BOTTOM TO INCLUDE IN THE LOAD. LARGE AMOUNTS OR FULL LOADS OF TANKS ARE PRICED BELOW LOOSE TIN.

WE PAY FOR LEAD IN OUR SHOP - SELL IT TO US. DON'T LEAVE IN YOUR LOAD.

WE ACCEPT MATERIAL ONLY ON A "CLEAN OF ALL CONTAMINATION" BASIS.

SIGN THE BOOK IN THE SCALE OFFICE TO SHOW THAT YOU HAVE RECEIVED THIS SHEET OF INSTRUCTIONS PLUS THE SHEET OF PHOTOGRAPHS AND WILL COMPLY.

ABSOLUTELY NO ROOM AIR CONDITIONERS. THEY ARE LOADED WITH HUGE CAPACITORS AND THE PLASTIC GUARD AROUND THE FAN SOMETIMES CONTAINS PCB'S.

JULY 13, 1994

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

READ ALL THREE PAGES AND PICTURES (2 PAGES) - HIGHLY IMPORTANT TO YOU AND TO US

CAR BODY AND SHEET IRON SPECIFICATION SHEET

THE FOLLOWING ITEMS ARE **NOT** ACCEPTABLE FOR SHREDDING AND **MUST BE ABSENT** FROM SHEET IRON OR CAR BODIES SOLD TO US.

YOUR COOPERATION WILL BE APPRECIATED. VIOLATORS WILL BE TAKEN OFF THE LIST OF APPROVED HAULERS.

NO AUTOMOBILES OR REFRIGERATORS THAT CFC'S HAVE NOT BEEN REMOVED FROM.

NO PCB CAPACITORS ON ANYTHING ELECTRICAL BROUGHT TO US.

NO ROOM AIR CONDITIONERS, COMMERCIAL REFRIGERATORS, CENTRAL AIR CONDITIONERS, FREEZERS, WATER COOLERS OR ICE MAKERS. THESE ARE HEAVY IN CAPACITORS AND BEST TO STAY AWAY FROM.

NO TV SETS OR MICROWAVE OVENS.

NO FLUORESCENT FIXTURES, UNLESS BALLAST IS REMOVED.

NO CASED TRANSFORMERS: UNCASED ONE-HALF HEAD SIZE MAXIMUM WILL BE ACCEPTED IN SHEET IRON.

NO CABLE, WOVEN WIRE, OR WIRE COILS.

NO TANGLED CHAIN LINK FENDING. MUST BE STRAIGHT, ROLLED AND BOUND, AND NOT OVER 24" IN DIAMETER.

NO SEALED TANKS SUCH AS GAS TANKS, PROPANE TANKS, OXYGEN, ACETYLENE OR RELATED TANKS.

NO AIR BAG CANISTERS OR OTHER EXPLOSIVE MATERIAL.

NO DRUMS, CANS OR CONTAINERS USED TO CONTAIN HAZARDOUS MATERIALS, PESTICIDES, PAINT, FREON, WAX, ETC.

NO NON-METALLICS INCLUDING CONCRETE, ROCKS, BLOCKS, WOOD, GLASS, PLASTICS, EXCESSIVE DIRT, TIRES, ETC.

NO STEEL OR CAST IRON TURNINGS OR BORINGS IN SHEET IRON. WE WILL ACCEPT SEPARATELY.

NO MANGANESE STEEL IN SHEET IRON. WE WILL ACCEPT SEPARATELY.

NO UNSHREDDABLES, DIE BLOCKS, SHAFTS OVER 1½" IN DIAMETER, PLATE OVER ¼" THICK OR OTHER SOLID MASS MATERIAL IN SHEET IRON. (SEE DRAWINGS ON LAST PAGE.) PLACE ON BACK OF LOAD FOR INSPECTOR TO SEE. WE WILL PAY FOR THEM.

NO TIRES.

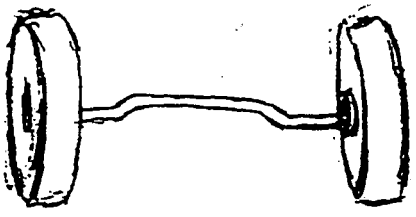
NO BATTERIES IN CARS OR SHREDDABLES. WE WILL PAY FOR THEM SEPARATELY IN THE METAL SHOP.

* **LOOSE MUFFLERS OR TAIL PIPES** ONLY ON CAR YOU BRING IN. LARGE QUANTITIES OR FULL LOADS WILL BE TAKEN BUT PRICED BELOW LOOSE TIN.

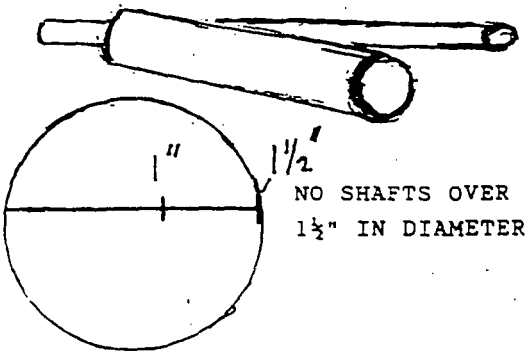
GAS TANKS MUST HAVE THREE HOLES IN TOP AND THREE HOLES IN BOTTOM TO INCLUDE IN LOAD. LARGE AMOUNTS OR FULL LOADS ALSO PRICED BELOW LOOSE TIN.

JULY 13,1994

NO UNSHREDDABLES



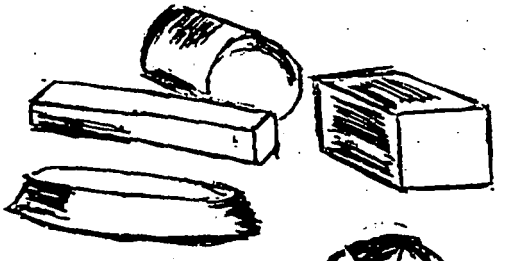
NO FORGED TRUCK AXLES



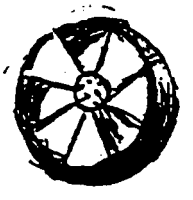
NO SHAFTS OVER 1½" IN DIAMETER

NO CLOSED CONTAINERS

NO NO NO



NO BAR STOCK OVER 1½" - NO CHUNKY SOLID PIECES SUCH AS HEAVY DIES -
OR
HEAVY STEEL HUBS -



NO STEEL PLATE OVER ¼" THICK

NO STEEL BEAMS OVER 10" HIGH

ALL ELECTRIC MOTORS ON BACK OF LOADS, WE WILL PAY WITH LOADS, BUT THEY MUST BE SEPERATE.

LEAVE ALL UNSHREDDABLES ON BACK OF YOUR TRUCK IF YOU ARE GOING TO THE MILL PAD. WE WILL TAKE THEM OFF & SET THEM OFF OF PAD - AND WILL PAY FOR THEM AS PART OF LOAD.

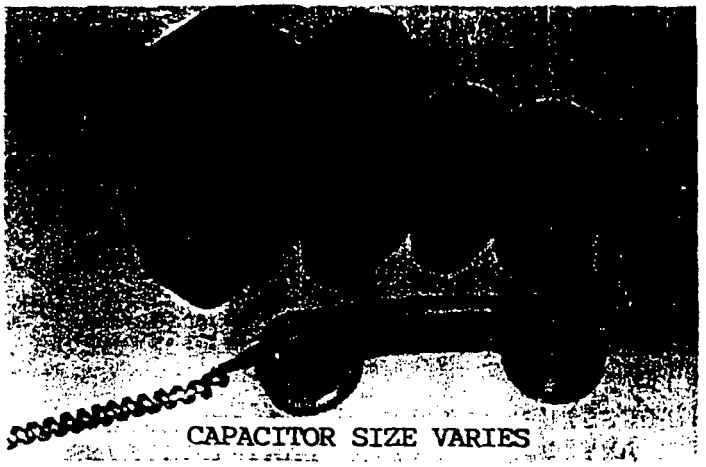
KEEP THE DOOR AT ROTH STEEL OPEN FOR YOU. HIDDEN EXTRA HEAVY PIECES CAN LEAD TO CHARGES OF MALICIOUS MISCHIEF BROUGHT AGAINST YOU.

<u>THANK YOU FOR YOUR COOPERATION.</u>

THE MANAGEMENT
ROTH STEEL CORPORATION

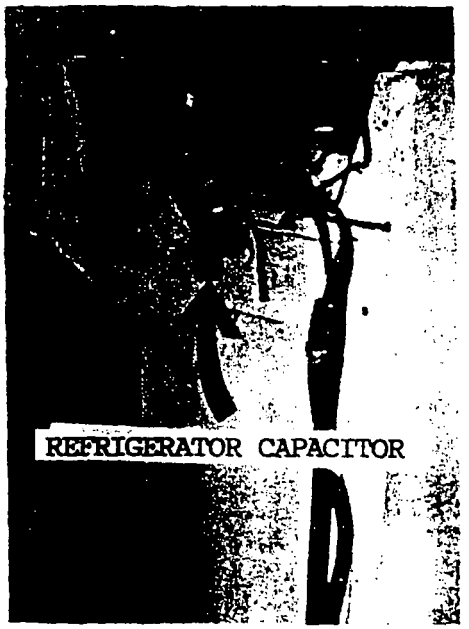
JULY 13, 1994

REMOVE THESE →



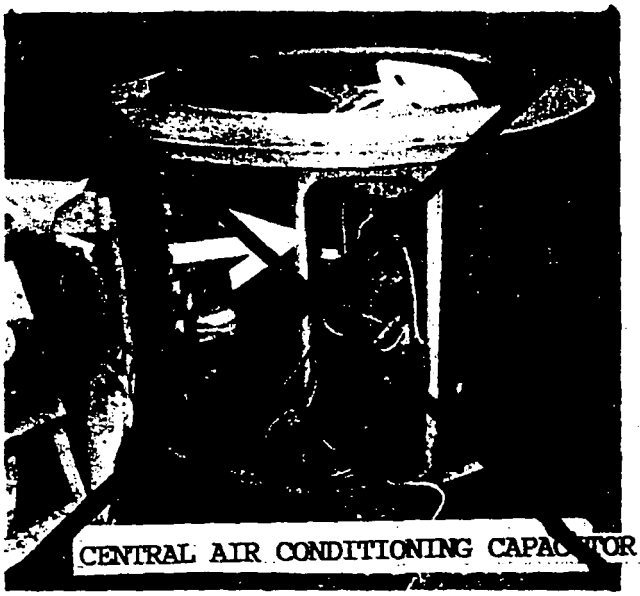
CAPACITOR SIZE VARIES

← REMO THES



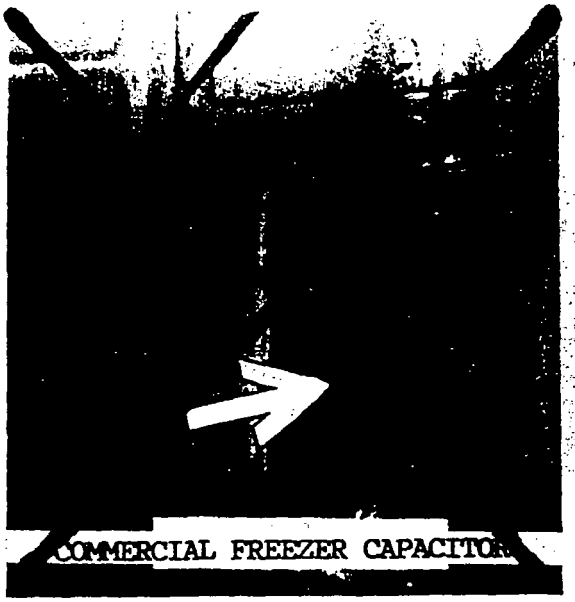
REFRIGERATOR CAPACITOR

X



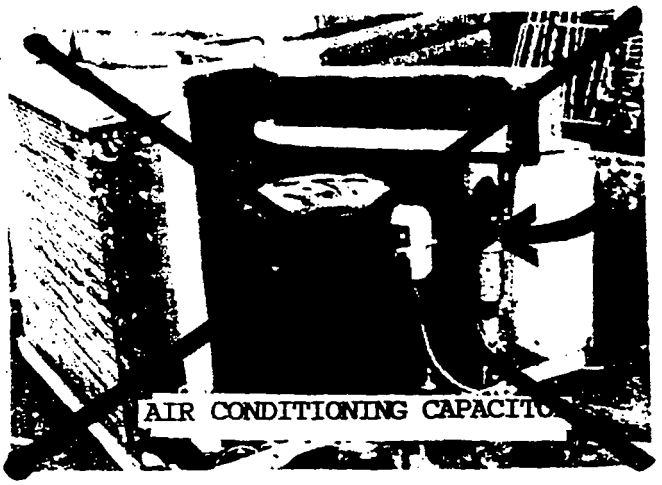
CENTRAL AIR CONDITIONING CAPACITOR

X



COMMERCIAL FREEZER CAPACITOR

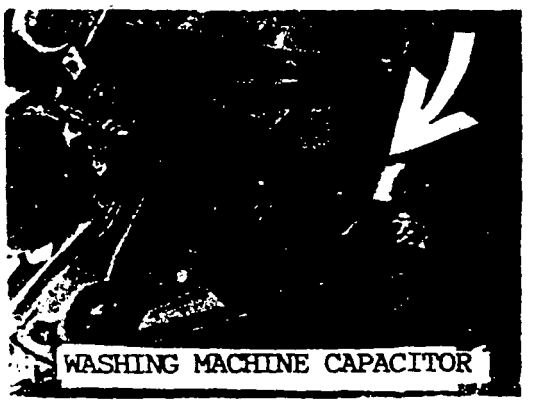
X



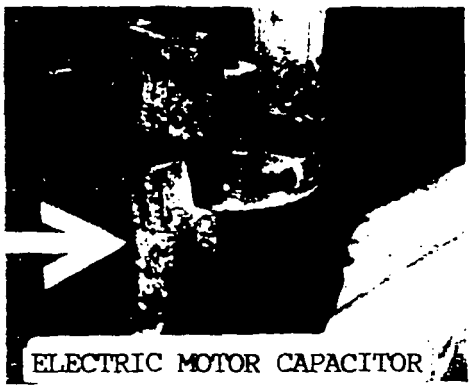
AIR CONDITIONING CAPACITOR

X

REMO THES ←



WASHING MACHINE CAPACITOR



ELECTRIC MOTOR CAPACITOR

REMOVE THESE →

FLORESCENT LIGHT BALLAST

REMO THES ←

**ITEMS MARKED WITH AN "X" WILL NOT BE ACCEPTED

JULY 13, 1994

GREEN & SEIFTER,
ATTORNEYS, P.C.
ONE LINCOLN CENTER
SYRACUSE, NEW YORK 13202-1387
(315) 422-1391
TELECOPIER (315) 422-3549

RICHARD J. BRICKWEDDE,
OF COUNSEL***
SIDNEY MANES,
OF COUNSEL

EDWARD S. GREEN†
LOWELL A. SEIFTER†
DAVID A. YAFFEE
ROBERT F. BALDWIN, JR.*
LAURENCE G. BOUSQUET
ROBERT K. WEILER
VIRGINIA A. HOVEMAN**

PAUL M. PREDMORE
LEE ALCOTT
JOHN L. VALENTINO
PHILIP S. BOUSQUET
SARAH LEWIS BELCHER

*ALSO ADMITTED TO FL. BAR
**ALSO ADMITTED TO IL. BAR
***ALSO ADMITTED TO D.C. BAR
†ALSO CERTIFIED PUBLIC ACCOUNTANT

August 4, 1993

Mr. James Masuicca
Department of Environmental Conservation
DEE
615 Erie Boulevard West
Syracuse, NY 13204-2400

Re: **Roth Steel Corporation**

Dear Mr. Masuicca:

I met with you and Lieutenant Erickson on June 30, 1993 at the Roth Steel Scrap Yard Facility on Hiawatha Boulevard in Syracuse, New York. At that time, we did a walk through and looked at a number of areas. At the completion of that tour, you and I talked with Mr. George Stanton and there were certain documents and information that you requested and I said I would provide to you.

We subsequently met at the office of DEC on July 14, 1993 and a number of issues were raised at that time with Charles Branagh, the DEC engineer in charge. You attended that meeting as well as did many other DEC representatives including Lee Flocke and our representative Jim Blasting of ERM-Northeast. Jim Blasting of ERM will prepare a Plan of Action for the alleged spill. We have further engaged the services of W. Z. Baumgartner & Associates, Inc. as consulting engineers who will prepare a Plan of Action related to the fluff disposal area.

For your information and the Department's information as well, let me point out a number of areas that were of concern that we have looked into and taken appropriate measures

to resolve. As we have in the past, we will continue to reject any car until its battery is removed. To encourage removal, we pay the haulers $1.40 for the battery and $1.00 for the lug clamps. We further urge removal of the wheel weights and other lead contaminants. To eliminate further exposure and abuse, we have removed our public service containers. We have advised the City of Syracuse, the Onondaga County Resource Recovery Agency ("OCRRA"), and some of the towns that we would work with them if they wanted to locate public service containers (no charge) at their facilities and we would accept and pick up (no charge) the metal for processing at Roth Steel.

1. Roth Steel has now removed the "dinosaur" box and has put a restriction on accepting any further gasoline tanks removed from vehicles, from being accepted at the Roth Steel facility unless we clearly inspect and determine that no liquid is present. The dinosaur box itself has been removed; we have reported the spill of petroleum to the alleged spill hotline and the matter has been assigned a spill number. The area in question has been isolated and on July 22, 1993, Chris Mannes of DEC was in attendance when the area was dug up and the material identified and replaced. This material will be subsequently disposed of in an environmentally sound manner. A Plan of Action is being prepared by James Blasting of ERM-Northeast and as soon as that Plan is completed, it will be submitted to DEC for acceptance and implementation.

2. Multiple Storm water manhole discharge points were identified and contact was made with the Metropolitan Sewage Disposal Facility ("Metro"). Representatives from Metro came to the Roth Steel Facility and conducted a dye test. We learned that the manholes were connected to the storm water sewer line on Hiawatha Boulevard. You were further put on notice that through the Institute of Scrap Recycling Industries ("ISRI"), an industry "group" storm water discharge permit was applied for through the United State Environmental Protection Agency and that matter is pending. Though it is our belief that we had the opportunity to continue to use our storm water discharge points, we have elected to seal off all the manholes with concrete and to terminate all storm water discharge charge through these manholes from our property.

For your information, we had gone back and looked at bills that we have received from the City and County and find that we have been paying a substantial amount of money for a sewer tax district contribution. We have also looked at our water bills which also has a sewer discharge as well. Because of the large amount of money that we have been paying to the County, we were led to believe that our sewer discharge was

being monitored, and was part of the Metro system. We now realize that though we had been informed by Metro that we were being monitored for which they asked our permission, we have that only related to the sanitary sewer line and not the storm water discharge line. I am attaching bills from the County and the City. With the elimination and sealing off of the storm drains, it is our opinion that a SPDES permit application will not be required. It is our intention to continue with ISRI and their pursuit of storm water permits for the industry.

3. We have now eliminated the drain line from the corner of the pad next to the motor room to the internal fence line. That has been blocked and is no longer a surface water runoff discharge point.

4. We have eliminated any possibility of an overflow from the discharge point from the concrete pond, which is used for the wet scrubber fluff/dust collection. No further discharge is possible to the former storm sewer manhole. As you are aware, the water in this pond is recirculating and stays within the system and is part of the process of shredder waste material recovery.

5. As you are aware now, we have retained W.Z. Baumgartner & Associates, Inc. Consulting Engineers to prepare, on our behalf, a Plan of Action for testing of the fluff material that has been deposited across the road at two locations. Baumgartner was recommended by ISRI and has been involved with a large percentage of shredder operations in the U.S. We are submitting a copy of Mr. Baumgartner's letter to us dated August 3, 1993. The Plan of Action will be submitted to the DEC and will contain the protocols for testing of the fluff material. Baumgartner & Associates, Inc. will utilize a certified lab and prior to the Plan of Action being implemented, the DEC will be contacted so that they can be in attendance. I have further contacted Conrail on three separate occasions leaving my name and telephone number and the reason for my call on their answering machine and I have not had a call back as yet. I will continue to try to obtain Conrail's permission to test on their property.

6. On July 15, 1993, we met with Osborne Engineering, Inc. of Tulsa, Oklahoma and their engineer Marlin Bills, P.E., to discuss our shredder, dust collection and air pollution control system. We also had in attendance at that meeting Norm Boyce and Chuck Chernoff of the DEC. We are looking into obtaining quotes on the installation of this equipment and other equipment manufacturers. We further obtained from Norm Boyce the necessary documents for submission to the DEC of proposed air permits.

In line with our meeting on June 30, 1993, you requested certain documents and I have been attempting to obtain those for you. I enclose to you at this time the following documents:

(a) June, 1990 substantiation of our generation of shredder fluff totalling 1,400 tons, which material was shipped to BFI in Ohio.

(b) Shredder fluff generated in July of 1990 and shipped to BFI in Ohio consisting of 1,300 tons.

(c) Documentation from Safety Kleen wherein that company pumped the hydraulic tank at the baler on Tracy Street. This is a sealed system, which was a used oil pick up of 1,400 gallons.

(d) Attached is a pump charge wherein we rented a pump to pump water from the baler pit in September 21, 1992.

(e) Attached is documentation from Safety Kleen of pumping and removing 1,800 gallons of "oil water disposal" on September 24, and a further removal by Safety Kleen on October 8, wherein Safety Kleen pumped 2,000 gallons of water as a result of the pit refilling. After the baler was removed, the pit was filled in for safety purposes.

(f) A history of landfill usage from September of 1986 to the present. I further afford you the following information on those landfills.

1. Guerriero Sanitation, R.D. #2 Dyke Road, Frankfort, New York 13340

2. Seneca Meadows, P.O. Box 65, Waterloo, New York 13165

3. Orleans Sanitary Landfill, 11372 Main Road, Clarence, New York 14031

4. BFI, the contact is Rosana Marinchick, Division Sales Manager, P.O. Box 5240, Polland, Ohio, 44514, the telephone number is 216-536-8013

5. EMAC, 2700 Koppers Building, Pittsburgh, Pennsylvania 15219; telephone number 1-800-666-2912

6. J.P. Mascaro, The Brooke County Landfill in West Virginia, 136 Leigh Street, Coplay, Pennsylvania 19803

(g) "White Goods Policy" - A notification that automobile and refrigeration units may contain fluids which must be removed prior to delivery;

(h) A letter from Onondaga County Resource Recovery Agency;

(i) Letter from Auburn Steel Company, Inc.;

(j) Letter from Madison County Department of Solid Waste;

(k) A Roth Steel Corporation flyer to all haulers entitled "Miscellaneous Sheet Iron and Landfill Material."

(l) Real estate taxes for the year of 1993 ($89,000) and Bureau of Water showing the payments made for the sewer district.

(m) Our notification to all Haulers with regard to gas tanks Entitled "Attention: All Car Haulers.".

I have now requested and received from Galson Laboratories, the documentation for the testing of the fluff material and that is also considered part of this package. Please note that these samples were not taken or preserved using EPA protocols nor was chain of custody followed in many instances. We understand that these grab samples which are not composite are not necessarily representative samples as that term is used by the experts or in the regulations. We know <u>now</u> that the plastic bags used to transport samples in many instances would cause interference in the PCB results. These results should not be relied upon.

Arrangements have been completed to test the fluff material and the material in the pond and as soon as those samples are analyzed, the DEC will be notified and be provided the analysis of those samples.

It is my belief that as soon as we have supplied you with these testing results, we will have met all of your concerns and all documents have been supplied.

I believe further that we have covered all of the points that were raised. If there is anything other than what I have said forth herein, I would appreciate hearing from you at your earliest convenience.

Respectfully,

GREEN & SEIFTER, ATTORNEYS, P.C.

Sidney Manes

Sidney L. Manes

PLUSSLM/942
Enclosures
cc: Mr. Charles Branagh
Mr. Lee Flocke
Mr. Norman Boyce
Mr. Lew Roth
Mr. Seymour Roth
W. Z. Baumgartner
Mr. James Blasting, ERM-Northeast

9-2-93 Sidney Mares

A. Safety Clean pumps hydraulic oil tank for baler - NOTE - This is a sealed system 112.00

9-21 ~ We rent a trash pump to pump water from baler pit

9-~~25~~ 24 - Safety Clean pumps oil + water from pit - 1800 gallons 1800.00

10-8 - Pit fills because of underground spring Safety Clean pumps 2000 gallons 2000.00

$3912.00 plus TAX paid to pump.

Sidney N James

(1) Co San. Dist. Unit Chg
3362.08

(2) Copies of 2 water bills
50 means sewer use

Please advise

George

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to:
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

HISTORY OF LANDFILL USEAGE

9/86 - 4/89	GUERRIERO SANITATION
7/89 - 4/90	SENECA MEADOWS
7/89 - 2/90	ORLEANS SANITARY LANDFILL
4/90 - 6/91	BFI (AMERICAN CARTING)
8/91 - 4/27/92	EMAC (AMERICAN CARTING)
4/28/92 - 10/92	EMAC (BILLED DIRECTLY)
2/92 - 9/92	JP MASCARO
10/14/92 - PRESENT	BFI (OHIO, BILLED DIRECTLY)

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

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Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

July 1, 1993

Gentlemen:

Because of our concern for the protection of the environment, and in accordance with the EPA's final rule requirements regarding the proper removal of refrigerants, Roth Steel Corporation can no longer accept small appliances for processing, as of July 13, 1993, which have not had the refrigerant properly removed and recovered from such appliances prior to their delivery to our yard for recycling.

To insure compliance from our suppliers, we are requesting that you read the following, sign and return it to us for our records:

"In consideration of purchase of this material, seller certifies that to the best of his knowledge, the appliances to be delivered under this contract of sale do not contain any refrigerants, including but not limited to chlorofluorocarbons (CFCs) and hydrochlorofluorocarbons (HCFCs), as defined in §608 of the Clean Air Act and 40 CFR Part 82. Seller further agrees to indemnify and hold Roth Steel Corporation harmless from any claim, penalty, fine, fee, cost, attorney's fees, or other liability resulting in whole or in part from seller's breach of this certification."

_____ _____
Signature/Title Date

Please see the enclosed data sheets for further information and feel free to contact Roth Steel if you have any questions. We appreciate your cooperation in this matter, as it is not a choice, but a requirement by law.

Very truly yours,

ROTH STEEL CORPORATION

Lewis Roth, President

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

White Goods Policy

"CAPACITOR REMOVAL PROGRAM"

Capacitors vary in size from a few inches long to almost a foot in length. They are usually mounted on or near the motor of the appliance. (See photos attached.)

THE FOLLOWING HAVE CAPACITORS WHICH MUST BE REMOVED BEFORE ROTH STEEL CORPORATION WILL ACCEPT THEM.

A. REFRIGERATORS
B. HOME FREEZERS (WE REALLY DO NOT WANT COMMERCIAL FREEZERS FROM STORES - THEY SOMETIMES HAVE PCB CAPACITORS IMBEDDED IN THE SIDES.

THE FOLLOWING GENERALLY DO NOT HAVE CAPACITORS BUT SHOULD ALWAYS BE CHECKED.

C. WASHING MACHINES
D. STOVES
E. DISHWASHERS
F. DRYERS

IN ADDITION, ITEMS A - F ABOVE WHICH HAVE FLUORESCENT LIGHTING ALSO HAVE THE BALLAST WHICH MUST BE REMOVED. THIS IS RARE, BUT WOULD BE MOSTLY ON EXPENSIVE WASHING MACHINES.

NO FLUORESCENT LIGHT FIXTURES.

****EVEN IF CAPACITORS APPEAR EMPTY - THEY MUST BE REMOVED****

Roth Steel Corporation will at this time accept "NO" Air Conditioning equipment - room or roof top. These units usually have multiple capacitors and are sometimes difficult to remove.

A WORD OF CAUTION:

Always wear protective oil proof gloves when handling capacitors of any type - Never dismantle if the capacitors are leaking or appear broken.

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

REVISED 8/93

ATTENTION: ALL CAR HAULERS

AS OF JULY 6, 1993, THE DEPARTMENT OF ENVIRONMENTAL CONSERVATION, (THE D.E.C.) REQUIRES THAT AUTOMOBILE FLUIDS BE DRAINED BEFORE ENTERING ROTH STEEL'S PROPERTY.

ABSOLUTELY NO BATTERIES IN CARS! THEY WILL BE ACCEPTED AND WE WILL PAY YOU FOR THEM **IN THE METALS WAREHOUSE - SEPARATELY.** WE WILL BAR YOU FROM ROTH STEEL PERMANENTLY AND/OR ARREST YOU IF YOU HIDE BATTERIES IN A CAR.

GAS TANKS MUST BE CUT IN HALF AT THE SEAMS AND DRY. YOU MAY PUT THEM IN THE CARS WHERE THEY CAN BE SEEN.

THESE RULES **ARE NOT OPTIONAL !!** IF YOU DO NOT CONFORM TO THESE RULES, WE CANNOT ACCEPT YOU CARS.

WE WILL KEEP YOU POSTED AS TO ANY FURTHER CHANGES IN POLICY.

ROTH STEEL CORPORATION

austeel

AUBURN STEEL COMPANY, INC. • Auburn, N.Y. 13021

address reply to: P.O. Box 2008

June 14, 1993

To Whom It May Concern:

Auburn Steel Company is a steel manufacturing company employing approximately 310 people from the central New York area. In the process of melting ferrous steel scrap for the production of steel bar products we recycle over 350,000 tons of processed steel scrap each year.

Roth Steel Corp. is one of our long time suppliers of large quantities of several grades of steel scrap and they represent one of the largest recyclers of steel scrap in Central New York. In our long term relationship with them as a processor and supplier of scrap, we have found them to take seriously their role as recyclers and they operate their facility in a manner which demonstrates their concern for product quality, proper environmental controls and a caring attitude for their employees. They consistantly put money back into their equipment and operations with a long term goal of serving their industry and ours as a reliable source of supply.

Our experience indicates that Roth Steel generally strives to set a standard for product quality which we as consumers can use as an example for evaluating others. We have very few problems with their products and always when correcting action is required, it is done in a fair and proper fashion.

Regards,

AUBURN STEEL COMPANY, INC.

Gary S. Caldwell

Gary S. Caldwell
General Manager-Purchasing

/lf

Madison County
Department of Solid Waste and Sanitation

RD 3 Buyea Road
(315) 366-2208
(315) 361-1524 (FAX)

PO Box 27
Wampsville, NY 13163

James A. Zecca
Director

To Whom It May Concern:

We wish to express our thoughts regarding the service provided to us by Jim Brow Salvage and, ultimately, Roth Steel Corporation.

Our continuing accumulation of whiteware (refrigerators, stoves, washers, dryers, etc.) is being disposed of, via Jim Brow Salvage, at Roth Steel Corp. Mr. Brow has handled the disposal of these items for us for some time now and we are very pleased with his performance. He conscientiously inspects these items for capacitors and freon to insure that they are environmentally safe and meet the stringent regulations set forth by Roth Steel for acceptance of whiteware before they are loaded onto his trucks for delivery to Roth's facility. Given the current environmental concerns in handling these items, the service that we are provided with is invaluable.

It is also our feeling that Roth Steel is, and has been, a great asset to the community in accepting materials for recycling which would otherwise be a wasted resource and unnecessary burden on our landfills. They have been processing scrap metal for recycling for many years, even before it was fashionable and politically correct to do so.

Were we forced to find an alternative to our present system for disposal of these items, it would undoubtedly be very costly and time consuming. Both Mr. Brow and Roth Steel Corp. are providing a much needed service and we are grateful that we have this option available to us.

Very truly yours,

James A. Zecca

James A. Zecca
Director

JAZ/jn

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

MISCELLANEOUS SHEET IRON AND LANDFILL MATERIAL

THE FOLLOWING ITEMS ARE **NOT ACCEPTABLE** FOR SHREDDING:

ABSOLUTELY NO BATTERIES IN SHREDDABLES! WE WILL PAY FOR THEM IN THE METAL SHOP SEPARATELY AND THEY WILL BRING YOU MORE MONEY THERE.

NO REFRIGERATORS THAT THE CFC's HAVE NOT BEEN REMOVED FROM.

NO PCB CAPACITORS ON REFRIGERATORS OR ANYTHING ELECTRICAL BROUGHT TO US.

NO ROOM AIR CONDITIONERS, COMMERCIAL REFRIGERATORS, CENTRAL AIR CONDITIONERS, FREEZERS, WATER COOLERS OR ICE MAKERS. THESE ARE HEAVY IN CAPACITORS AND BEST TO STAY AWAY FROM.

NO T.V. SETS OR MICROWAVE OVENS.

NO FLUORESCENT FIXTURES, UNLESS BALLAST REMOVED.

NO CASED TRANSFORMERS. UNCASED, ONE-HALF HEAD SIZED MAXIMUM WILL BE ACCEPTED IN SHEET IRON.

NO CABLE, WOVEN WIRE OR WIRE COILS.

NO SEALED TANKS SUCH AS GAS TANKS, PROPANE TANKS, OXYGEN, ACETYLENE OR RELATED TANKS.

NO AIR BAG CANISTERS OR OTHER EXPLOSIVE MATERIAL.

NO DRUMS, CANS OR CONTAINERS USED TO CONTAIN HAZARDOUS MATERIALS, PESTICIDES, PAINT, FREON, WAS, ETC.

NO MANGANESE STEEL IN SHEET IRON. WE WILL ACCEPT SEPARATELY.

NO UNSHREDDABLES, DIE BLOCKS, SHAFTS OVER 1½" IN DIAMETER, PLATE OVER ¼" THICK OR OTHER SOLID MASS MATERIAL IN SHEET IRON. WE WILL ACCEPT THESE ITEMS IF THEY ARE KEPT SEPARATE ON THE LOAD AND UNLOADED IN THE FRONT YARD AREA FIRST! THEY ARE **NEVER** TO GO TO THE SHREDDER PAD.

NO TIRES.

ROTH STEEL CORPORATION

Sidney N James

(1) Co San. Dist. Unit Chg
$ 3362.08

(2) Copies of 2 water bills
50 means sewer use

Please advise

George

AL ESTATE TAXES
FOR YEAR 1993

PROPERTY NUMBER: 0239003400

City of Syracuse
Commissioner of Finance
P.O. Box 4758
Syracuse, N Y 13221

OFFICE HOURS: 8:30 a.m. to 4:30 p.m.
Monday thru Friday
Closed Saturday

PROPERTY DESCRIPTION AND LOCATION

510

EL-ROH REALTY CORP
PO BOX 1354
SYRACUSE NY
13201

EL-ROH REALTY CORP
712 HIAWATHA BLVD W
13204
1438.40X1151.56 IRREG 6 CEM BLDG
LOT P RCL43&44FL316T0319 INC

BOOK-PLATE-PARCEL: 14-607-0026
CLASS CODE: 710
ROLL SECTION: 1

	TAXABLE VALUE	RATE	TAX AMOUNT
TY TAX	274,275	.038307	10,506.72
OUNTY TAX	274,275	.138400	37,959.68
CHOOL TAX	274,275	.143669	39,404.96
ATER DIST. TAX	274,275	.000499	137.04
O. SAN. DIST. UNIT CHG.	16.34	205.76	3,362.08
		SUBTOTAL	91,370.48
TER RENT	0.00	0.00	12.47
USHING	1,438.40	0.35	503.44

ASSESSED VALUE 274,275

EXEMPTIONS

TOTAL 91,886.39

1993 LOCAL REAL ESTATE TAXES — DUE DURING MONTH OF **OCTOBER** **4**

YR	Q	PROPERTY NO.
93	4	0239003400

TAX DUE	22,842.62
INTEREST OR DISCOUNT	
TOTAL AMOUNT DUE	

0239003400934002284262 3

1993 LOCAL REAL ESTATE TAXES — DUE DURING MONTH OF **JULY** **3**

YR	Q	PROPERTY NO.
93	3	0239003400

TAX DUE	22,842.62
INTEREST OR DISCOUNT	
TOTAL AMOUNT DUE	

0239003400933002284262 0

PLEASE PERMIT THIS STUB UNTIL PAYMENT

BUREAU OF WATER
P.O. BOX 4781
SYRACUSE, NY 13221

RETURN POSTAGE GUARANTEED

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PERMIT NO 826 SYRACUSE, NY

METER LOCATION 828 HIAWATHA BLVD W

YOUR CHECK IS YOUR RECEIPT | REG | LATE | DELIVER TO THIS ADDRESS

CREDIT-DO NOT PAY SYR NY 132 #5 11/18/92 PM

PAY ON OR BEFORE 12/08/92

ACCOUNT NUMBER 05-500-N-2150-00

ROTH STEEL CORP
BOX 1354
SYRACUSE N.Y. 13201

05500N215000000014ON000140N8

RETURN THIS STUB WITH PAYMENT

Sedums Pond

ACCT. NUMBER 05500N215000

WATER BILL FOR PERIOD ENDING 11/02/92

CODE	AMOUNT
AR	62.49-
	36.56
SU	11.88
REG. AMOUNT DUE	14.05CR

KEEP THIS PORTION FOR YOUR RECORDS

METER LOCATION 828 HIAWATHA BLVD W

PRESENT READ	PREVIOUS READ	CONS
66	26	40

PAY REG. ON OR BEFORE 12/08/92

LATE AMOUNT 14.05CR

BUREAU OF WATER
P.O. ~~BOX 4781~~
SYRACUSE, NY 13221

RETURN POSTAGE GUARANTEED

PRESORTED FIRST CLASS MAIL U.S. POSTAGE PERMIT NO. 826 SYRACUSE, NY

METER LOCATION 800 HIAWATHA BLVD W

YOUR CHECK IS YOUR RECEIPT | REG 629.33 | LATE 660.79 | DELIVER TO THIS ADDRESS

PAY ON OR BEFORE 3/23/93

ACCOUNT NUMBER 05-500-N-2100-00

ROTH STEEL CORP
BOX 1354
SYRACUSE N Y 13201

05500N210000000660790062933 9

RETURN THIS STUB WITH PAYMENT

ACCT. NUMBER 05500N210000

WATER BILL FOR PERIOD ENDING 1/27/93

CODE	AMOUNT
AR	27.91-
	478.45
SU	178.79
REG. AMOUNT DUE	~~629.33~~

KEEP THIS PORTION FOR YOUR RECORDS

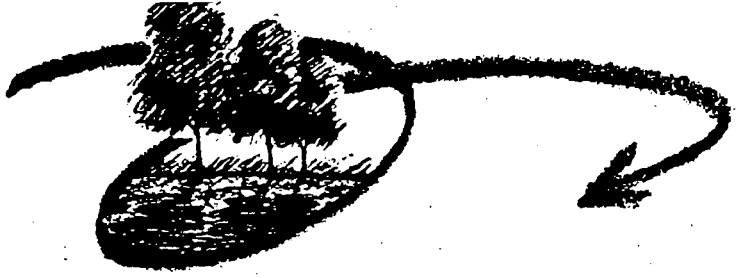
Main Office

METER LOCATION 800 HIAWATHA BLVD W

PRESENT READ	PREVIOUS READ	CONS
39592	38990	602

PAY REG. ON OR BEFORE 3/23/93

LATE AMOUNT 660.79



ONONDAGA COUNTY
RESOURCE RECOVERY AGENCY

June 21,1993

Roth Steel
800 W. Hiawatha Blvd.
Syracuse, N.Y.,13204
Mr.Daniel Partridge

Dear Dan,

I just wanted to let you know that the Agency is looking forward to working with Roth Steel on the metals collection program we recently discussed.I realize that we still have a few details to work out but this program will be a great addition to the counties recycling program.

I also wanted to let you know that the dumpster you put out on Saturdays for metal collection has been a big help.We recommend people drop-off their household metal to your facility rather then the transfer station so that it may be recycled.

Dan thanks for your help and I look forward to working with you in the future.

Regards,

Robert Carpenter
Recycling Specialist

7/6/93

100 ELWOOD DAVIS ROAD • NORTH SYRACUSE, NY 13212-4312 • PAUL J. O'CONNOR, DIRECTOR • 315-453-2866 • FAX 315-453-2872
RECYCLED PAPER

EMAC

2700 Koppers Bldg
Pittsburg, P.A. 15219

1-800-666-2912

E.P. Id Number - To move Capacitor.

Rosana Marinchick - Div Sales Mgr. - BFI -

4/89
7/89) waiting for Permits -

Orleans -
11372 Main Rd.
Clarence NY. 14031

Guerrer
Rd II 2 Dyke Rd.
Fonkfort 13340

Seneca Meadows

BFi - Ohio

J. P. Mascaro
136 Leigh street
Coplay PA. 18037

Brooke Co. L/F
W. Virginia

BFI —
Po Box 5240
Poland Ohio
44514

216536 8013

Hot Spot - Galson
Incineration Scrap —
We rejected —

9-2-93 Audrey Mares

A. Safety Clean pumps hydraulic oil tank for baler - NOTE - This is a sealed system 112.00

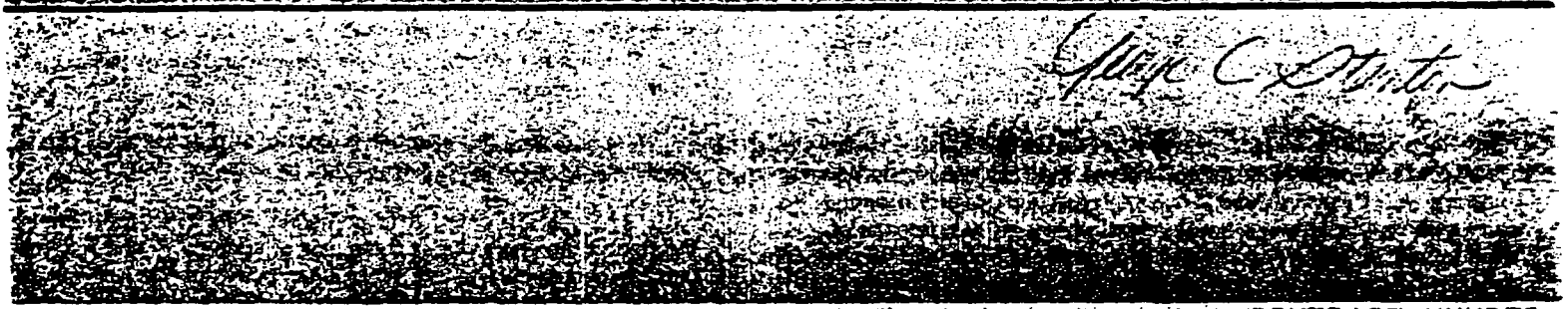
9-21 ~ We rent a trash pump to pump water from baler pit

9-~~23~~ 24 - Safety Clean pumps oil + water from pit - 1800 gallons. 1800.00

10-8 - Pit fills because of underground spring
Safety Clean pumps 2000 gallons 2000.00

$3912.00 plus TAX paid to pump.

[redacted]



USTOMER ID==========CONTRACT NUMBER
33110 FINAL INVOICE 01-073765-02

9/23/92 ROTH STEEL CORPORATION

ROTH STEEL CORPORATION
800 W. HIAWATHA BOULEVARD
SYRACUSE, NY 13204

475-8431

DERED BY KEN
BY KEN
#5153

OUT: MON 09/21/92 14:03
IN: WED 09/23/92 13:50

TEM NO.	QTY	DESCRIPTION	RATE INFO	UNIT	EXTENDED
-0300	1	PUMP, TRASH 3" 25000 GPH, 2P	42.00	84.00	84.00
-0001		30ITA 0781			
-5001	1	HOSE, SUCTION 3"	.00	.00	.00
-5002	1	HOSE, DISCHARGE 3"	.00	.00	.00
-5010	1	WRENCH, 3" HOSE			
-5003	3	HOSE, DISCHARGE 3" EXTRA		6.00	18.00

SYRACUSE BUILDERS EXCHANGE
FOUNDED 1872

RECEIVED
SEP 24 1992

10/16/92
Pump out
5351
Erie Yard Press
47301

RECEIPTS SUMMARY

ATE	SEQ	METHOD	REF/PO	AMOUNT
9/23/92	-02	CHARGE		116.78
>>>>AMT DUE THIS INVOICE:				116.78

SUMMARY

CONTRACTORS EQUIPMEN	102.00
7% DAMAGE WAIVER	7.14
ONONDG 7.0	7.64
TOTAL	116.78

CUSTOMER COP

wledge receipt in good order of the items rented, and that I have read ee to all terms of this contract. Unless declined I also agree to the e Waiver charges.

Ken Blume

than Renter, signer represents he is Agent of and authorized to sign for

DECLINES D.W.C.

D.W.C. IS NOT INSURANCE. Renter may, by initials hereon, decline benefits of Paragraph 10, Damage Waiver, on reverse side of this contract.

FRANCHISED BY TAYLOR RENTAL CORPORATION, P.O. BOX 8000, NEW BRITAIN, CT 06050 - THIS CENTER IS INDEPENDENTLY OWNED AND OPERATED

SALES AGENT:	PREPARED:	CUSTOMER:	CONTRACT:
TIM	09/23/92	ROTH STEEL CORPORATION	01-073765-02

BOX 1800 • ELGIN, IL 60121
708/697-8460

B066046

ENT NUMBER	CUSTOMER NAME	CUST. ORDER NO
87-71-6541-1	ROTH STEEL INC	5170

NO./SERVICE DESCRIPTION	QUANTITY	UNIT COST	TOTAL
Y WATER DISPOSAL	1800	1.0000	* 1926.00

SERVICE DATE 09-24-92
INVOICE NUMBER B66046
* SALES TAX INCLUDED 126.00
PAY THIS AMOUNT BY 10-17-92
1926.00

NUMBER
ZIP

SK DOT NO. MANIFEST NO.

SERVICE DATE	SALESMAN'S NO.	CUSTOMER P.O. NUMBER	SALES TAX EXEMPTION NO.	NEXT SERVICE	SERVICE TERM			
		5170						

HAZARDOUS WASTE INFORMATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
				RQ HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA 9189 (EPA D008,D018,D039) (ERG#31) 9.2 LBS/gal

I certify that my total waste streams are within one of the following categories:
- 0 to 220 LBS./MONTH
- 220 LBS. to 2,200 LBS./MONTH
- GREATER THAN 2,200 LBS./MONTH

DESIGNATED FACILITY NAME AND ADDRESS:

USA EPA ID NO.
STATE ID NO.

SERVICE SECTION

SERVICE NUMBER	DESCRIPTION	GROSS QUANTITY	NET QUANTITY	UNIT OF MEASURE	PRICE	SERVICE CHARGE	TAX	LINE TOTAL
040	USED OIL PICK UP							
050	OILY WATER DISPOSAL	1800			1.00	1800.00	126.00	1926.00
10066	WASTE ANTIFREEZE							

Oil & Water mixed
Pump from Press Pit.

Account #5910

(0-250 ppm's

9-24-92

RECEIVED
SEP 24 1992

TOTAL 1926.00

PAYMENT RECEIVED SECTION

CASH ☐ | TOTAL RECEIVED
CHECK NUMBER

PAYMENT MADE SECTION

PAYMENT METHOD	PAYMENT AMOUNT
CASH ☐ CHECK	

RECEIVED BY:

CUSTOMER'S SIGNATURE

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION.
INVOICES REFLECTING CHARGES TO CUSTOMER ARE SUBJECT TO AN INTEREST RATE OF THE LESSER OF 1½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.
GENERATOR WARRANTS AND REPRESENTS THAT THE MATERIALS PROVIDED SAFETY-KLEEN CORP. HEREUNDER HAVE NOT BEEN MIXED, COMBINED, OR OTHERWISE BLENDED IN ANY QUANTITY WITH MATERIALS CONTAINING POLYCHLORINATED BIPHENYLS (PCB) OR ANY OTHER MATERIAL DEFINED AS A HAZARDOUS WASTE UNDER APPLICABLE LAWS, INCLUDING BUT NOT LIMITED TO 40 CFR PART 261. GENERATOR AGREES TO INDEMNIFY AND HOLD SAFETY-KLEEN CORP. HARMLESS FOR ANY DAMAGES, COSTS, ATTORNEY'S FEES, ETC. ARISING OUT OF OR IN ANY WAY RELATED TO A BREACH OF THE ABOVE WARRANTY BY THE GENERATOR.

X
GENERATOR / CUSTOMER SIGNATURE

PRINT NAME > KEN BLUME

safety-kleen corp.

BOX 1800 • ELGIN, IL 60121
708/697-8460

5912

SCHEDULED SERVICE WEEK	SCHEDULED SERVICE TERRITORY	REFERENCE NUMBER
92-36	01	039580

MANIFEST NUMBER XXXXXXXXXXXXXX

ING NUMBER 87-71-6541-1 | CUSTOMER NAME ROTH STEEL INC

NO./SERVICE DESCRIPTION	QUANTITY	UNIT COST	TOTAL
D OIL SERVICE	1400	.0800	* 119.84

CUST ORDER NO

SERVICE DATE 09-02-92

INVOICE NUMBER 039580

* SALES TAX INCLUDED 7.84

PAY THIS AMOUNT BY 09-23-92

119.84

=NR
F=PA

EEL INC
THA BLVD
E

NY 13204

N	PREVIOUS BALANCE	PORTION OVER 60 DAYS

ANK CAPACITY	INDUSTRIAL	CUSTOMER PHONE	CUSTOMER P.O. NUMBER	COMMENT
1000		(315)475-9431		

BUSINESS TYPE	SERVICE TERM	TERM CHANGE	NEXT SERVICE	SERVICE P/S	PROD. P/S	SERVICE TAX	OTHER TAX	PRODUCT TAX
17	08		12-09	002	001	7.000%	7.000%	7.000%

SERVICE / SALES SECTION

SERVICE NO.	DESCRIPTION	PRICE	U/M	QUANTITY	CHARGE	TAX	TOTAL
C4C	USED OIL PICKUP	112.00	GL	1400	112.00	7.84	119.84
							B
				TOTAL INVOICE			119.84

DATE PAID 9-30-92
EXTENSION OK
CHARGE TO 5912
CHARGE TO
UIT TO
BOX NO 47174

REEMENT EXP PERIOD 9306
SCHEDULE DEF **

CF 3 QTY	PRICE 2 QTY	PRICE 1 QTY	SVC NO	DESCRIPTION
	800	1000	40	USED OIL PICKUP

Hydraulic System / Balers.

VENDOR # X9
VOUCHER #

US EPA ID	GEN STATE ID	TAX CODE
	33-170-9316	

ERIAL TESTED FOR CHLORINE? Y/N RESULTS: P.P.M. LAST TESTED:

HAZARDOUS WASTE INFORMATION

is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation ing to the applicable regulations of the Department of Transportation.

TYPE	QTY	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
TT	1400	G	USED OIL (NOT US DOT/EPA REG.) EXEMPT: 40 CFR 279
			RQ HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA 9189 (EPA D008,D039) (ERG#31) 9.2 LBS./gal
			RQ WASTE OIL COMBUSTIBLE LIQUID, NA1270 (EPA D001) (ERG#27)

I certify that my hazardous waste streams total less than 220 pounds (100 kg) for this calendar month and that I am not required to obtain an EPA identification number.

GENERATORS INITIALS

ESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN OIL S
SY-ROME NY 13304

USA EPA ID NO. NYD981724923
STATE ID NO.

PAYMENT RECEIVED SECTION

	CHECK NUMBER	TOTAL RECEIVED
☐		

TO TODAY'S SERVICE

APPLY TO PREVIOUS BALANCE:

T $ _____ INV # _____ AMOUNT $ _____

PAYMENT DESCRIPTION

PAYMENT METHOD	PAYMENT AMOUNT
H ☐ CHECK	

RECEIVED BY

IER URE X

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION

INVOICES REFLECTING CHARGES TO CUSTOMER ARE SUBJECT TO AN INTEREST RATE OF THE LESSER OF 1 ½% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

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X _____
GENERATOR / CUSTOMER SIGNATURE

Print Name JAMES [illegible]

OIL RECOVERY SERVICES

rev 4/92

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

HISTORY OF LANDFILL USEAGE

9/86 - 4/89	GUERRIERO SANITATION
7/89 - 4/90	SENECA MEADOWS
7/89 - 2/90	ORLEANS SANITARY LANDFILL
4/90 - 6/91	BFI (AMERICAN CARTING)
8/91 - 4/27/92	EMAC (AMERICAN CARTING)
4/28/92 - 10/92	EMAC (BILLED DIRECTLY)
2/92 - 9/92	JP MASCARO
10/14/92 - PRESENT	BFI (OHIO, BILLED DIRECTLY)

B065781

ACCOUNT NUMBER	CUSTOMER NAME
2-187-71-6541-1	ROTH STEEL INC

STOCK NO./SERVICE DESCRIPTION	QUANTITY	UNIT COST	TOTAL
OILY WATER DISPOSAL	2000	1.0000	* 2140.00
10070 FEE-SIGN-UP A.	1	.00	.00

CUST ORDER NO

SERVICE DATE 10-08-92

INVOICE NUMBER 865781

SALES TAX INCLUDED 140.00

PAY THIS AMOUNT BY 10-31-92

$ 2140.00

R NUMBER

E ZIP

DR DOT NO. MANIFEST NO.

SERVICE DATE	SALESMAN'S NO.	CUSTOMER P.O. NUMBER	SALES TAX EXEMPTION NO.	NEXT SERVICE	SERVICE TERM

HAZARDOUS WASTE INFORMATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

NO.	TYPE	QTY.	UNIT	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
				RQ HAZARDOUS WASTE, LIQUID, N.O.S. ORM-E NA 9189 (EPA D008,D018,D039) (ERG#31) 9.2 LBS./gal.

I certify that my total waste streams are within one of the following categories:

0 to 220 LBS./MONTH

220 LBS. to 2,200 LBS./MONTH

GREATER THAN 2,200 LBS./MONTH

DESIGNATED FACILITY NAME AND ADDRESS:

USA EPA ID NO.

STATE ID NO.

SERVICE SECTION

SERVICE NUMBER	DESCRIPTION	GROSS QUANTITY	NET QUANTITY	UNIT OF MEASURE	PRICE	SERVICE CHARGE	TAX	LINE TOTAL
040	USED OIL PICK UP							
050	OILY WATER DISPOSAL	2000		E	1.00	2000.00	140.00	2140.00
10066	WASTE ANTIFREEZE							
End Pump out Ticket								
						VENDOR #		
						VOUCHER #		
	DATE PAID 10/30/92							
	EXTENSION CK							
	CHARGE TO 5912							
	CHECK NO. 47375					Discount 5912		1/2
	TOTAL							2140.00

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED
CK NUMBER	

PAYMENT MADE SECTION

PAYMENT METHOD	PAYMENT AMOUNT
☐ CHECK	

RECEIVED BY:

CUSTOMER'S SIGNATURE

IN EVENT OF EMERGENCY CALL
1-800-669-5740 or 1-708-888-4660 (24 hours)

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION.

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X

GENERATOR / CUSTOMER SIGNATURE

PRINT NAME

CUSTOMER'S COPY

PART NO.

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scr.
Recycling
Industries, Inc.

Address Correspondence t
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

HISTORY OF LANDFILL USEAGE

9/86 - 4/89	GUERRIERO SANITATION
7/89 - 4/90	SENECA MEADOWS
7/89 - 2/90	ORLEANS SANITARY LANDFILL
4/90 - 6/91	BFI (AMERICAN CARTING)
8/91 - 4/27/92	EMAC (AMERICAN CARTING)
4/28/92 - 10/92	EMAC (BILLED DIRECTLY)
2/92 - 9/92	JP MASCARO
10/14/92 - PRESENT	BFI (OHIO, BILLED DIRECTLY)

teel Corporation
atha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-6070

F
8(

HISTORY OF LANDFILL USEAGE

- 4/89.....GUERRIERO SANITATION
- 4/90.....SENECA MEADOWS
- 2/90.....ORLEANS SANITARY LANDFILL
- 6/91.....BFI (AMERICAN CARTING)
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'92 - 10/92.....EMAC (BILLED DIRECTLY)

- 9/92.....JP MASCARO

'92 - PRESENT.....BFI (OHIO, BILLED DIRECTLY)

Roth Steel Corporation
800 W. Hiawatha Blvd. • Syracuse, New York

Institute of Scrap Recycling Industries, Inc.

Address Correspondence to
P.O. Box 1354
Syracuse, N.Y. 13201
Phone: 315-475-8431
Fax: 315-475-8070

HISTORY OF LANDFILL USEAGE

9/86 - 4/89	GUERRIERO SANITATION
7/89 - 4/90	SENECA MEADOWS
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2/92 - 9/92	JP MASCARO
10/14/92 - PRESENT	BFI (OHIO, BILLED DIRECTLY)

Galson
Technical Services, Inc.

6601 Kirkville Road
Post Office Box 546
E. Syracuse, N.Y. 13057
Tel: (315) 432-0506

Environmental Sciences
Division

December 21, 1988

Mr. George Stanton
Roth Steel Corp.
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on December 6, 1988. Results were phoned to you on December 9 and 20, 1988 by Diana Waldbillig.

If you have any questions concerning our results, please feel free to contact me.

Sincerely,

GALSON LABORATORIES
Division of Galson Technical Services, Inc.

Edward A. Stuber, CIH
Associate Laboratory Director

EAS/vw

Enclosure

Galson
Technical Services, Inc.
6601 Kirkville Road
Post Office Box 548
E. Syracuse, N.Y. 13057
Tel: (315) 432-0506

LABORATORY ANALYSIS REPORT

t: ROTH STEEL CORP.
Number: 88120601
ion: NS

Job Number: G1120
Date Sampled: NS

LEAD ICITY

Sample ID	Lab II	MG/L	EP TOXICITY LIMIT (MG/L)
SAMPLE P	F3532	0.26	5.0
SAMPLE R	F3532	0.24	

Method(s): EPA SW 846
Footnotes:

Submitted by: NH, DS
Approved by: S. Prakesan
Date: 9-DEC-1988

(<) - Less Than
(>) - Greater Th
NA - Not Applic
ND - Not detect
NS - Not specif
MG - Milligrams
L - Liters
M^3 - Cubic Mete
MG/M^3 - Milligramsc Meter
PPM - Parts Per
UG - Microgram
NG - Nanograms

Galson
Technical Services, Inc.
6601 Kirkville Road
Post Office Box 546
E. Syracuse, N.Y. 13057
Tel: (315) 432-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORP.
Task Number: 88120601
Location: NS

Job Number: G1120
Date Sampled: NS

EPTOX PCBS

Sample ID	Lab ID	PPM
SAMPLE P	F35328	ND
SAMPLE R	F35329	ND

Method(s): EPA 8080
Footnotes: DETECTION LIMIT WAS 10PPM.

Submitted by: DR
Approved by:
Date: 9-DEC-1988

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
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NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel. (315) 432-0506
1-800-950-0506

April 17, 1988

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on April 6, 1989. These results were phoned to you on April 12, 1989.

If you have any questions concerning our results, please feel free to contact me.

Sincerely,

Edward A. Stuber, CIH
Associate Laboratory Director
GALSON LABORATORIES

EAS/vw

Enclosure

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 89040624
Location: NS Date Sampled: NS

PCBS SEDIMENT

Sample ID	Lab ID	UG/G	TYPE
NONE	H7469	<4	NA

Method(s): EPA SW 846
Footnotes:

Submitted by: DT
Approved by: Dorothy Lichy
Date: 11-APR-1989

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M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

A division of Galson Technical Services, Inc.

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 89040624
Location: NS Date Sampled: NS

EP TOXICITY METALS

		Lab ID:	H7469	EP TOXICITY
		Client ID:	NONE	LIMITS
			NON-TOXIC	
Arsenic-EP LEACHATE	MG/L		<2	5.0
Barium-EP LEACHATE	MG/L		0.65	100.0
Cadmium-EP LEACHATE	MG/L		0.008	1.0
Chromium-EP LEACHATE	MG/L		0.060	5.0
Lead-EP LEACHATE	MG/L		0.97	5.0
Mercury-EP LEACHATE	MG/L		<0.002	0.2
Selenium-EP LEACHATE	MG/L		<0.05	1.0
Silver-EP LEACHATE	MG/L		0.17	5.0

Method(s): EPA SW 846
Footnotes:

Submitted by: NH, DS, JW
Approved by:
Date: 11-APR-1989

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MG - Milligrams
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M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

May 24, 1989

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, New York 13201

RE: GTS #G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on May 3, 1989.

If you have any questions concerning our results, please feel free to contact me.

Sincerely,

F Joseph Unangst
for

Edward A. Stuber, CIH
Associate Laboratory Director
GALSON LABORATORIES

EAS/vfw

Enclosure

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 89050321
Location: NS Date Sampled: NS

PCBS

Sample ID	Lab ID	MG/KG	TYPE
	H9841	7	1248

Method(s): EPA SW846 / METHODS 3550 AND 8080
Footnotes:

Submitted by: KN
Approved by:
Date: 19-MAY-1989

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not detectable
NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 89050321
Location: NS Date Sampled: NS

		Lab ID: H9841	EP TOXICITY
		Client ID: NONE	LIMITS
EP TOXICITY METALS		TOXIC	
Arsenic-EP LEACHATE	MG/L	<2	5.0
Barium-EP LEACHATE	MG/L	1.2	100.0
Cadmium-EP LEACHATE	MG/L	*1.4	1.0
Chromium-EP LEACHATE	MG/L	0.90	5.0
Lead-EP LEACHATE	MG/L	<0.5	5.0
Mercury-EP LEACHATE	MG/L	<0.002	0.2
Selenium-EP LEACHATE	MG/L	<0.05	1.0
Silver-EP LEACHATE	MG/L	<0.2	5.0

Method(s): EPA SW 846
Footnotes: SAMPLE IS TO BE CONSIDERED A HAZARDOUS WASTE WITH THE HAZARDOUS WASTE CODE E AND HAZARDOUS WASTE NUMBER D006.
Submitted by: DS, JW, NH
Approved by: JW
Date: 19-MAY-1989

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(>) - Greater Than
NA - Not Applicable
ND - Not detectable
NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

November 22, 1989

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on November 3, 1989.

The polychlorinated biphenyls results were phoned to you on November 14, 1989 and the metals results were phoned on November 21, 1989, by Diana Waldbillig.

If you have any questions concerning our results, please contact our Laboratory Client Services Department at extension 126.

Sincerely,

for

Edward A. Stuber, CIH
Inorganic Department Manager
GALSON LABORATORIES

Gale G. Sutton, CIH
Organic Department Manager
GALSON LABORATORIES

EAS/GGS/vw

Enclosure

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 89110326
Location: NS Date Sampled: NS

	Lab ID:	H26724	METHOD
	Client ID:	SHREDDER RESIDUE	BLANK
POLYCHLORINATED BIPHENYLS	MG/KG	0.6	<0.03
	AROCLOR	1016/1242	NA
	MG/KG	0.6	<0.03
	AROCLOR	1254	NA

Method(s): EPA SW 846 METHOD 3550 AND 8080
Footnotes:

Submitted by: KN
Approved by: Dorothy Richey
Date: 14-NOV-1989

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not detectable
NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 89110326
Location: NS Date Sampled: NS

EP TOXICITY METALS

		Lab ID:	H26724	EP TOXICITY	METHOD
		Client ID:	SHREDDER RESIDUE	LIMITS	BLANK
			NON-TOXIC		
Arsenic-EP LEACHATE	MG/L		<2	5.0	<2
Barium-EP LEACHATE			1.4	100.0	<0.02
Cadmium-EP LEACHATE			0.25	1.0	<0.002
Chromium-EP LEACHATE			<0.02	5.0	<0.02
Lead-EP LEACHATE			<0.2	5.0	<0.2
Mercury-EP LEACHATE			0.004	0.2	<0.002
Selenium-EP LEACHATE			<0.05	1.0	<0.05
Silver-EP LEACHATE			<0.06	5.0	<0.06

Method(s): EPA SW 846, 1310
Footnotes:

Submitted by: ML, SF, KB
Approved by: S. Bialema
Date: 14-NOV-1989

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NA - Not Applicable
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MG - Milligrams
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January 22, 1990

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on January 12, 1990.

Results were phoned to you on January 19, 1990 by Diana Waldbillig.

If you have any questions concerning our results, please contact our Laboratory Client Services Department at extension 126.

Sincerely,

Sharon Brakeman

Sharon Brakeman
Inorganic Department Manager
GALSON LABORATORIES

J. Joseph Unangst for

Gale G. Sutton, CIH
Organic Department Manager
GALSON LABORATORIES

SB/GGS/ans

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORP.
Task Number: 90011210
Location: NS

Job Number: G1120
Date Sampled: NS

	Lab ID:	J673	
	Client ID:	~~NS~~ shredder Residue	METHOD BLANK
EP TOXICITY METALS	MG/L	NON-TOXIC	
Arsenic-EP LEACHATE		<2	<2
Barium-EP LEACHATE		0.22	0.034
Cadmium-EP LEACHATE		<0.002	0.006
Chromium-EP LEACHATE		<0.02	<0.02
Lead-EP LEACHATE		<0.2	<0.2
Mercury-EP LEACHATE		0.0007	<0.0002
Selenium-EP LEACHATE		<0.05	<0.05
Silver-EP LEACHATE		<0.06	<0.06

Method(s): EPA SW846 METHOD 1310
Footnotes:

Submitted by: SO,ML,KB
Approved by: Mary D. Wathen
Date: 19-JAN-1990

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(>) - Greater Than
NA - Not Applicable
ND - Not detectable
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MG - Milligrams
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MG/M^3 - Milligrams Per Cubic Meter
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NG - Nanograms

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORP.
Task Number: 90011210
Location: NS

Job Number: G1120
Date Sampled: NS

		Lab ID: J673	METHOD
		Client ID: ~~NS~~ Shredder residue	BLANK
POLYCHLORINATED BIPHENYLS	MG/KG	2.8	<0.02
	AROCLOR	1242,1254	NA

Method(s): SW 846/8080
Footnotes: RESULTS CORRECTED FOR A MOISTURE CONTENT OF 18%
Submitted by: KN
Approved by:
Date: 19-JAN-1990

(<) - Less Than
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ND - Not detectable
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MG - Milligrams
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M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms

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Maximum Concentration of Contaminants for Characteristic of EP Toxicity

	Contaminant	Maximum Concentration (mg/L)
Metals:	Arsenic	5.0
	Barium	100.0
	Cadmium	1.0
	Chromium	5.0
	Lead	5.0
	Mercury	0.2
	Selenium	1.0
	Silver	5.0
Organic	Endrin	0.02
	Lindane	0.4
	Methoxychlor	10.0
	Toxaphene	0.5
	2,4-D	10.0
	2,4,5-TP (Silvex)	1.0

A solid waste exhibits the characteristic of EP toxicity if, using the leaching procedure and test methods described in SW846, the extract from a representative sample of the waste contains any of the contaminants listed above at a concentration equal to or greater than the respective value listed.

Values taken from the Federal Register, Volume 4, No. 98, Rules and Regulations , Monday May 19, 1980.

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for 2nd task 90011210 report revised attached

file W G1120

April 13, 1990

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

Dear Mr. Stanton:

As per our conversation of this date, the following is a more detailed description of chain of custody:

Report dated November 22, 1989 task #89110326:
Sample relinquished by: George Stanton Date: 03-JAN-1990
Sample received by lab: Rose Myers, Sample Custodian 03-JAN-1990
Report page 1 of 2: Submitted By: KN (initials of analyst)
Approved By: Dorothy Richey (signature of manager)
Report page 2 of 2: Submitted By: ML,SF,KB (initials of analysts)
Approved By: Sharon Brakeman (signature of manager)
Cover Letter: Signatures of both Organic and Inorganic Department Managers indicating their approval: Ed Stuber and Gale Sutton.

Report dated January 22, 1990 task #90011210:
Sample relinquished by: George Stanton Date: 12-JAN-1990
Sample received by lab: Shelli Stonecipher, Sample Custodian 12-JAN-1990
Report page 1 of 2: Submitted By: SO, ML, KB (initials of analysts)
Approved By: Mary Withrow (signature of manager)
Report page 2 of 2: Submitted By: KN (initials of analyst)
Approved By: Sherry Weinburg (signature of manager)
Cover Letter: Signatures of both Organic and Inorganic Department Managers indicating their approval: Sharon Brakeman and Gale Sutton.

Enclosed please find a copy of the new TCLP regulations, a revised copy of report task #90011210, and chain of custody forms. A signed chain of custody is returned with the report only if a chain of custody is submitted.

If you are in need of further assistance, please do not hesitate to call.

Sincerely,

Diana

Diana V. Waldbillig
Client Services Manager
GALSON LABORATORIES

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E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORP.
Task Number: 90011210
Location: NS

Job Number: G1120
Date Sampled: NS

		Lab ID:	J673	METHOD
		Client ID:	SHREDDER RESIDUE	BLANK
EP TOXICITY	METALS	MG/L	NON-TOXIC	
Arsenic-EP LEACHATE			<2	<2
Barium-EP LEACHATE			0.22	0.034
Cadmium-EP LEACHATE			<0.002	0.006
Chromium-EP LEACHATE			<0.02	<0.02
Lead-EP LEACHATE			<0.2	<0.2
Mercury-EP LEACHATE			0.0007	<0.0002
Selenium-EP LEACHATE			<0.05	<0.05
Silver-EP LEACHATE			<0.06	<0.06

Method(s): EPA SW846 METHOD 1310
Footnotes:

Submitted by: SO,ML,KB
Approved by: Mary Wertheim
Date: 19-JAN-1990

(<) - Less Than
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NA - Not Applicable
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MG - Milligrams
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UG - Micrograms
NG - Nanograms

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORP.
Task Number: 90011210
Location: NS

Job Number: G1120
Date Sampled: NS

		Lab ID:	J673	METHOD
		Client ID:	SHREDDER RESIDUE	BLANK
POLYCHLORINATED BIPHENYLS	MG/KG		2.8	<0.02
	AROCLOR		1242,1254	NA

Method(s): SW 846/8080
Footnotes: RESULTS CORRECTED FOR A MOISTURE CONTENT OF 18%
Submitted by: KN
Approved by: JLW
Date: 19-JAN-1990

(<) - Less Than
(>) - Greater Than
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PPM - Parts Per Million
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March 27, 1990

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on March 13, 1990. These results phoned to you on March 22, 1990 by Diana Waldbillig.

If you have any questions concerning our results, please feel free to contact our Client Services Department at extension 126.

Sincerely,

Gale G. Sutton, CIH
Organic Department Manager
GALSON LABORATORIES

Sharon K. Brakeman
Inorganic Department Manager
GALSON LABORATORIES

GGS/SKB/ser

enclosures

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1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 90031317
Location: NS Date Sampled: NS

POLYCHLORINATED BIPHENYLS

		Lab ID:	J6018
		Client ID:	BULK
AROCLOR 1242/1254	MG/KG*		25

Method(s): HEXANE EXTRACTION - GC/ECD
Footnotes: *AS RECEIVED BASIS

(<) - Greater Than
(>) - Less Than
NS - Not Specified
MG/KG - Milligrams/Kilograms

Submitted by: KN, JM
Approved by:
Date: 20-MAR-1990

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 90031317
Location: NS Date Sampled: NS

EP TOXICITY METALS

		Lab ID:	J6018	LAB
		Client ID:	BULK	BLANK
Arsenic-EP Leachate	MG/L		<2	<2
Barium -EP Leachate			0.58	0.026
Cadmium -EP Leachate			<0.01	<0.01
Chromium -EP Leachate			<0.02	<0.02
Lead -EP Leachate			<0.2	<0.2
Mercury -EP Leachate			0.002	<0.002
Selenium -EP Leachate			<0.05	<0.05
Silver -EP Leachate			<0.06	<0.06

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
NS - Not Specified
MG/L - Milligram/Liters

Method(s): EPA SW846 METHOD 1310
Footnotes:

Submitted by: ML, KB, SO
Approved by: Mary Beth Braun
Date: 21-MAR-1990

NELAP - AALA 20th Anniversary
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1-800-950-5506

May 7, 1990

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on Apirl 23, 1990. All results except Mercury were phoned to you on May 1, 1990 by Diana Waldbillig. Mercury results were phoned to you on May 3, 1990.

If you have any questions concerning our results, please feel free to contact our Client Services Department at extension 126.

Sincerely,

Gale G. Sutton, CIH
Organic Group Manager
GALSON LABORATORIES

Sharon K. Brakeman

Sharon K. Brakeman
Inorganic Department Manager
GALSON LABORATORIES

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enclosure

Galson Laboratories
6601 Kirkville Road
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Tel: (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 90042326
Location: NS Date Sampled: NS

*POLYCHLORINATED BIPHENYLS - BULK - SW846/3550/8080

		Lab ID:	J9344	METHOD
		Client ID:	SHREDDER RESIDUE C	BLANK
AROCLOR 1016/1242	MG/KG		21	<0.03
AROCLOR 1221			<7	<0.03
AROCLOR 1232			<7	<0.03
AROCLOR 1248			<7	<0.03
AROCLOR 1254			110	<0.03
AROCLOR 1260			<7	<0.03
MOISTURE	%		5	N/A

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
NS - Not Specified
MG/KG - Milligrams/Kilogram

Footnotes: * DRY WEIGHT

Submitted by: KN
Approved by:

Galson Laboratories
6601 Kirkville Road
E. Syracuse, NY 13057
Ph: (315) 432-0506
800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90042326 Job Number: G1120
Location: NS Date Sampled: NS

EP TOXICITY METALS

		Lab ID:	J9344	METHOD BLANK
		Client ID:	SHREDDER RESIDUE C	NA
			NON-TOXIC	
Arsenic-EP LEACHATE	MG/L		<2	<2
Barium-EP LEACHATE			<0.02	<0.02
Cadmium-EP LEACHATE			<0.01	<0.01
Chromium-EP LEACHATE			<0.02	<0.02
Lead-EP LEACHATE			<0.2	<0.2
Mercury-EP LEACHATE			<0.002	<0.002
Selenium-EP LEACHATE			<0.05	<0.05
Silver-EP LEACHATE			<0.06	<0.06

Method(s): EPA SW 846 METHOD 1310
Footnotes:

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not detectable
NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: ML, PH, KB
Approved by: Mary Gunthison
Date: 3-MAY-1990

Galson Laboratories

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1-800-950-0506

May 24, 1990

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on May 3, 1990.

If you have any questions concerning our results, please contact our Laboratory Client Services Department at extension 126.

Sincerely,

Ed Stuber

Edward A. Stuber, CIH
Associate Laboratory Director
GALSON LABORATORIES

EAS/vw

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90050317 Job Number: G1120
Location: NS Date Sampled: NS

EP TOXICITY METALS

		Lab ID:	J10327	METHOD BLANK
		Client ID:	SHREDDER RESIDUE "B"	NA
			NON-TOXIC	
Arsenic-EP LEACHATE	MG/L		<2	<2
Barium-EP LEACHATE			0.050	<0.02
Cadmium-EP LEACHATE			<0.01	<0.01
Chromium-EP LEACHATE			<0.02	<0.02
Lead-EP LEACHATE			<0.2	<0.2
Mercury-EP LEACHATE			<0.002	<0.002
Selenium-EP LEACHATE			<0.05	<0.05
Silver-EP LEACHATE			<0.06	<0.06

Method(s): EPA SW846 METHOD 1310
Footnotes:

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MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: ML, KB
Approved by: Tracy L. Wilkinson
Date: 21-MAY-1990

20

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION Job Number: G1120
Task Number: 90050317
Location: NS Date Sampled: NS

POLYCHLORINATED BIPHENYLS - SW846/3510/8080

	Lab ID:	J10327	METHOD
	Client ID:	SHREDDER RESIDUE "B"	BLANK
AROCLOR 1016/1242	UG/KG*	2100	<33
AROCLOR 1221		<760	<33
AROCLOR 1232		<760	<33
AROCLOR 1248		<760	<33
AROCLOR 1254		860	<33
AROCLOR 1260		<760	<33
MOISTURE	%	8	NA

Footnotes: *DRY WEIGHT

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
NS - Not Specified
UG/KG - Micrograms/Kilograms

Submitted by: MP
Approved by:

Galson Laboratories

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Tel: (315) 432-0506
1-800-950-0506

NWD

August 24, 1990

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, New York 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received on August 8, 1990.

If you have any questions concerning our results, please contact our Client Services Department at Extension 126.

Sincerely,

Sharon K. Brakeman

Sharon K. Brakeman
Inorganic Department Manager
GALSON LABORATORIES

SKB/vfw

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90080815 Job Number: G1120
Location: NS Date Sampled: NS

EP-TOXICITY METALS

		Lab ID:	J16734	METHOD BLANK
		Client ID:	JULY SHREDDER RESIDUE	NA
			NON-TOXIC	
Arsenic-EP LEACHATE	MG/L		<2	<2
Barium-EP LEACHATE			0.67	<0.02
Cadmium-EP LEACHATE			0.10	<0.01
Chromium-EP LEACHATE			<0.02	<0.02
Lead-EP LEACHATE			0.19	<0.01
Mercury-EP LEACHATE			<0.002	<0.002
Selenium-EP LEACHATE			<0.05	<0.05
Silver-EP LEACHATE			<0.06	<0.06

Method(s): EPA SW846 METHOD 1310
Footnotes:

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not detectable
NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: AJN, KB, PH
Approved by: Mary [illegible]
Date: 21-AUG-1990

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90080815 Job Number: G1120
Location: NS Date Sampled: NS

POLYCHLORINATED BIPHENYLS

		Lab ID:	J16734	METHOD BLANK
		Client ID:	JULY SHREDDER RESIDUE	NA
AROCLOR 1016/1242	UG/GM *		6.6	<0.03
AROCLOR 1221			<0.7	<0.03
AROCLOR 1232			<0.7	<0.03
AROCLOR 1248			<0.7	<0.03
AROCLOR 1254			3.5	<0.03
AROCLOR 1260			<0.7	<0.03

Method(s): SW846/3550/8080
Footnotes: * DRY WEIGHT BASIS

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not detectable
NS - Not specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
UG/MG - Micrograms/gm

Submitted by: RN
Approved by:
Date: 21-AUG-1990

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6601 Kirkville Road
E. Syracuse, NY 13057
Tel (315) 432-0506
1-800-950-0506

October 22, 1990

Mr. George Stanton
Roth Steel Corp.
PO Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

Enclosed are the results of the analyses performed on the samples we received September 24, 1990. PCB results were phoned to you October 1, 1990 by Nancy Ackerman.

If you have any questions concerning our results, please contact our Client Services Department at Extension 126.

Sincerely,

Gale G. Sutton, CIH
Associate Laboratory Director
GALSON LABORATORIES

Sharon K. Brakeman

Sharon K. Brakeman
Inorganic Department Manager
GALSON LABORATORIES

GGS/SKB/dd

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90092429 Job Number: G1120
Location: NS Date Sampled: NS

POLYCHLORINATED BIPHENYLS

		Lab ID:	J20054 SHREDDER FLUFF	METHOD BLANK
		Client ID:	SOIL	NA
AROCLOR 1016/1242	MG/KG		24	<0.02
AROCLOR 1221			<2	<0.02
AROCLOR 1232			<2	<0.02
AROCLOR 1248			<2	<0.02
AROCLOR 1254			10	<0.02
AROCLOR 1260			<2	<0.02

Method(s): SW846/3550/8080
Footnotes:

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG/KG - Milligrams/Kilogram

Submitted by: LC
Approved by:

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LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90092429 Job Number: G1120
Location: NS Date Sampled: NS

TCLP METALS

		Lab ID:	J20054	METHOD BLANK
		Client ID:	SOIL	NA
			NON-TOXIC	
Arsenic-TCLP LEACHATE	MG/L		<0.4	<0.4
Barium-TCLP LEACHATE			0.79	0.13
Cadmium-TCLP LEACHATE			0.25	<0.01
Chromium-TCLP LEACHATE			<0.02	<0.02
Lead-TCLP LEACHATE			0.47	<0.2
Mercury-TCLP LEACHATE			<0.002	<0.002
Selenium-TCLP LEACHATE			<0.1	<0.1
Silver-TCLP LEACHATE			<0.06	<0.06

Method(s): EPA SW846 METHOD 1311
Footnotes:

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: AJN, KSB, SH
Approved by: S. Balma
Date: 9-OCT-1990

1970 - 1990 20th Anniversary

A division of Galson Technical Services, Inc.

VOLATILE ORGANICS ANALYSIS DATA SHEET
TCLP

SAMPLE

TCLP

Name: GALSON LABORATORIES

Task No.: 90092429

it: ROTH STEEL (G1120)

Lab Sample ID: J20054

ix: LEACHATE

Lab File ID: >CB812::A1

le volume: 5 mL

Date Received: 10/02/90

TCLP Extracted: 10/04/90

Date Analyzed: 10/09/90

n: (pack/cap) PACK

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS mg/L	Q
75-01-4	Vinyl Chloride	.010	U
75-35-4	1,1-Dichloroethene	.005	U
67-66-3	Chloroform	.005	U
107-06-2	1,2-Dichloroethane	.005	U
78-93-3	2-Butanone	.010	U
56-23-6	Carbon Tetrachloride	.005	U
79-01-6	Trichloroethene	.005	U
71-43-2	Benzene	.005	U
127-18-4	Tetrachloroethene	.005	U
108-90-7	Chlorobenzene	.005	U

ifiers:
U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

GC/MS NARRATIVE

ROTH STEEL
90092429

he following package contains data relating to the sample received for nalysis on September 24 with additional sample received October 2, 1990:

Client ID	Galson ID	Analysis
	J20054	TCLP volatile/ semi-volatile

The samples were prepared following the toxicity characteristic leaching procedure (TCLP) method 1311 specified in 55 FR 11862, March 29, 1990. The zero headspace leachates were analyzed for volatile compounds by SW-846 method 8240. The non-zero headspace leachates were extracted by method 3520 (continuous liquid-liquid) and analyzed following method 8270 for semi-volatile compounds.

No target compounds were detected in the sample.

GC/MS Manager

VOLATILE ORGANICS ANALYSIS DATA SHEET
TCLP

SAMPLE

TCLP

Name: GALSON LABORATORIES

ent: ROTH STEEL (G1120)

rix: LEACHATE

ple volume: 5 mL

e TCLP Extracted: 10/04/90

umn: (pack/cap) PACK

Task No.: 90092429

Lab Sample ID: J20054

Lab File ID: >CB812::A1

Date Received: 10/02/90

Date Analyzed: 10/09/90

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS mg/L	Q
75-01-4	Vinyl Chloride	.010	U
75-35-4	1,1-Dichloroethene	.005	U
67-66-3	Chloroform	.005	U
107-06-2	1,2-Dichloroethane	.005	U
78-93-3	2-Butanone	.010	U
56-23-6	Carbon Tetrachloride	.005	U
79-01-6	Trichloroethene	.005	U
71-43-2	Benzene	.005	U
127-18-4	Tetrachloroethene	.005	U
108-90-7	Chlorobenzene	.005	U

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D- Diluted value.

VOLATILE ORGANICS ANALYSIS DATA SHEET
TCLP

SAMPLE

| METHOD BLANK |

ab Name: GALSON LABORATORIES

Task No.: 90092429

lient: ROTH STEEL (G1120)

Lab Sample ID: BLANK

atrix: LEACHATE

Lab File ID: >CB811::A1

ample volume: 5 mL

Date Received: 00/00/00

ate TCLP Extracted: 00/00/00

Date Analyzed: 10/09/90

olumn: (pack/cap) PACK

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS mg/L	Q
75-01-4	Vinyl Chloride	.010	U
75-35-4	1,1-Dichloroethene	.005	U
67-66-3	Chloroform	.005	U
107-06-2	1,2-Dichloroethane	.005	U
78-93-3	2-Butanone	.010	U
56-23-6	Carbon Tetrachloride	.005	U
79-01-6	Trichloroethene	.005	U
71-43-2	Benzene	.005	U
127-18-4	Tetrachloroethene	.005	U
108-90-7	Chlorobenzene	.005	U

ualifiers:

U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

VOLATILE ORGANICS ANALYSIS DATA SHEET
TCLP

SAMPLE

| METHOD BLANK |

b Name: GALSON LABORATORIES

ient: ROTH STEEL (G1120)

trix: LEACHATE

mple volume: 5 mL

te TCLP Extracted: 00/00/00

lumn: (pack/cap) PACK

Task No.: 90092429

Lab Sample ID: BLANK

Lab File ID: >BF096::D4

Date Received: 00/00/00

Date Analyzed: 10/06/90

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS mg/L	Q
75-01-4	Vinyl Chloride	.010	U
75-35-4	1,1-Dichloroethene	.005	U
67-66-3	Chloroform	.005	U
107-06-2	1,2-Dichloroethane	.005	U
78-93-3	2-Butanone	.010	U
56-23-6	Carbon Tetrachloride	.005	U
79-01-6	Trichloroethene	.005	U
71-43-2	Benzene	.005	U
127-18-4	Tetrachloroethene	.005	U
108-90-7	Chlorobenzene	.005	U

ıalifiers:
U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

VOLATILE ORGANICS ANALYSIS DATA SHEET
TCLP

SAMPLE

TCLP BLANK

b Name: GALSON LABORATORIES

ient: ROTH STEEL (G1120)

trix: LEACHATE

mple volume: 5 mL

te TCLP Extracted: 09/27/90

lumn: (pack/cap) PACK

Task No.: 90092429

Lab Sample ID: BLANK-QC976

Lab File ID: >BF097::D5

Date Received: 00/00/00

Date Analyzed: 10/06/90

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS mg/L	Q
75-01-4	Vinyl Chloride	.010	U
75-35-4	1,1-Dichloroethene	.005	U
67-66-3	Chloroform	.005	U
107-06-2	1,2-Dichloroethane	.005	U
78-93-3	2-Butanone	.010	U
56-23-6	Carbon Tetrachloride	.005	U
79-01-6	Trichloroethene	.005	U
71-43-2	Benzene	.005	U
127-18-4	Tetrachloroethene	.005	U
108-90-7	Chlorobenzene	.005	U

ıalifiers:

U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

3A

TCLP VOLATILE MATRIX SPIKE/MATRIX SPIKE DUPLICATE RECOVERY

Name:GALSON LABORATORIES

ent: ROTH STEEL (G1120) Task No.: 90092429

rix Spike

COMPOUND	SPIKE ADDED (mg/L)	SAMPLE CONCENTRATION (mg/L)	MS CONCENTRATION (mg/L)	MS % REC #	QC LIMITS REC.
,1-Dichloroethene	.050	.000	.051	102	61-145
richloroethene	.050	.000	.059	117	71-120
enzene	.050	.000	.053	106	76-127
hlorobenzene	.050	.000	.060	121	75-130

COMPOUND	SPIKE ADDED (mg/L)	MSD CONCENTRATION (mg/L)	MSD % REC #	% RPD #	QC LIMITS RPD	QC LIMITS REC.
,1-Dichloroethene	.050	.045	90	12	14	61-145
richloroethene	.050	.053	107	9	14	71-120
enzene	.050	.051	102	4	11	76-127
hlorobenzene	.050	.056	112	8	13	75-130

olumn to be used to flag recovery and RPD values with an asterisk

alues outside of qc limits

: 0 out of 4 outside limits
ke Recovery: 0 out of 8 outside limits

MENTS: _____
_____
_____

2A
WATER VOLATILE SURROGATE RECOVERY

ab Name: GALSON LABORATORIES

lient: ROTH STEEL (G1120) Task No.: 90092429

evel: (low/med) LOW

	SAMPLE NO.	(TOL)#	(BFB)#	(DCE)#	OTHER	TOT OUT
1	METHOD BLANK	97	101	99		0
2	TCLP BLANK	100	102	97		0
3	METHOD BLANK	99	98	104		0
4	TCLP	99	99	102		0
5						
6						
7						
8						
9						
10						
11						
12						
13						
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17						
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25						
26						
27						
28						
29						
30						

	QC LIMITS
(TOL) = Toluene-d8	(88-110)
(BFB) = Bromofluorobenzene	(86-115)
(DCE) = 1,2-Dichloroethane-d4	(76-114)

Column to be used to flag recovery values

* Values outside of contract required QC limits

D Surrogrates diluted out

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
TCLP

SAMPLE

TCLP

Name: GALSON LABORATORIES

nt: ROTH STEEL (G1120)

ix: LEACHATE

TCLP-Extracted: 10/03/90

Extract Prep: 10/03/90

action:(SepF/Cont/Sonc) CONT

Cleanup: (Y/N) N

Task No.: 90092429

Lab Sample ID: J20054

Lab File ID: >AE073::A1

Date Received: 09/24/90

Date Analyzed:10/18/90

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS: mg/L	Q
110-86-1	Pyridine	.010.	U
106-46-7	1,4-Dichlorobenzene	.010.	U
95-48-7	o-Cresol	.010.	U
106-44-5	m&p-Cresol	.010.	U
67-72-1	Hexachloroethane	.010.	U
98-95-3	Nitrobenzene	.010.	U
87-68-3	Hexachlorobutadiene	.010.	U
88-06-2	2,4,6-Trichlorophenol	.010.	U
95-95-4	2,4,5-Trichlorophenol	.051.	U
121-14-2	2,4-Dinitrotoluene	.010.	U
118-74-1	Hexachlorobenzene	.010.	U
87-86-5	Pentachlorophenol	.051.	U

lifiers:
U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
PAGE 1

SAMPLE: QC972E-BLANK

› Name: GALSON LABORATORIES

.ent: ROTH STEEL (G1120)

:rix: LEACHATE

:e TCLP-Extracted: 10/03/90

:e Extract Prep: 10/03/90

:raction:(SepF/Cont/Sonc) CONT

: Cleanup: (Y/N) N

Task No.: 90092429

Lab Sample ID: QC972-E

Lab File ID: >AE038::D3

Date Received: 00/00/00

Date Analyzed:10/12/90

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS: mg/L	Q
110-86-1	Pyridine	.010	U
106-46-7	1,4-Dichlorobenzene	.010	U
95-48-7	o-Cresol	.010	U
106-44-5	m&p-Cresol	.010	U
67-72-1	Hexachloroethane	.010	U
98-95-3	Nitrobenzene	.010	U
87-68-3	Hexachlorobutadiene	.010	U
88-06-2	2,4,6-Trichlorophenol	.010	U
95-95-4	2,4,5-Trichlorophenol	.050	U
121-14-2	2,4-Dinitrotoluene	.010	U
118-74-1	Hexachlorobenzene	.010	U
87-86-5	Pentachlorophenol	.050	U

ualifiers:
U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

SEMIVOLATILE ORGANICS ANALYSIS DATA SHEET
PAGE 1

SAMPLE

TP-BLANK 990

ab Name: GALSON LABORATORIES

lient: ROTH STEEL (G1120)

Task No.: 90092429

atrix: LEACHATE

Lab Sample ID: TP BLNK 99

ate TCLP-Extracted: 10/03/90

Lab File ID: >AE048::D7

ate Extract Prep: 10/03/90

Date Received: 00/00/00

xtraction:(SepF/Cont/Sonc) CONT

Date Analyzed:10/15/90

PC Cleanup: (Y/N) N

Dilution Factor: 1.00

CAS No.	COMPOUND	CONCENTRATION UNITS: mg/L	Q
110-86-1	Pyridine	.010	U
106-46-7	1,4-Dichlorobenzene	.010	U
95-48-7	o-Cresol	.010	U
106-44-5	m&p-Cresol	.010	U
67-72-1	Hexachloroethane	.010	U
98-95-3	Nitrobenzene	.010	U
87-68-3	Hexachlorobutadiene	.010	U
88-06-2	2,4,6-Trichlorophenol	.010	U
95-95-4	2,4,5-Trichlorophenol	.052	U
121-14-2	2,4-Dinitrotoluene	.010	U
118-74-1	Hexachlorobenzene	.010	U
87-86-5	Pentachlorophenol	.052	U

Qualifiers:

U- Undetected. Value is the quantitation limit for that compound.
J- Estimated value. Value is below the compound quantitation limit.
B- Compound also found in blank.
D- Diluted value.

WATER SEMIVOLATILE SURROGATE RECOVERY

ab Name: GALSON LABORATORIES

lient: ROTH STEEL (G1120) Task No.: 90092429

evel: (low/med) LOW

	SAMPLE NO.	S1 (NBZ)#	S2 (FBP)#	S3 (TPH)#	S4 (PHL)#	S5 (2FP)#	S6 (TBP)#	OTHER	TOT OUT
1	QC972E-BLANK	68	64	82	56	34	22		0
2	TP-BLANK 990	43	61	68	41	48	38		0
3		66	64	81	12	5 *	15		1
4									
5									
6									
7									
8									
9									
10									
11									
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26									
27									
28									
29									
30									

		QC LIMITS
(NBZ)	= Nitrobenzene-d5	(35-114)
(FBP)	= 2-Fluorobiphenyl	(43-116)
(TPH)	= Terphenyl-d14	(33-141)
(PHL)	= Phenol-d6	(10-94)
(2FP)	= 2-Fluorophenol	(21-100)
(TBP)	= 2,4,6-Tribromophenol	(10-123)

Column to be used to flag recovery values
* Values outside of contract required QC limits
D Surrogrates diluted out

2C
TCLP SEMIVOLATILE SURROGATE RECOVERY

ab Name: GALSON LABORATORIES

lient: ROTH STEEL (G1120) Task No.: 90092429

evel: (low/med) LOW

	SAMPLE NO.	S1 (NBZ)#	S2 (FBP)#	S3 (TPH)#	S4 (PHL)#	S5 (2FP)#	S6 (TBP)#	OTHER	TOT OUT
1	QC972E-BLANK	68	64	82	56	34	22		0
2	TP-BLANK 990	48	61	68	41	48	38		0
3	TCLP	66	64	81	12	5 *	15		1
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
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26									
27									
28									
29									
30									

		QC LIMITS
(NBZ)	= Nitrobenzene-d5	(35-114)
(FBP)	= 2-Fluorobiphenyl	(43-116)
(TPH)	= Terphenyl-d14	(33-141)
(PHL)	= Phenol-d6	(10-94)
(2FP)	= 2-Fluorophenol	(21-100)
(TBP)	= 2,4,6-Tribromophenol	(10-123)

Column to be used to flag recovery values
* Values outside of contract required QC limits
D Surrogrates diluted out

3C

TCLP SEMIVOLATILE MATRIX SPIKE/MATRIX SPIKE DUPLICATE RECOVERY

Name:GALSON LABORATORIES

ent: ROTH STEEL (G1120) Task No.: 90092429

rix Spike -- QC972

COMPOUND	SPIKE ADDED (mg/L)	SAMPLE CONCENTRATION (mg/L)	MS CONCENTRATION (mg/L)	MS % REC #	QC LIMITS REC.
,4-Dichlorobenzene	0.100	0.000	0.021	21 *	36- 97
,4-Dinitrotoluene	0.100	0.000	0.022	22 *	24- 96
entachlorophenol	0.200	0.000	0.120	60	9-103

COMPOUND	SPIKE ADDED (mg/L)	MSD CONCENTRATION (mg/L)	MSD % REC #	% RPD #	QC LIMITS RPD	QC LIMITS REC.
,4-Dichlorobenzene	0.100	0.022	22 *	5	28	36- 97
,4-Dinitrotoluene	0.100	0.025	25	13	38	24- 96
entachlorophenol	0.200	0.120	60	0	50	9-103

olumn to be used to flag recovery and RPD values with an asterisk
alues outside of qc limits

: 0 out of 3 outside limits
ce Recovery: 3 out of 6 outside limits

MENTS: _____

_____

FORM III SV-1 1/87 Rev.

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel (315) 432-0506
1-800-950-0506

December 28, 1990

Mr. George Stanton
Roth Steel Corp.
PO Box 1354
Syracuse, NY 13201

RE: GTS# G1120

Dear Mr. Stanton:

As per your request, enclosed is another report of the analyses performed on the samples we received September 24, 1990. The original report was mailed to you October 22, 1990.

If you have any questions concerning our results, please contact our Client Services Department at Extension 126.

Sincerely,

Gale G. Sutton, CIH
Associate Laboratory Director
GALSON LABORATORIES

Sharon K. Brakeman
Inorganic Department Manager
GALSON LABORATORIES

GGS/SKB/dd

Enclosure

Galson Laboratories

6601 Kirkville Road
E Syracuse, NY 13057
Tel. (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90092429 Job Number: G1120
Location: NS Date Sampled: NS

TCLP METALS

		Lab ID:	J20054	METHOD BLANK
		Client ID:	SOIL	NA
			NON-TOXIC	
Arsenic-TCLP LEACHATE	MG/L		<0.4	<0.4
Barium-TCLP LEACHATE			0.79	0.13
Cadmium-TCLP LEACHATE			0.25	<0.01
Chromium-TCLP LEACHATE			<0.02	<0.02
Lead-TCLP LEACHATE			0.47	<0.2
Mercury-TCLP LEACHATE			<0.002	<0.002
Selenium-TCLP LEACHATE			<0.1	<0.1
Silver-TCLP LEACHATE			<0.06	<0.06

Method(s): EPA SW846 METHOD 1311
Footnotes:

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG - Milligrams
L - Liters
M^3 - Cubic Meter
MG/M^3 - Milligrams Per Cubic Meter
PPM - Parts Per Million
UG - Micrograms
NG - Nanograms
BL - Blank

Submitted by: AJN, KSB, SH
Approved by: [signature]
Date: 9-OCT-1990

1971 - 1991 20th Anniversary
A division of Galson Technical Services, Inc.

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel. (315) 432-0506
1-800-950-0506

LABORATORY ANALYSIS REPORT

Client: ROTH STEEL CORPORATION
Task Number: 90092429 Job Number: G1120
Location: NS Date Sampled: NS

POLYCHLORINATED BIPHENYLS

	Lab ID:	J20054 SHREDDER FLUFF	METHOD BLANK
	Client ID:	SOIL	NA
AROCLOR 1016/1242	MG/KG	24	<0.02
AROCLOR 1221		<2	<0.02
AROCLOR 1232		<2	<0.02
AROCLOR 1248		<2	<0.02
AROCLOR 1254		10	<0.02
AROCLOR 1260		<2	<0.02

Method(s): SW846/3550/8080
Footnotes:

(<) - Less Than
(>) - Greater Than
NA - Not Applicable
ND - Not Detectable
NS - Not Specified
MG/KG - Milligrams/Kilogram

Submitted by: LC
Approved by:

1971 - 1991 20th Anniversary
A division of Galson Technical Services, Inc.

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

Don't remember what sample is G

04-08-91

Mr. George Stanton
Roth Steel Corporation
800 West Hiawatha Blvd.

Syracuse NY 13201

RE: GTS# G1120 Client# 1816

Dear Mr. Stanton:

Enclosed are the results of the analyses of the samples received by our laboratory on 04-01-91. The test results are within the acceptable quality control guidelines established by the indicated methods, as well as by our internal quality control specifications.

Please contact Ms. Sherry Weinberg, our Environmental Client Services Manager, at (315) 432-0506 if you would like any additional information regarding this report.

Sincerely,

Gale G. Sutton, CIH
Associate Laboratory Director
GALSON LABORATORIES

Out 4/8/91
SAS
DD sent out the report

Galson Laboratories

PCB/Pesticide Analytical Report

Client : Roth Steel Corporation
Account # : G1120
Site : NS

Date Sampled : NS
Date Received : 01-APR-91
Date Extracted: 02-APR-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID:	1816-001	1816-002	1816-003
Client ID:	#1	#2	#2 @ 6"
Aroclor 1016	< 3.0	< 3.0	< 3.0
Aroclor 1221	< 3.0	< 3.0	< 3.0
Aroclor 1232	< 3.0	< 3.0	< 3.0
Aroclor 1242	25.	25.	24.
Aroclor 1248	< 3.0	< 3.0	< 3.0
Aroclor 1254	< 3.0	< 3.0	< 3.0
Aroclor 1260	* D	6.9	7.1
Surrogate Recovery Control Limits (24-154)	99. %	106. %	106. %
Percent Moisture	30. %	27. %	31. %

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : Jeffrey Roth
Date : 4/8/91

Footnotes:
* D: Analyte present but below quantitation limits.

Galson Laboratories

PCB/Pesticide Analytical Report

Client : Roth Steel Corporation
Account # : G1120
Site : NS

Date Sampled : NS
Date Received : 01-APR-91
Date Extracted: 02-APR-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID:	1816-004	1816-005	1816-006
Client ID:	#2 @ 6-12"	#3	#4
Aroclor 1016	< 3.0	< 0.03	< 0.04
Aroclor 1221	< 3.0	< 0.03	< 0.04
Aroclor 1232	< 3.0	< 0.03	< 0.04
Aroclor 1242	14.	0.52	0.21
Aroclor 1248	< 3.0	< 0.03	< 0.04
Aroclor 1254	< 3.0	< 0.03	< 0.04
Aroclor 1260	5.3	0.09	0.05
Surrogate Recovery Control Limits (24-154)	110. %	60. %	61. %
Percent Moisture	30. %	34. %	44. %

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : [signature]
Date : 4/5/91

Footnotes:

Galson Laboratories

PCB/Pesticide Analytical Report

Client : Roth Steel Corporation
Account # : G1120
Site : NS

Date Sampled : NS
Date Received : 01-APR-91
Date Extracted: 02-APR-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID:	1816-007	1816-008	1816-009
Client ID:	#5	#5 @ 6"	#5 @ 6-12"
Aroclor 1016	< 0.03	< 4.0	< 3.0
Aroclor 1221	< 0.03	< 4.0	< 3.0
Aroclor 1232	< 0.03	< 4.0	< 3.0
Aroclor 1242	0.18	21.	14.
Aroclor 1248	< 0.03	< 4.0	< 3.0
Aroclor 1254	< 0.03	< 4.0	< 3.0
Aroclor 1260	0.05	4.6	5.8
Surrogate Recovery Control Limits (24-154)	60. %	110. %	113. %
Percent Moisture	38. %	29. %	34. %

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : [signature]
Date : 4/8/91

Footnotes:

Galson Laboratories

PCB/Pesticide Analytical Report

Client : Roth Steel Corporation
Account # : G1120
Site : NS

Date Sampled : NS
Date Received : 01-APR-91
Date Extracted: 02-APR-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID:	Q5-0058
Client ID:	METH BLANK

Aroclor 1016	< 0.02
Aroclor 1221	< 0.02
Aroclor 1232	< 0.02
Aroclor 1242	< 0.02
Aroclor 1248	< 0.02
Aroclor 1254	< 0.02
Aroclor 1260	< 0.02
Surrogate Recovery Control Limits (24-154)	101. %
Percent Moisture	NA

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : [signature]
Date : 4/4/91

Footnotes:

Galson Laboratories

PCB/Pesticide Analytical Report

Client : Roth Steel Corporation
Account # : G1120
Site : NS

Date Sampled : NS
Date Received : 01-APR-91
Date Extracted: 02-APR-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID:	1816-007	1816-008	1816-009
Client ID:	#5	#5 @ 6"	#5 @ 6-12"
Aroclor 1016	< 0.03	< 4.0	< 3.0
Aroclor 1221	< 0.03	< 4.0	< 3.0
Aroclor 1232	< 0.03	< 4.0	< 3.0
Aroclor 1242	0.18	21.	14.
Aroclor 1248	< 0.03	< 4.0	< 3.0
Aroclor 1254	< 0.03	< 4.0	< 3.0
Aroclor 1260	0.05	4.6	5.8
Surrogate Recovery Control Limits (24-154)	60. %	110. %	113. %
Percent Moisture	38. %	29. %	34. %

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : [signature]
Date : 4/8/91

Footnotes:

Galson Laboratories

PCB/Pesticide Analytical Report

Client : Roth Steel Corporation
Account # : G1120
Site : NS

Date Sampled : NS
Date Received : 01-APR-91
Date Extracted: 02-APR-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID: Q5-0058
Client ID: METH BLANK

Aroclor 1016	< 0.02
Aroclor 1221	< 0.02
Aroclor 1232	< 0.02
Aroclor 1242	< 0.02
Aroclor 1248	< 0.02
Aroclor 1254	< 0.02
Aroclor 1260	< 0.02
Surrogate Recovery Control Limits (24-154)	101. %
Percent Moisture	NA

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : [signature]
Date : 4/8/91

Footnotes:

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

DOH ELAP # 10186

08-23-91

Mr. George Stanton
Roth Steel Corporation
800 West Hiawatha Blvd.
Syracuse NY 13201

Client Account # 10599 Login # 3729

Dear Mr. Stanton:

Enclosed are the analytical results of the samples submitted to our laboratory 07-24-91. The test results are within the acceptable quality control guidelines established by the indicated methods, as well as by our internal quality control specifications.

I apologize for any inconvenience or problems caused to you by the lateness of this report. Due to this, a 25% discount on the cost of the analyses has been given to you.

Please contact Sherry Weinberg, our Environmental Client Services Manager, at (315) 432-0506 extension 242 if you would like any additional information regarding this report.

Sincerely,

for

Gale G. Sutton, CIH
Associate Laboratory Director
GALSON LABORATORIES

Chain of Custody Record

Page 1 of 1

Company Name	Project Manager/Contact
Roth Steel	

Project No.	Project Name

Galson Laboratories
6601 Kirkville Road East
E. Syracuse, New York 13057
315-432-0506 or 800-950-0506

Special QA/QC Protocol (Circle)
EPA CLP EPA SW 846
NYS DEC NYS DOH
NJ TIER I CALIFORNIA
NJ TIER II OTHER (Specify)

PARAMETERS FOR ANALYSIS: PCB, Metals (Pb)

SAMPLE LOCATION / SAMPLE ID	Date	Time	TYPE Comp.	TYPE Grab	Aqueous	Soil	Other	A	B	C	D	E	F	G	H	I	J	K	Laboratory ID Number	PCB, Metals (Pb)
7/24/91	7/24/91					X														1

Roth Steel Corporation
Jul-24-1991 Soil 7/24/91 3729-001

REMARKS: No chain of custody or paperwork of any kind accompanied samples. Jar label states "7/24/91 Roth Steel Test PCB/Lead" Rec'd in person without packaging or ice pack. WWW, 10:20am, 24JUL91.

Task No.

SAMPLERS NAME: SIGNATURE:

SAMPLES RELINQUISHED BY:		SAMPLES RECEIVED BY:	
NAME: SIGNATURE:	DATE: TIME:	NAME: SIGNATURE:	DATE: TIME:
NAME: SIGNATURE:	DATE: TIME:	NAME: SIGNATURE:	DATE: TIME:
NAME: SIGNATURE:	DATE: TIME:	NAME: SIGNATURE:	DATE: TIME:

Received For Laboratory By: (Signature) [signature] DATE: 24JUL91 TIME: 10:12am

Custody Seal Intact? Sample ☐ Yes ☐ No ☒ N.A.

Shipment Complete? ☒ Yes ☐ No

LabStor. Location (Ref. #)	A	B	C	D	E	F	G	H	I	J	K	L

2/89

Galson Laboratories

PCB/PESTICIDE Analytical Report

Client : Roth Steel Corporation
Account # : 10599
Site : NS

Date Sampled : 24-JUL-91
Date Received : 24-JUL-91
Date Extracted: 30-JUL-91

Matrix : SOIL
Method : SW846/3550/8080
Units : mg/kg

Galson ID:	3729-001	Q5-0197
Client ID:	7/24/91	METH BLANK
Aroclor 1016	71.	< 0.06
Aroclor 1221	< 0.06	< 0.06
Aroclor 1232	< 0.06	< 0.06
Aroclor 1242	< 0.06	< 0.06
Aroclor 1248	< 0.06	< 0.06
Aroclor 1254	30.	< 0.06
Aroclor 1260	< 0.06	< 0.06
Surrogate Recovery Control Limits (24-154)	*D	58. %
Percent Moisture	15. %	NA

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : [signature]
Date : 8/23/91

Footnotes:
*D: Surrogate not detected due to high sample dilution.

Galson Laboratories

Metals Analytical Report

Client : Roth Steel Corporation
Account # : 10599
Site : NS

Date Received : 24-JUL-91
Date Sampled : 24-JUL-91

Matrix : Soil
Method : EPA METHOD 6010/7000/7470
Units : mg/kg

Galson ID:	3729-001	QM910725-2
Client ID:	7/24/91	BLANK

Lead	1400	< 9.

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NR - Not Requested
NS - Not Specified
L - Liter
< - Less than

Approved by : Mary Jo Withrow
Date : 8/2/91

Footnotes:
Sample is reported on a dry weight basis.

Galson Laboratories

6601 Kirkville Road
E. Syracuse, NY 13057
Tel: (315) 432-0506
1-800-950-0506

DOH ELAP # 10186

01-27-93

Mr. George Stanton
Roth Steel Corporation
800 West Hiawatha Blvd.
Syracuse NY 13201

Client Account # 10599 Login #11792

Dear Mr. Stanton:

Enclosed are the results of the analyses of the samples received by our laboratory 01-20-93. The test results are within the acceptable quality control guidelines established by the indicated methods, as well as by our internal quality control specifications.

Please contact our Client Services Department at (315) 434-9692, extension 242, if you would like any additional information regarding this report.

Sincerely,

Gale G. Sutton, CIH
Laboratory Director
GALSON LABORATORIES

Galson Laboratories

PCB/PESTICIDE Analytical Report

Client : Roth Steel Corporation
Account # : 10599
Site : NS

Date Sampled : NS
Date Received : 20-JAN-93
Date Extracted: 21-JAN-93

Matrix : SOIL
Method : SW846/3550/8080
Units : ug/kg

	Galson ID:	11792-001	Q5-0989
	Client ID:	ROTH SOIL	METHOD BLANK
Aroclor 1016		< 2600	< 40.
Aroclor 1221		< 2600	< 40.
Aroclor 1232		< 2600	< 40.
Aroclor 1242		< 2600	< 40.
Aroclor 1248		24000	< 40.
Aroclor 1254		< 5100	< 40.
Aroclor 1260		7500	< 40.
Surrogate Recovery Control Limits (24-154)		I	111. %

ug - microgram
mg - milligram
kg - kilogram
> - Greater than

NA - Not Applicable
NS - Not Specified
L - Liter
< - Less than

Approved by : P. Steele
Date : 27-JAN-93

Footnotes:
I: Surrogate recovery not available due to matrix interference.

Galson Laboratories

Metals Analytical Report

Client : Roth Steel Corporation
Account # : 10599
Site : NS

Date Received : 20-JAN-93
Date Sampled : NS

Matrix : Soil
Method : EPA METHOD 6010/7000/7470
Units : mg/kg

Galson ID:	11792-001	QM930122-1
Client ID:	ROTH SOIL	BLANK
Lead	1300	< 0.5

ug - microgram
mg - milligram
kg - kilogram
> - Greater than
NR - Not Requested
NS - Not Specified
L - Liter
< - Less than

Approved by : Mary Withrow
Date : 27-JAN-93

Footnotes:
Sample is reported on a dry weight basis.

Chain of Custody Record

Page 1 of 1

Company Name	Project Manager/Contact
Roth Steel	George Stanton
Project No.	**Project Name** 475-8431

Galson Laboratories
6601 Kirkville Road East
E. Syracuse, New York 13057
315-432-0506 or 800-950-0506

Special QA/QC Protocol (Circle)

EPA CLP	EPA SW 846
NYS DEC	NYS DOH
NJ TIER I	CALIFORNIA
NJ TIER II	OTHER (Specify)

PARAMETERS FOR ANALYSIS

RCRA + pb

SAMPLE LOCATION / SAMPLE ID	Date	Time	TYPE Comp.	TYPE Grab	Aqueous	Soil	Other	A	B	C	D	E	F	G	H	I	J	K	Laboratory ID Number	
Roth Soil						X														1

Roth Steel Corporation
Jan-20-1993 Soil ROTH SOIL 11792-001

REMARKS: X Sample collected in Plastic Bag may alter test results

Task No.

SAMPLERS NAME: **SIGNATURE:**

SAMPLES RELINQUISHED BY:		SAMPLES RECEIVED BY:	
NAME: SIGNATURE:	DATE: TIME:	NAME: SIGNATURE:	DATE: TIME:
NAME: SIGNATURE:	DATE: TIME:	NAME: SIGNATURE:	DATE: TIME:
NAME: SIGNATURE:	DATE: TIME:	NAME: SIGNATURE:	DATE: TIME:

Received For Laboratory By: (Signature) DATE: 1-20-93 TIME: 1425

Custody Seal Intact? Sample ☐ Yes ☐ No ☒ N.A.

Shipment Complete? ☒ Yes ☐ No

LabStor. Location (Ref. #)	A	B	C	D	E	F	G	H	I	J	K	L

2/89

New York State Department of Environmental Conservation
Division of Hazardous Substance Regulation
615 Erie Blvd. W., Syracuse, NY 13204-2400
(315) 426-7551

Langdon Marsh
Commissioner

September 12, 1994

George Stanton, Operations Manager
Roth Steel Corporation
800 West Hiawatha Blvd.
PO Box 1353
Syracuse, N.Y. 13201

Dear Mr. Stanton:

I was very pleased to hear that Roth Steel was able to prevent a radiological incident at the plant on September 7. I understand that the portal monitor at the plant discovered a radioactive source in a load of scrap which a homeowner was delivering to the facility. These kinds of preventative measures can save the company significant dollars in cleanup costs and protect the environment from unnecessary radiological contamination.

I applaud the company's initiative in installing this type of device before a problem occurred. Such activities are a credit to your company.

Sincerely,

Ralph Manna

Ralph Manna
Regional Director

cc: S. Perrigo
S. Eidt

m2p2/rsc

Audrey

ROTH STEEL CORPORATION
P.O. BOX 1354
800 HIAWATHA BOULEVARD
SYRACUSE, NY 13204

DECEMBER 9, 1993

GREEN & SEIFTER, ATTORNEYS, P.C.
ATTORNEYS FOR ROTH STEEL CORPORATION
SIDNEY L. MANES, OF COUNSEL
900 ONE LINCOLN CENTER
SYRACUSE, NY 13202

W.Z. BAUMGARTNER & ASSOCIATES, INC.
CONSULTING ENGINEERS
P.O. BOX 786
BRENTWOOD, TN 37024-0786

GREEN & SEIFTER,
ATTORNEYS, P.C.
ONE LINCOLN CENTER
SYRACUSE, NEW YORK 13202-1387
(315) 422-1391
TELECOPIER (315) 422-3549

EDWARD S. GREEN†
LOWELL A. SEIFTER†
DAVID A. YAFFEE
ROBERT F. BALDWIN, JR.*
LAURENCE G. BOUSQUET
ROBERT K. WEILER
VIRGINIA A. HOVEMAN**
LEE ALCOTT
PAUL M. PREDMORE
SHARON A. McAULIFFE

OF COUNSEL:
RICHARD J. BRICKWEDDE***
SIDNEY MANES

JOHN L. VALENTINO
PHILIP S. BOUSQUET
SARAH LEWIS BELCHER

* ALSO ADMITTED TO FL. BAR
** ALSO ADMITTED TO IL. BAR
*** ALSO ADMITTED TO D.C. BAR
† ALSO CERTIFIED PUBLIC ACCOUNTANT

December 7, 1993

Mr. James Masuccia
Department of Environmental
Conservation
615 Erie Blvd. West
Syracuse, New York 13204-2400

Re: Roth Steel Corporation

Dear Mr. Masuccia:

I am submitting this letter and documentation to you at the time of our meeting and will try and outline the parameters of our discussion. I wrote you on August 4, 1993. At that time, I defined those areas of concern that you raised during the walk thru at the Roth Steel facility. I want you to know that I believe we have met each of your concerns and provided you with the documents that you requested. Roth Steel has acted responsively and expeditiously in those areas identified as having potential problems. Roth Steel has been in the scrap recovery business over 82 years and has done its best to meet the ever changing regulations. Please keep in mind that ferrous and non-ferrous scrap processors purchase millions of tons of metal-bearing materials each year, and manufacture them into prepared grades for melting by mills, foundries, smelters, and refiners. By recycling auto hulks, and a wide variety of other obsolete and post-consumer materials, the scrap processor plays a critical role in national efforts to conserve energy and natural resources, as well as to reduce waste disposal. However, the scrap processor's ability to continue making this contribution is threatened by a variety of potential regulations that would unintentionally undermine the economics of recycling.

In responding to the Department's concerns, we have cleaned up the area where the "dinosaur" box was located by

removing all of the soil and having it transported to a Permitted landfill. ERM, our engineering firm, submitted a Plan of Action and Proposed Remediation, and we have now with DEC approval filled in the excavation. For all intents and purposes, this matter has been tentatively closed. We have further eliminated all storm water discharge points on the Roth Steel property. We have plugged the piping and the drain in back of the electric motor room. We have sealed off all of the manholes with concrete to prevent any discharge into the storm sewers. We have further closed off any discharge from the "scrubber pit" and that is now a closed system. We have further tested and analyzed the fluff during operation and we have tested and analyzed the water and the sediment in the scrubber pit. I have provided you with the documentation substantiating the sampling and the analysis. I believe our results are well within the standards.

As you are aware, you participated in our sampling protocol of the two cells behind the Roth facility where fluff material had been used to fill in an area next to our private road. We submitted a plan for doing the sampling and it was pursuant to that plan that composite samples were taken and subsequently analyzed. I am submitting those results to you at the time of our meeting attached to this letter.

We have clearly identified two cells in which fluff material was deposited. Fluff came from the Roth Steel facility as part of the shredding operation and steel reclamation. Cell 1 is the cell farthest from the Roth facility buildings and Cell 2, closest to the Roth facility buildings. Cell 1 has PCB concentrations of Dry Weight under 50 parts per million and PCB concentrations in an AS IS state of less than 40 parts per million. Cell 2 is slightly higher.

This is an area that has limited, to no, public access. The cells sit between a private road and the Conrail Railroad tracks and the fluff is tightly packed in sand and earth (over 50%). The fluff also sits on Allied Waste bed material which is impermeable. We have tested and analyzed the Allied Waste bed and the results seem convincing that there is no vertical megration of PCB's from Cell 2. This is a clear indication in support of leaving the fluff material in place. The two cells are adjacent to this private road that was constructed by Roth personnel and is considered very much a part of the Roth operation.

Roth Steel, in its recycling operation, does approximately 2,000 cars a month not counting an enormous quantity of white goods and other scrap material and generates high quality steel scrap. This scrap is recycled to local steel mills and represents a reclamation process that saves 50% of the energy used to make new steel and keeps our landfills from overflowing. Roth Steel Corporation employs upwards of 45 people not counting more than 200 scrap haulers in Central New York who rely upon Roth Steel for the majority of their income. We also service 15 to 20 municipalities including the City of Syracuse, all of Onondaga County and numerous towns. We are the largest scrap dealer operation in Central New York and I would say the largest between Buffalo and Long Island. Our facility is necessary and material to the economic structure of Central New York.

As I have previously indicated to you and I have given you the documentation, we generate up to 1,500 tons of fluff a month on the average. We are a primary source of recycled and reclaimed steel for the Auburn Steel Mill of Auburn, New York that employs over 300 people.

I am submitting along with this letter and documents a proposed Plan of meeting the department's concern for these two cells. What we are proposing is capping these two cells, sealing them off, and monitoring the area on a periodic basis in the future. Mr. Baumgartner's proposal addresses these concerns. Under the circumstances, there is no public health risk and this seems to be the most feasible procedure to follow rather than disturbing the area and incurring a great deal of expense and wasted motion. I am hoping with the kind of documentation that we have provided to you that we will be able to make an intelligent and equitable decision. There is no question if fluff were characterized as hazardous due to trace elements of PCB's, lead or other contaminants, this material would have to be managed as a hazardous waste. We would have a situation where PCB contaminated fluff would have to be managed at TSCA approved disposal sites and fluff contaminated with lead would have to be stabilized and disposed of a Resource Conservation and Recovery Act approved site. This would adversely impact the economics of scrap recycling because of the transport and disposal costs attributable to this material. We are dealing with a material that is generated throughout the United States by over 200 shredding operations. There is no question it must be handled in a responsible manner, but we must be extremely careful not to overkill.

I am hoping for an open and frank discussion on behalf of Roth Steel Corporation and that, sincerely, we can resolve this matter to everyone's satisfaction. Thank you very much.

Respectfully,

GREEN & SEIFTER, ATTORNEYS, P.C.

Sidney L. Manes

SLM/kmg
PLUSSLM-1210
cc: Lewis Roth
Seymour Roth
Charles Branaugh
Larry Gross
George Stanton

ATTACHMENTS

1. Shredder Residue Monitoring
   September 22, 1993 (7 pages)

2. Scrubber Pit Sediment Analysis
   September 22, 1993 (5 pages)

3. PCB Concentration Cell 1
   November 1993 (1 page)

4. PCB Concentration Cell 2
   November 1993 (1 page)

5. Cell 1 Schematic - (1 page)

6. Cell 2 Schematic - (1 page)

7. Allied Waste from Cell 2
   October 1993 (4 pages)

8. Auburn Steel Company, Inc. letter dated June 14, 1993

9. Madison County Department of Solid Waste and
   Sanitation letter dated June 22, 1993

10. Town of Geddes letter dated June 17, 1993

11. Village of North Syracuse Incorporated letter dated
    June 24, 1993

12. Village of Fayetteville letter dated June 14, 1993

13. Town of Marcellus Highway Department letter dated
    June 14, 1993

14. Planergy, Inc. letter dated June 17, 1993

15. Onondaga County Resource Recovery Agency letter dated
    June 21, 1993

EXHIBIT NO. 1

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SHREDDER RESIDUE MONITORING
TOXICITY CHARACTERISTIC LEACHING PROCEDURE

SEPTEMBER 22, 1993

PARAMETER	CONCENTRATION	EPA LIMIT
TCLP METALS (mg/l)[1]		
Arsenic	<0.10	5.0
Barium	1.93	100.0
Cadmium	0.22	1.0
Chromium (T)	<0.50	5.0
Lead	0.73	5.0
Mercury	<0.010	0.2
Selenium	<0.10	1.0
Silver	<0.10	5.0

[1]EPA Method 1311; Analysis according to *SW 846*

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

p\87055

WZB

EXHIBIT NO. 2

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SPIKE MATRIX RECOVERY

SEPTEMBER 22, 1993

PARAMETER	% RECOVERY (30442)
TCLP METALS	
Arsenic	91%
Barium	102%
Cadmium	93%
Chromium, Total	107%
Lead	102%
Mercury	77%
Selenium	99%
Silver	95%

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

p\87055

WZB

EXHIBIT NO. 3

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SHREDDER RESIDUE MONITORING
CONSTITUENT ANALYSIS (mg/kg)

SEPTEMBER 22, 1993

PARAMETER	CONCENTRATION	EPA LIMIT
PCB[1]	<5.0	50
% Moisture	23.7	N.S.

[1]Reported as "Dry Weight" - EPA Method 8080
N.S. - No Standard

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

p\87055

WZB

EXHIBIT NO. 4

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SHREDDER WASTE MONITORING
TOXICITY CHARACTERISTIC LEACHING PROCEDURE

SEPTEMBER 22, 1993

PARAMETER	RS - 4 (30442)	RS - 5 (30443)	RS - 10 (30444)	CONCEN-TRATION	EPA LIMIT
TCLP METALS (mg/l)[1]					
Arsenic	<0.10	---	---	<0.10	5.0
Barium	1.93	---	---	1.93	100.0
Cadmium	0.23	0.31	0.13	0.22	1.0
Chromium, Total	<0.50	---	---	<0.50	5.0
Lead	<0.50	<0.50	1.20	0.73	5.0
Mercury	<0.010	---	---	<0.010	0.2
Selenium	<0.10	---	---	<0.10	1.0
Silver	<0.10	---	---	<0.10	5.0

[1]EPA Method 1311; Analysis according to *SW 846*

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P.O. Box 786
Brentwood, TN 37024-0786

p\87055

WZB

EXHIBIT NO. 5

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SHREDDER RESIDUE MONITORING
CONSTITUENT ANALYSIS (mg/kg)

SEPTEMBER 22, 1993

PARAMETER	RS - 4 (30375)	RS - 5 (30376)	RS - 9 (30377)	CONCEN-TRATION	EPA LIMIT
PCB[1]	<5.0	<5.0	<5.0	<5.0	50
% Moisture	27.6	29.7	13.9	23.7	N.S.

[1]Reported as "Dry Weight" - EPA Method 8080
N.S. - No Standard

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

p\87055

W Z B

W.Z. BAUMGARTNER & ASSOCIATES, INC.
CONSULTING ENGINEERS
SUITE 101
110 WESTWOOD PLACE
P.O. BOX 788
BRENTWOOD, TENNESSEE 37027
615-373-1572
FAX: 615-370-9292

CHAIN OF CUSTODY

Proj. No: 93071 | Client: Roth Steel Company

Location: Syracuse, New York Cell No.

Samplers Name (Print): W. Z. Baumgartner, Jr.

Samplers Signature: W. Z. Baumgartner, Jr.

Sta. No.	Date	Time (24 Hour Notation)	Comp	Grab	Station Location	No. of Containers	Intended Analysis	Remarks (Include Preservatives Used)
1	9/22/93				Cell 1	1		Raw Kerf
2	9/22/93				Cell 2	1		Raw Kerf
3	9/22/93				Sludge Discharge	1		Raw Kerf
4	9/22/93				Scrubber I.T	1		Water
5	9/22/93				Office	1		Effluent

	Relinquished By: (Signature)	Date/Time	Received By: (Signature)
1	W. Z. Baumgartner, Jr.	9/23/93 1100	Daniel Partridge
2	Daniel Partridge	9/23/93 1530	[illegible]
3	Relinquished By: (Signature)	Date/Time	Received By: (Signature)
4	Relinquished By: (Signature)	Date/Time	Received By: (Signature)
5	Relinquished By: (Signature)	Date/Time	Received By: (Signature)

Received for Laboratory By: (Signature)

Custody Seals Intact: ☐ Yes ☐ No Temperature: (°C) _____

W. Z. Baumgartner & Associates, Inc.

CONSULTING ENGINEERS

P.O. BOX 786 • BRENTWOOD, TN 37024
110 WESTWOOD PLACE • SUITE 101 • BRENTWOOD, TN 37027
615-373-1572 • FAX: 615-370-9292

LETTER OF TRANSMITTAL

TO: Sidney L. Manes, Esq. One Lincoln Center Syracuse, NY 13202-1387	DATE October 12, 1993 PROJECT NO. 87055 RE: Shredder Residue Monitoring Roth Steel Corporation

WE ARE SENDING YOU: ☒ Attached ☐ Previously faxed ☐ Under separate cover
VIA: ☐ Overnight ☐ 2nd Day ☒ Regular

THE FOLLOWING ITEMS: ☒ Exhibits ☐ Shop Drawings ☐ Permit Applications
☐ Reports ☐ Survey ☐ Change Order
☐ Plans ☐ Specifications ☐ Other

COPIES	DATE	NO.	DESCRIPTION
1	9-22-93		Exhibit No. 1: TCLP Concentration w\ Chain of Custody
1	9-22-93		Exhibit No. 2: Spike Matrix Recovery
1	9-22-93		Exhibit No. 3: Constituent Analysis - Concentration
1	9-22-93		Exhibit No. 4: TCLP - Individual Sample Results
1	9-22-93		Exhibit No. 5: Constituent Analysis - Individual Sample Results

THESE ARE TRANSMITTED as checked below:
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☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____

REMARKS:

COPY TO:

SIGNED:
W. Z. Baumgartner, Jr., P.E., R.E.M.
President
Certified Hazardous Materials Manager

p

If enclosures are not as noted, kindly notify us at once.

EXHIBIT NO. 1

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SCRUBBER PIT SEDIMENT ANALYSIS
TOXICITY CHARACTERISTIC LEACHING PROCEDURE

SEPTEMBER 22, 1993

PARAMETER	CONCENTRATION (30454)
TCLP METALS (mg/l)[1]	
Arsenic	<0.10
Barium	4.34
Cadmium	<0.10
Chromium (T)	<0.50
Lead	<0.50
Mercury	<0.010
Selenium	<0.10
Silver	<0.10

[1]EPA Method 1311; Analysis according to *SW 846*

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

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EXHIBIT NO. 2

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SCRUBBER PIT SEDIMENT ANALYSIS
SPIKE MATRIX RECOVERY

SEPTEMBER 22, 1993

PARAMETER	% RECOVERY (30454)
TCLP METALS	
Arsenic	106%
Barium	97%
Cadmium	91%
Chromium, Total	92%
Lead	99%
Mercury	76%
Selenium	114%
Silver	95%

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EXHIBIT NO. 3

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

SCRUBBER PIT SEDIMENT ANALYSIS
SPECIAL CONSTITUENT ANALYSIS

SEPTEMBER 22, 1993

PARAMETER	CONCENTRATION (30374)	EPA LIMIT
PCB[1]	<5.0	50
% Moisture	69.0	N.S.

[1]Reported as "Dry Weight" - EPA Method 8080
N.S. - No Standard

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Brentwood, TN 37024-0786

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WZB

W.Z. BAUMGARTNER & ASSOCIATES, INC.
CONSULTING ENGINEERS
SUITE 101
110 WESTWOOD PLACE
P.O. BOX 788
BRENTWOOD, TENNESSEE 37027
615-373-1572
FAX: 615-370-9292

CHAIN OF CUSTODY

Proj. No: 93071 | Client: Roth Steel Company

Location: Syracuse, New York | Cell No.

Samplers Name (Print): W. Z. Baumgartner, Jr.

Samplers Signature: [signature]

Sta. No.	Date	Time (24 Hour Notation)	Comp	Grab	Station Location	No. of Containers	Intended Analysis	Remarks (Include Preservatives Used)
1	9/22/93				Cell 1	1		Roth Steel
2	9/22/93				Cell 2	1		Roth Steel
3	9/22/93				Shredder Discharge	1		Roth Steel
4	9/22/93				Scrubber I.T.	1		Cooler
5	9/22/93				Office	1		Equip. I.T.

	Relinquished By: (Signature)	Date/Time	Received By: (Signature)		Relinquished By: (Signature)	Date/Time	Received By: (Signature)
1	[signature]	9/23/93 10:00	Daniel Partridge	4			
2	Daniel Partridge	9/23/93 2:30 PM	[signature]	5			
3							

Received for Laboratory By: (Signature)

Custody Seals Intact: ☐ Yes ☐ No Temperature: (°C) _____

W. Z. Baumgartner & Associates, Inc.

CONSULTING ENGINEERS

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110 WESTWOOD PLACE • SUITE 101 • BRENTWOOD, TN 37027
615-373-1572 • FAX: 615-370-9292

LETTER OF TRANSMITTAL

TO: Sidney L. Manes, Esq. One Lincoln Center Syracuse, NY 13202-1387	DATE October 12, 1993 PROJECT NO. 93070 RE: Shredder Residue Analysis Roth Steel Corporation

WE ARE SENDING YOU: ☒ Attached ☐ Previously faxed ☐ Under separate cover
VIA: ☐ Overnight ☐ 2nd Day ☒ Regular

THE FOLLOWING ITEMS: ☒ Exhibits ☐ Shop Drawings ☐ Permit Applications
☐ Reports ☐ Survey ☐ Change Order
☐ Plans ☐ Specifications ☒ Other

COPIES	DATE	NO.	DESCRIPTION
1	9-22-93		Exhibits No. 1 - TCLP Concentration w/ Chain of Custody
1	9-22-93		Exhibits No. 2 - Spike Matrix Recovery
1	9-22-93		Exhibits No. 3 - Constituent Analysis - Concentration

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☐ For review and comment ☐ _____

REMARKS:

COPY TO:

SIGNED: W. Z. Baumgartner, Jr., P.E., R.E.M.
President
Certified Hazardous Materials Manager

p

If enclosures are not as noted, kindly notify us at once.

EXHIBIT NO. 1

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

PCB CONCENTRATION
CELL 1

NOVEMBER 1993

SAMPLE ID	PCB CONCENTRATION DRY WEIGHT	AS IS
1-1	7.2	6.03
1-2	35.9	29.7
1-4	<5.6 (0)	<5.6 (0)
1-5	42.0	33.9
1-6	129.1	96.8
1-7	54.6	43.4
1-8	74.8	58.0
1-9	67.6	55.0
1-12	45.9	39.0
1-16	29.0	24.5
1-17	69.2	55.2
1-19	54.8	47.3
1-20	94.9	77.0
1-22	11.8	9.0
1-23	<4.88 (0)	<4.88 (0)
MEAN	47.8	38.3

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

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EXHIBIT NO. 2

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

PCB CONCENTRATION
CELL 2

NOVEMBER 1993

SAMPLE ID	PCB CONCENTRATION DRY WEIGHT	AS IS
2-2	86.8	70.0
2-4	92.1	75.7
2-5	106.9	83.0
2-8	86.3	71.6
2-11	59.7	41.3
2-12	58.2	45.8
2-15	104.3	86.9
2-16	58.6	48.2
2-19	46.0	36.0
2-24	103.3	85.5
2-28	101.0	83.7
2-31	15.1	13.2
2-32	71.6	60.0
2-33	91.1	70.1
3-37	88.9	74.1
MEAN	77.99	63.01
STANDARD DEVIATION	26.0	21.6

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

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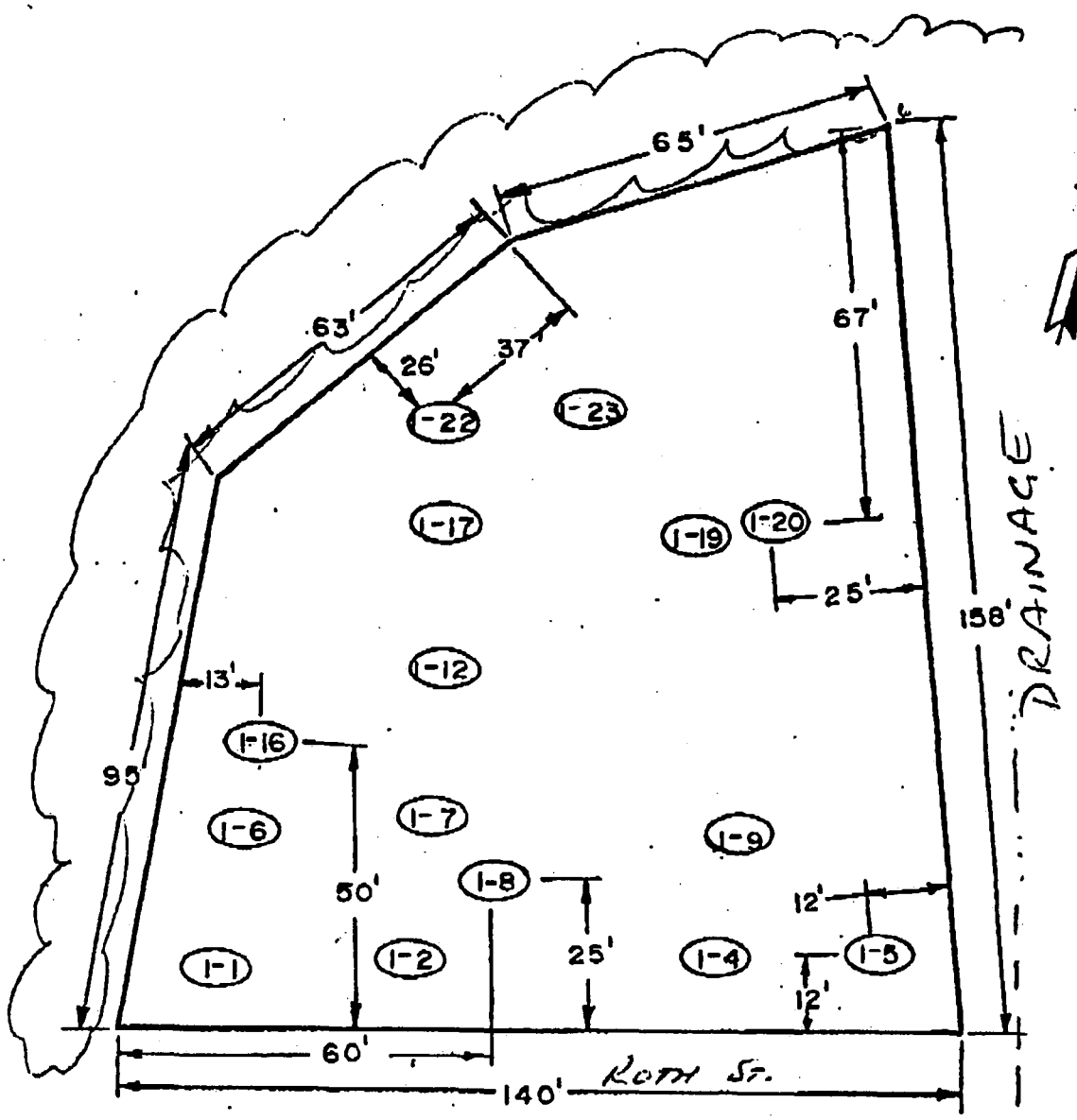
WZB



clean
Furthest from
Bld. —

EXHIBIT NO.

CELL NO. 1

ROTH STEEL COMPANY

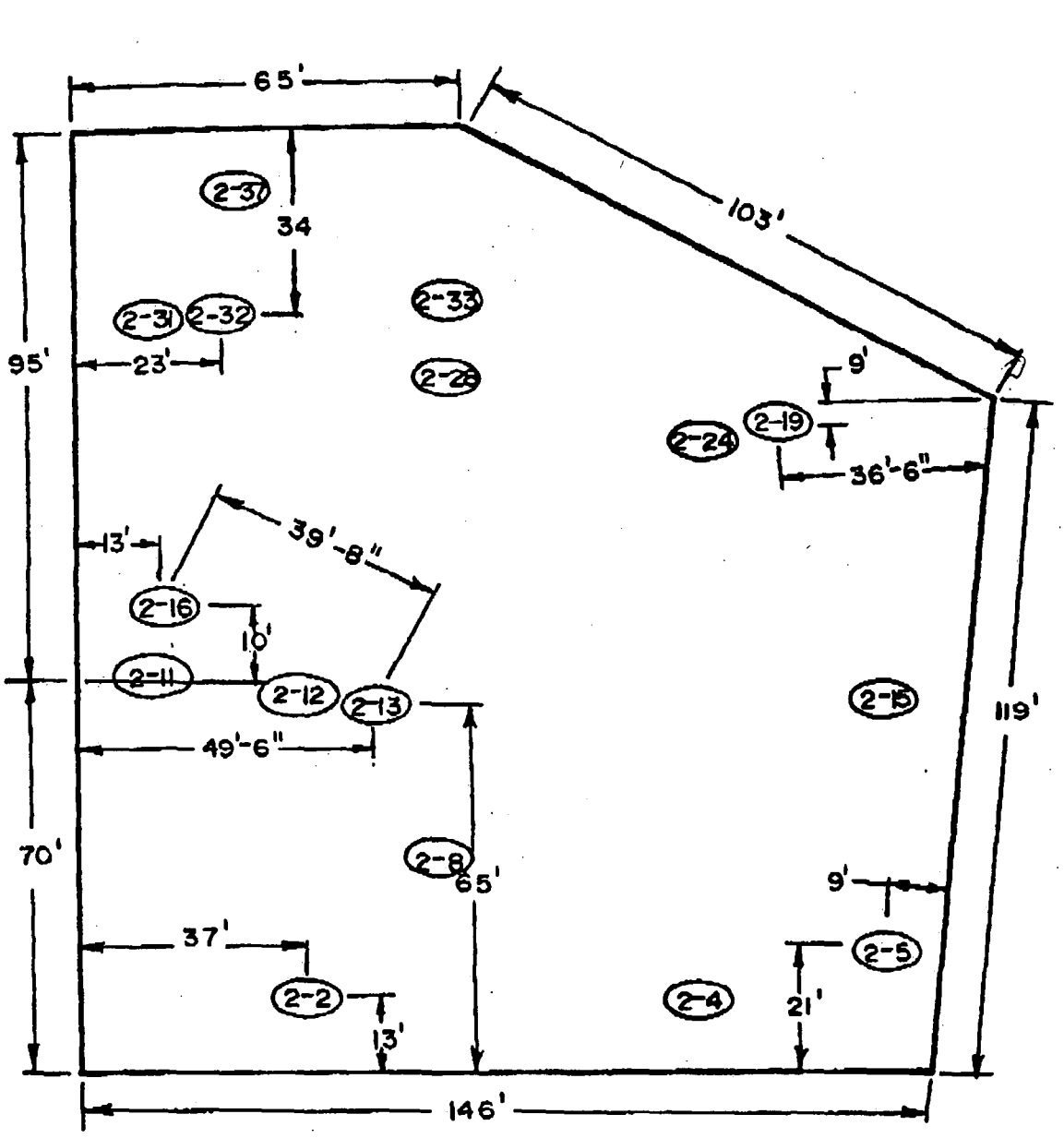
SYRAUSE, NEW YORK

W.Z. BAUMGARTNER & ASSOCIATES, INC.
P.O. BOX 786
BRENTWOOD, TENNESSEE 37024

93071

Scale :1" =30'

WZB



NOTE: TRENCH CUT FROM SAMPLE POINT 2-16 TO POINT 2-13 NO SAMPLE WAS TAKEN AT POINT 2-13. PURPOSE OF TRENCH WAS TO SHOW CONSISTENCY OF MATERIALS.

EXHIBIT NO.

CELL NO. 2

ROTH STEEL COMPANY

SYRAUSE, NEW YORK

W.Z. BAUMGARTNER & ASSOCIATES, INC.
P.O. BOX 786
BRENTWOOD, TENNESSEE 37024

93071

Scale: 1" = 30'

WZB

EXHIBIT NO. 1

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

ALLIED WASTE FROM CELL 2
TOXICITY CHARACTERISTIC LEACHING PROCEDURE

OCTOBER, 1993

PARAMETER	CONCENTRATION (30453)	EPA LIMIT
TCLP METLAS[1]		
Arsenic	<0.10	5.0
Barium	<1.0	100.0
Cadmium	<0.10	1.0
Chromium (T)	<0.50	5.0
Lead	<0.50	5.0
Mercury	<0.010	0.2
Selenium	<0.10	1.0
Silver	<0.10	5.0

[1]EPA Method 1311

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

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EXHIBIT NO. 2

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

SPIKE MATRIX RECOVERY

OCTOBER, 1993

PARAMETER	% RECOVERY (30453)
TCLP METALS	
Arsenic	117%
Barium	91%
Cadmium	87%
Chromium, Total	90%
Lead	97%
Mercury	125%
Selenium	100%
Silver	98%

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Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

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EXHIBIT NO. 3

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

ALLIED WASTE FROM CELL 2
CONSTITUENT ANALYSIS (mg/kg)

OCTOBER, 1993

PARAMETER	CONCENTRATION (30373)	EPA LIMIT
PCB[1]	<5.0	50
% Moisture	35.5	N.S.

[1]Reported as "Dry Weight" - EPA Method 8080
N.S. - No Standard

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

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W. Z. Baumgartner & Associates, Inc.

CONSULTING ENGINEERS

P.O. BOX 786 • BRENTWOOD, TN 37024
500 WILSON PIKE CIRCLE • SUITE 206 • BRENTWOOD, TN 37027
615-373-1572 • FAX: 615-370-9292

RECEIVED
NOV 22

LETTER OF TRANSMITTAL

TO: Sidney L. Manes, Esq. Green & Seifter, P.C. One Lincoln Center Syracuse, New York 13202-1387	DATE: November 19, 1993 PROJECT NO.: 93070 RE: Allied Waste From Cell 2

WE ARE SENDING YOU: ☒ Attached ☐ Previously faxed ☐ Under separate cover
VIA: ☐ Overnight ☐ 2nd Day ☒ Regular

THE FOLLOWING ITEMS: ☒ Exhibits ☐ Shop Drawings ☐ Permit Applications ☐ Reports ☐ Survey ☐ Change Order ☐ Plans ☐ Specifications ☐ Other

COPIES	DATE	NO.	DESCRIPTION
1	10-93		Exhibit No. 1: TCLP Concentration
1	10-93		Exhibit No. 2: Spike Matix Recovery
1	10-93		Exhibit No. 3: Constituent Analysis

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☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____

REMARKS:

COPY TO:

SIGNED:
W. Z. Baumgartner, Jr., PE, REM
President
Certified Hazardous Materials Manager

a

If enclosures are not as noted, kindly notify us at once.

austeel

AUBURN STEEL COMPANY, INC. • Auburn, N.Y. 13021

address reply to: P.O. Box 2008

June 14, 1993

To Whom It May Concern:

Auburn Steel Company is a steel manufacturing company employing approximately 310 people from the central New York area. In the process of melting ferrous steel scrap for the production of steel bar products we recycle over 350,000 tons of processed steel scrap each year.

Roth Steel Corp. is one of our long time suppliers of large quantities of several grades of steel scrap and they represent one of the largest recyclers of steel scrap in Central New York. In our long term relationship with them as a processor and supplier of scrap, we have found them to take seriously their role as recyclers and they operate their facility in a manner which demonstrates their concern for product quality, proper environmental controls and a caring attitude for their employees. They consistantly put money back into their equipment and operations with a long term goal of serving their industry and ours as a reliable source of supply.

Our experience indicates that Roth Steel generally strives to set a standard for product quality which we as consumers can use as an example for evaluating others. We have very few problems with their products and always when correcting action is required, it is done in a fair and proper fashion.

Regards,

AUBURN STEEL COMPANY, INC.

Gary S. Caldwell

Gary S. Caldwell
General Manager-Purchasing

/lf

Madison County
Department of Solid Waste and Sanitation

RD 3 Buyea Road
(315) 366-2208
(315) 361-1524 (FAX)

PO Box 27
Wampsville, NY 13163

James A. Zecca
Director

To Whom It May Concern:

We wish to express our thoughts regarding the service provided to us by Jim Brow Salvage and, ultimately, Roth Steel Corporation.

Our continuing accumulation of whiteware (refrigerators, stoves, washers, dryers, etc.) is being disposed of, via Jim Brow Salvage, at Roth Steel Corp. Mr. Brow has handled the disposal of these items for us for some time now and we are very pleased with his performance. He conscientiously inspects these items for capacitors and freon to insure that they are environmentally safe and meet the stringent regulations set forth by Roth Steel for acceptance of whiteware before they are loaded onto his trucks for delivery to Roth's facility. Given the current environmental concerns in handling these items, the service that we are provided with is invaluable.

It is also our feeling that Roth Steel is, and has been, a great asset to the community in accepting materials for recycling which would otherwise be a wasted resource and unnecessary burden on our landfills. They have been processing scrap metal for recycling for many years, even before it was fashionable and politically correct to do so.

Were we forced to find an alternative to our present system for disposal of these items, it would undoubtedly be very costly and time consuming. Both Mr. Brow and Roth Steel Corp. are providing a much needed service and we are grateful that we have this option available to us.

Very truly yours,

James A. Zecca

James A. Zecca
Director

JAZ/jn

TOWN OF GEDDES

1000 WOODS ROAD, SOLVAY 13209
ONONDAGA COUNTY, N.Y.

SUPERVISOR
Manuel M. Martinez

COUNCILMEN
Joseph A. Longo
John F. Gosson
Joseph Rudy
Alan J. Ciciarelli
Thomas F. Sakowski
James A. Corbett

TOWN CLERK
Frances A. Marino

RECEIVER OF TAXES
Helen L. Osterhout

SUPT. OF HIGHWAYS
V. Nunzio Susco

ATTORNEY
John E. Ferris

COMPTROLLER
Alfred R. Chemotti

RECREATION DIRECTOR
Cynthia R. Maggiore

June 17, 1993

To Whom It May Concern,

Roth Steel is very important to the Town of Geddes. The Town picks up metal in the Town two or three times a week. Without the services of Roth Steel I really don't know if the Town could still provide this service to its residents.

The employees at Roth Steel have always been very helpful and courteous. They have also informed us of any changes in what we can bring to their site and what guidelines must be followed, for example refrigerators. air conditioners, etc.

Again we commend Roth Steel for their efficient business practices.

Sincerely,
V. Nunzio Susco
V. Nunzio Susco
Highway Superintendent

24 June 1993

Roth Steel Company
P. O. Box 1354
Syracuse, New York 13201

Dear Mr. Roth:

I am writing as a representative of the Village of North Syracuse in support of your metal recycling operation.

We have used your operation and find it to be a valuable source of disposal for our metals and white goods, etc. If it weren't for a place such as yours, we would not have any place to dispose of such materials and, as a result, would not be able to offer our residents the service of picking up appliances and metals.

We definitely feel that a service such as yours is valuable to us.

Sincerely,

Michael Abruzzese

Michael Abruzzese
DPW Superintendent

/nsf

600 South Bay Road North Syracuse New York 13212 (315) 458-0900

VILLAGE OF FAYETTEVILLE

MARIAN S. LOOSMANN, *Mayor*
MARTIN E. LYNCH, *Clerk Treasurer*

BOARD OF TRUSTEES
Robert J. Blumenthal
Daniel J. Kinsella
MaryEllen Letterman
Henry H. McIntosh

June 14, 1993

To Whom It May Concern:

The Village of Fayetteville provides a curbside pickup service to its residents for white goods and other ferrous products. We have been able to dispose of (recycle?) these materials by utilizing the services of Roth Steel Corporation. It is our experience that the Corporation has been careful in requiring us to meet or exceed the various safeguards for proper disposal of these materials. If the Corporation were not available for this service the Village would be required to cease the service or find another vendor (if possible and equal in economy).

Sincerely,

Martin E. Lynch
Clerk-Treasurer
Village of Fayetteville

MEL/jgc

425 EAST GENESEE STREET, FAYETTEVILLE, NY 13066 • TELEPHONE (315) 637-9864 • FAX (315) 637-0106

From — Town of Marcellus Highway Dept

To — Lewis Roth 6/14/93
P.O. Box 1354
Syracuse, N.Y. 13201

We appreciate having your Place to dispose of the white appliances That are collected from our Spring & Fall Trash Collections.

We are glad that the metal can be recycled and used over again instead of going to the Landfill.

We are very careful To keep our loads clean of Toxic materials so that you can continue this service without contamination to the Enviornment.

If this Service was discontinued, I don't know where we would dispose of these items except to the Landfill.

Thanks again
Thomas C. Lathrop
Hwy. Supt.

PLANERGY, Inc.

June 17, 1993

To Whom it may concern:

Planergy New York Inc. is an independently owned subcontractor to Niagara Mohawk. We implement their Refrigerator Roundup℠ program that was designed to save electricity through the removal of customers spare in use refrigerators.

Once the refrigerators have been delivered to our location by our trucks they are processed and then sent out to a metal recycler. Our proprietary process removes over 99% of the refrigerant in the refrigerator system. We also remove all capacitors from the machines.

The metal recycler we currently use is Roth Steel Corp. on Hiawatha Blvd. in Syracuse New York. Their close proximity to our location has allowed us to have over 20,000 refrigerators that we have processed economically recycled back into the metal industry.

Thomas J. Acquisto

Manager
Planergy New York Inc.
6308 E. Molloy Rd.
E. Syracuse, New York 13057

ONONDAGA COUNTY
RESOURCE RECOVERY AGENCY

June 21,1993

Roth Steel
800 W. Hiawatha Blvd.
Syracuse, N.Y.,13204
Mr.Daniel Partridge

Dear Dan,

I just wanted to let you know that the Agency is looking forward to working with Roth Steel on the metals collection program we recently discussed.I realize that we still have a few details to work out but this program will be a great addition to the counties recycling program.

I also wanted to let you know that the dumpster you put out on Saturdays for metal collection has been a big help.We recommend people drop-off their household metal to your facility rather then the transfer station so that it may be recycled.

Dan thanks for your help and I look forward to working with you in the future.

Regards,

Robert Carpenter
Recycling Specialist

100 ELWOOD DAVIS ROAD • NORTH SYRACUSE, NY 13212-4312 • PAUL J. O'CONNOR, DIRECTOR • 315-453-2866 • FAX 315-453-2872

RECYCLED PAPER

W. Z. Baumgartner & Associates, Inc.

CONSULTING ENGINEERS

P.O. BOX 786 • BRENTWOOD, TN 37024
110 WESTWOOD PLACE • SUITE 101 • BRENTWOOD, TN 37027
615-373-1572 • FAX: 615-370-9292

W. Z. BAUMGARTNER, JR., P.E., C.H.M.M., R.E.M.
MICHAEL E. TANT, P.E.
J. CLAIBORNE THORNTON, III, P.E.

WILLIAM H. TUCKER, III, P.E.
RICHARD L. WILLIAMS, P.E.
KEVIN B. WOLFE, P.E.
MARC DUBLIN, E.T.

August 18, 1993

Sidney L. Manes, Esq.
Green & Seifter
One Lincoln Center
Syracuse, NY 13202-1387

RE: Roth Steel Company

Dear Mr. Manes:

As requested we have prepared the enclosed "Sampling Plan" for Roth Steel Company. The purpose of the sampling event is to identify and characterize the contents of two (2) cells partially located on the Company's property. It is suspected that shredder residue may have been placed in one or both of these cells. The sampling plan is consistent with sound technical procedures and reflect the unique experience our firm has developed over the past 13 years working with scrap and related facilities.

As indicated, we have prepared the enclosed *Protocol* describing the collection, processing and analytical procedures developed by our firm specific to automobile shredder residue or ASR. W. Z. Baumgartner & Associates, Inc. is fortunate to have had the opportunity of working with over 100 shredding facilities in the United States and Canada. In the early 1980's our firm took the lead in the development of accurate methods for the characterization of ASR. Our work, which included coordination with EPA's Solid Waste Laboratory in Washington, D.C. and with various state regulatory agencies, culminated in the series of *Protocols* that we believe insure accurate and precise characterization of ASR samples. These procedures are consistent with Environmental Protection Agency document *SW 846 (latest edition) and Standard Methods for the Examination of Water and Wastewater (latest edition).*

ASR is the remaining residue when automobiles and other scrap metal products are broken apart or "shredded". Ferrous metal is removed magnetically while valuable nonferrous materials such as aluminum, copper and stainless steel are removed either by air or water separation systems. The process is purely mechanical and consists in its simplest form in rapid dismantlement of the infeed product to expedite metal separation. The remaining unusable material, ASR, consists of such items as foam rubber, seat covers, dirt, rubber gaskets and broken pieces of plastic and safety glass. There are approximately 200 shredder facilities in the U.S. with another 40 in Canada. These facilities insure that many valuable metals are reused resulting in lower energy costs for steel production and the protection of natural resources. ASR is most usually disposed of in landfills but some is fed to incinerators and/or waste-to-energy systems when these are nearby. The material is stable, contains no free liquids, does not support combustion, can act as a vector control in landfills, is non-putrescible, and has in some cases been used as supplemental fuel and as landfill cover.

Table No. 1 provides some general information on ASR. We have no reason to expect the characteristics of ASR from Roth Steel Company to be significantly different.

TABLE NO. 1

PARAMETER	RESULTS (APPROXIMATE)
% Moisture	25-37
% Volatile	20
% Fixed Particles	20
% Ash	45
% Sulfide	<0.4
BTU/lbs	4500
BTU/lbs-dry	9,000-15,000
ASTM Coke Index	
% Carbon	20
% Hydrogen	5
% Oxygen	20
% Nitrogen	5
% Ash	45
Sulfur	<0.3
PCB	<35

ASR is presently classified as a non-hazardous solid waste and is acceptable to most landfills.

Roth Steel Company is aware of its responsibility to insure that its wastes are nonhazardous. To that end our firm was directed to develop this characterization and monitoring program similar to those we are implementing at some 50 shredders. Volume II, Chapter 9 of EPA document *SW 846* states that "the initial -- and perhaps most critical -- element in a program designed to evaluate the physical and chemical properties of a solid waste is the plan for sampling the waste. ... The regulations pertaining to the management of hazardous waste contain three references regarding the sampling of solid waste for analytical properties. The first reference, which occurs throughout the regulations, requires that *representative* samples of waste be collected and defines representative samples as exhibiting average properties of the whole waste." It is to this purpose our *Protocols* and the specific sample plan for ASR are directed.

As mentioned previously, our *Protocols* are presently in place in over 50 shredding facilities. In 1988 we were directed by our clients and the Commonwealth of Massachusetts to formalize these *Protocols*. In 1989 these procedures were adopted as the official characterization method for ASR in the Commonwealth. In 1990 another of our clients directed us to meet with the State of New Mexico, Department of Health and Environment, and submit our monitoring program for ASR for their approval. The State subsequently approved our procedure with one modification - the use of the Toxic Characteristic Leaching Procedure instead of the older E.P. Toxicity. In 1990 we met with the Texas Water Commission to submit our *Protocols* for use in that state. On February 6, 1991 we received notification of acceptance of our procedures with only minor modifications.

We are, as described, using these procedures in numerous other states, including Tennessee, New Jersey, Connecticut, North Carolina, Florida, Georgia, Pennsylvania, Kentucky, Texas, Arizona and Utah.

As you are aware, W. Z. Baumgartner & Associates, Inc. is a multifaceted industrial, environmental engineering firm with special concentration on the scrap metal and recycling industry. We provide a complete range of engineering design services. Our services include, but are not limited to the following:

1. *Phase I, II and III Site Environmental Operations Compliance Reviews/Assessments/Audits* - Confidential site investigations, sampling of soil, water, and air as appropriate; preparation of Risk Factor Reports.

2. *Storm Water Control (Section 402P - CWA 1987)* - Design of drainage and treatment facilities; preparation of applications, Pollution Prevention Plans, runoff sampling and analyses.

3. *Solid Waste Landfills* - Design of industrial landfills, including several exclusively for shredder waste; consulting and laboratory analysis for acceptance of waste to landfills, leachate control systems; design of groundwater quality monitoring systems; closure plans for shredder waste landfills.

4. *"SUPERFUND", "R.C.R.A.", and "ECRA" Consultation* - Closure Plans, and permit applications, coordination with State and Federal agencies; groundwater programs.

5. *Spill Prevention Control and Countermeasure Plans (40 CFR 112)* - Design of oil spill control containment systems, oily water runoff treatment and control, including N.P.D.E.S. compliance programs. Compliance with above ground storage requirements.

6. *Design of Process Wastewater Treatment Facilities* - Electroplating, foundry, casting/smelters, food processors, and other industrial applications.

7. *Characterization and Routine Monitoring of Waste Streams, such as ASR*

8. *Environmental Property Assessments*

9. *UST* - Underground tank compliance programs, closure/removal programs; monitoring.

10. *Right-to-Know Consultation - SARA Title III, Hazard Communications Plans*

11. *Research on Reuse-Recycle Programs*

We can touch on only a few of our many civil and environmental engineering services. We are presently licensed as professional engineers in over 30 states, including New York, with projects in New York, New Jersey, Massachusetts, Pennsylvania, Ohio, Rhode Island, North Carolina, Missouri, Connecticut, Arizona, Hawaii, Tennessee, Georgia, Nevada, Colorado, New Mexico, Utah, Florida, Texas, and California, as well as Canada and Puerto Rico. We have also provided environmental engineering for Standard Oil of Ohio, Tenneco Oil Company and Petro Stopping Centers, as well as Emerson Electric, Sunbeam Appliance Co., TRW-Ross Gear Division, and others. We conduct research for the Institute of Scrap Recycling Industries and the Automobile Metal Recycling Association of New Jersey.

Some of our more recent projects include the design of numerous solid waste monofills especially for automobile shredder residue (ASR), landfill simulation studies and investigations of scrap yard waste streams as alternate landfill cover material. We have developed and are managing routine monitoring programs for shredding facilities throughout the United States and Canada. While much of our most

recent work has dealt with shredder waste streams, we work with over 40 non-shredding scrap yards and have conducted Phase I, II and III investigations for many of these facilities. We have also performed a number of investigations for the purchase and/or sale of scrap yard property and other industrial property. We are gratified that the Institute of Scrap Recycling Industries commissioned us to prepare an extensive study in the characteristics and management of shredder waste entitled *Shredder Residue: Environmental Information & Characterization under RCRA* (1992).

As can be seen from the "Plan" we are not using the confidence interval method of data review found in EPA's document *SW 846 Latest Edition, Chapter 9.* This calculation is based on the Student's t-test method. If the data being reviewed does not exhibit a normal distribution, it is inappropriate to attempt to use the t-values. Over the last 12 years W. Z. Baumgartner & Associates, Inc. has generated a database of shredder residue analysis that exceeds 17,000 data points. We have analyzed this data using various methods of statistical evaluation. We have also taken individual small population test results for similar review. Because of shredder residue's heterogeneity, it is common to experience relatively high standard deviations in a given set of data. EPA comments in *SW-846*, Chapter 9, that the determination of hazardous waste must be performed on a true representation of the waste stream. The EPA's formula requires that the mean and standard deviation be first calculated. When the mean is compared with the limits, if the mean is above the limits, hazard conditions may occur. If the mean is below the limit, additional statistical evaluation is necessary. If the mean is greater than the variance and the data is not normally distributed there is no solution using *SW-846's* method. If the data is not normally distributed, there is no method in *SW-846* for modification or transformation, of the procedure. Laboratory determinations for extractable lead and cadmium and constituent PCB performed on ASR do not exhibit normal distribution and therefore cannot be applied as is to the confidence interval method in *SW-846.*

We contacted Mr. Bob Stewart with EPA's Test Methods Hotline regarding this situation. Mr. Stewart indicated that EPA is in the midst of revising this calculation and confirmed that the formulation presented in Chapter 9 is inappropriate for non normally distributed data. He referred us to Mr. Olie Fordham with the Environmental Protection Agency. Mr. Fordham is working on the revision to *SW-846.* Mr. Stewart also indicated that the Chapter 9 formulation in Step 6 calls for the use of the arcsine transformation. He confirmed that the arcsine is inappropriate for shredder residue data but is used with binomial random data. Mr. Stewart suggested the use of the Shapiro and Wilks W-test to test for normality, and he referred us to *Statistical Methods for Environmental Monitoring* by R. O. Gilbert. We have a copy of this document and have performed a number of calculations to attempt to transform the data. We also have a sophisticated computer program recommended by the Environmental Protection Agency for statistical evaluation of this data.

We submitted our findings and a significant amount of our data to Dr. Horace Williams, Professor of Mathematics at Vanderbilt University, for his comments. He has confirmed the inapplicability of the Chapter 9 formulation for non-normally distributed data. Until such time as a more appropriate method has been developed and until the Environmental Protection Agency releases its proposed revisions to the Chapter 9 formulation, we are firmly convinced that either the simple arithmetic mean or median of small population data is both fair and scientifically defensible.

One additional point of interest is that Mr. Stewart confirmed that the Chapter 9 formulation presented in *SW-846* is to be viewed as a guideline and not a regulatory policy. More appropriate methods, in this case simple arithmetic mean or median, may and should be used especially when dealing with shredder waste data.

Because of the heterogeneity of ASR it is impossible to collect true duplicate or split original samples. If the state of New York wishes to perform its own tests, we recommend we provide them with material ready for analysis to avoid the process errors common when individuals unfamiliar with this waste stream are involved.

In summary we have prepared a sensible, reproducible *Protocol* for characterizing ASR which has been tried and found acceptable and practical for over nine years in over fifty facilities. These *Protocols* are reliable and conform to Environmental Protection Agency document *SW-846 (latest edition)* and commonly accepted scientific sampling procedures.

Very truly yours,

W. Z. BAUMGARTNER & ASSOCIATES, INC.

COPY

W. Z. Baumgartner, Jr., P.E., R.E.M.
President
Certified Hazardous Materials Manager

WZB/pa/93071

Enclosures

SAMPLING AND CHARACTERIZATION PLAN

ROTH STEEL COMPANY

SYRACUSE, NEW YORK

AUGUST, 1993

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

93071

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SAMPLING AND CHARACTERIZATION PLAN

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

INTRODUCTION

Roth Steel is located on Hiawatha Boulevard in Syracuse, Onondaga County, New York. Exhibit No. 1 presents a location map of the subject site. The Company engages in the processing of scrap articles to recover recyclable ferrous and non-ferrous metals. A motorized shredder, sometimes referred to as a hammermill, physically dismantles the scrap articles to facilitate segregation by metal type. As a result, the non-metallic fraction, which generally consists of soil, wood, glass, foam and hard rubber, plastic, paper, fabric and some metallic fragments, is separated from the metals and is considered a solid waste. This waste is referred to as shredder residue, and some volume of this material is suspected to have been disposed on the Company site. The suspect area consists of two cells, each approximately 100 feet wide by 150 feet long by 6 feet deep. The New York Department of Environmental Conservation has requested the Company investigate the material for the presence of chemical contaminants.

SCOPE OF WORK

W. Z. Baumgartner & Associates, Inc., Consulting Engineers, would conduct the sample event at the Roth Steel site. The Engineers, with the assistance of representatives of the Company, would first establish the approximate horizontal extents of the cells. Each cell would then be divided into twenty-four (24) equal area segments by establishing a grid of approximately 25 feet by 25 feet. One composite representative sample shall be obtained from each of the grid segments. The depth of sample collection at each grid location shall be established utilizing a random number generator prior to beginning the excavation. The random number generator function on a Hewlett-Packard handheld scientific calculator will provide, upon entering a seed number consisting of 0. yr. cell no. grid no., a decimal between 0.00 - 0.99 which shall correspond to the percentage of fill thickness from which

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the sample shall be collected. For example, the seed number for a sample collected on November 1, 1993 from grid segment 22 in cell number one would be 0.930122. If the corresponding random number generated is 0.69, the fill thickness is 6 feet and the cover thickness is approximately two feet, the sample would be obtained from a depth of 2 ft + 0.69 (6 feet) = 6.1 feet below grade. (See Exhibit No. 2.) Samples would be collected from the bucket of the machinery opening the excavation. The bucket will be steam cleaned immediately prior to collecting the material at the selected depth. Upon collection of all samples, a computer driven random number generator will be utilized to select fifteen (15) samples from each cell for laboratory analysis. The scope of analyses is as shown in Table No. 1:

TABLE NO. 1

ANALYSIS	NO. OF ANALYSIS
TCLP - Full Scan (less herbicides/pesticides)	1/cell
TCLP - Cadmium/Lead	14/cell
Constituent Polychlorinated Biphenyl	14/cell
Moisture Content	14/cell

These parameters were selected based on the Engineers experience and information contained in the study entitled *Shredder Residue: Environmental Information & Characterization Under RCRA* as prepared by the Engineers for the Institute of Scrap Recycling Industries Recycling Research Foundation. If other parameters are required, the Engineers must be notified within one week prior to the sample event.

The samples to be analyzed will be shipped to the office of the Engineer. The balance of the samples shall be sealed and maintained at the Roth Steel facility in a secure location pending reporting of the initial determinations. All sampling, analysis and data review shall be conducted in accordance with the document *Sampling, Analysis and Data Review of Shredder Residue* as prepared by W. Z. Baumgartner & Associates, Inc. and EPA Document SW-846, Test Methods For Evaluating Solid Waste, Physical/Chemical Methods (latest edition). A copy of this protocol document developed by the Engineers is attached as Appendix A.

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DATA SUBMITTAL

The data generated during this sampling event will be submitted by the Engineers within 30 days of sample collection.

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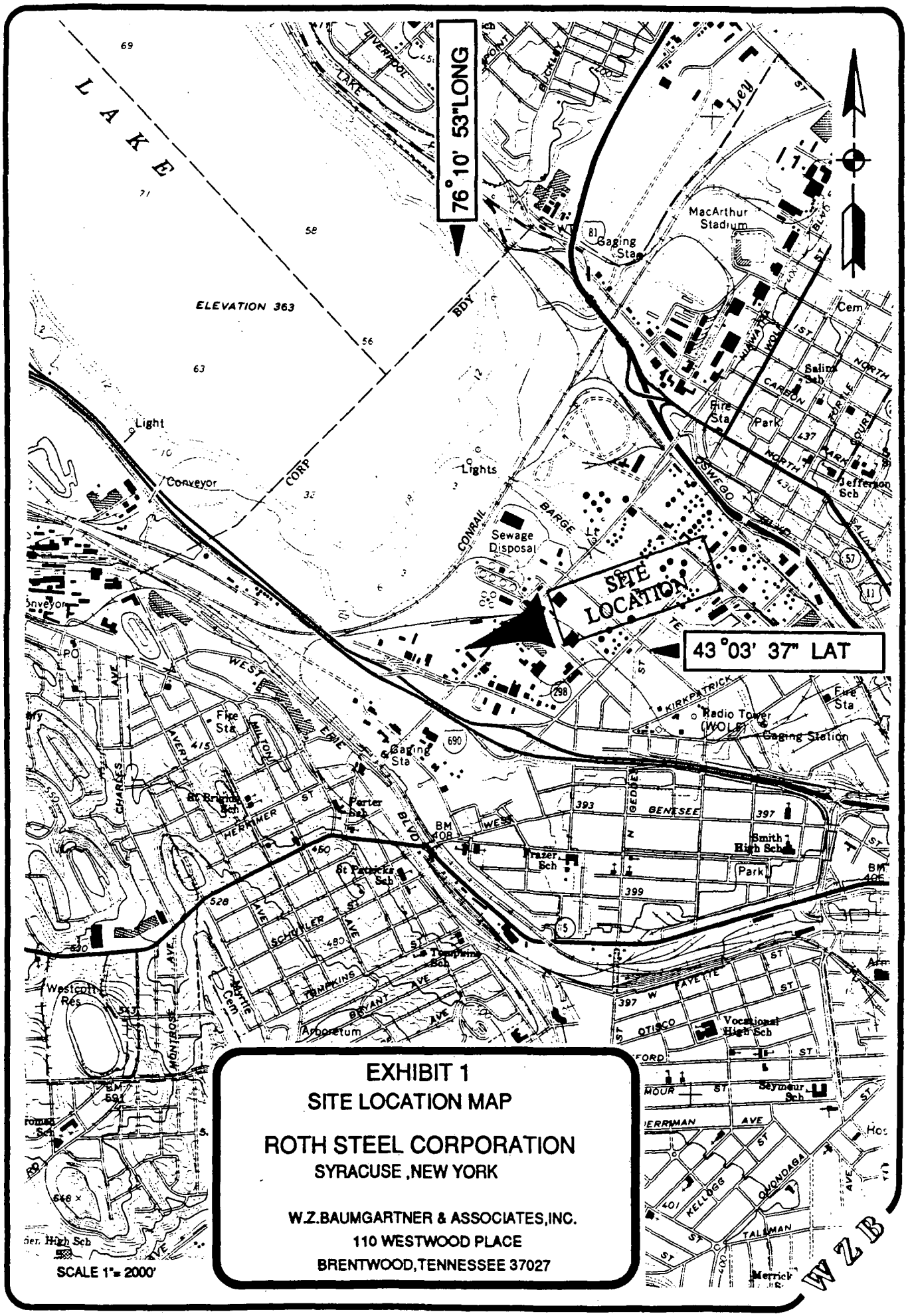

EXHIBIT 1
SITE LOCATION MAP

ROTH STEEL CORPORATION
SYRACUSE ,NEW YORK

W.Z.BAUMGARTNER & ASSOCIATES,INC.
110 WESTWOOD PLACE
BRENTWOOD,TENNESSEE 37027

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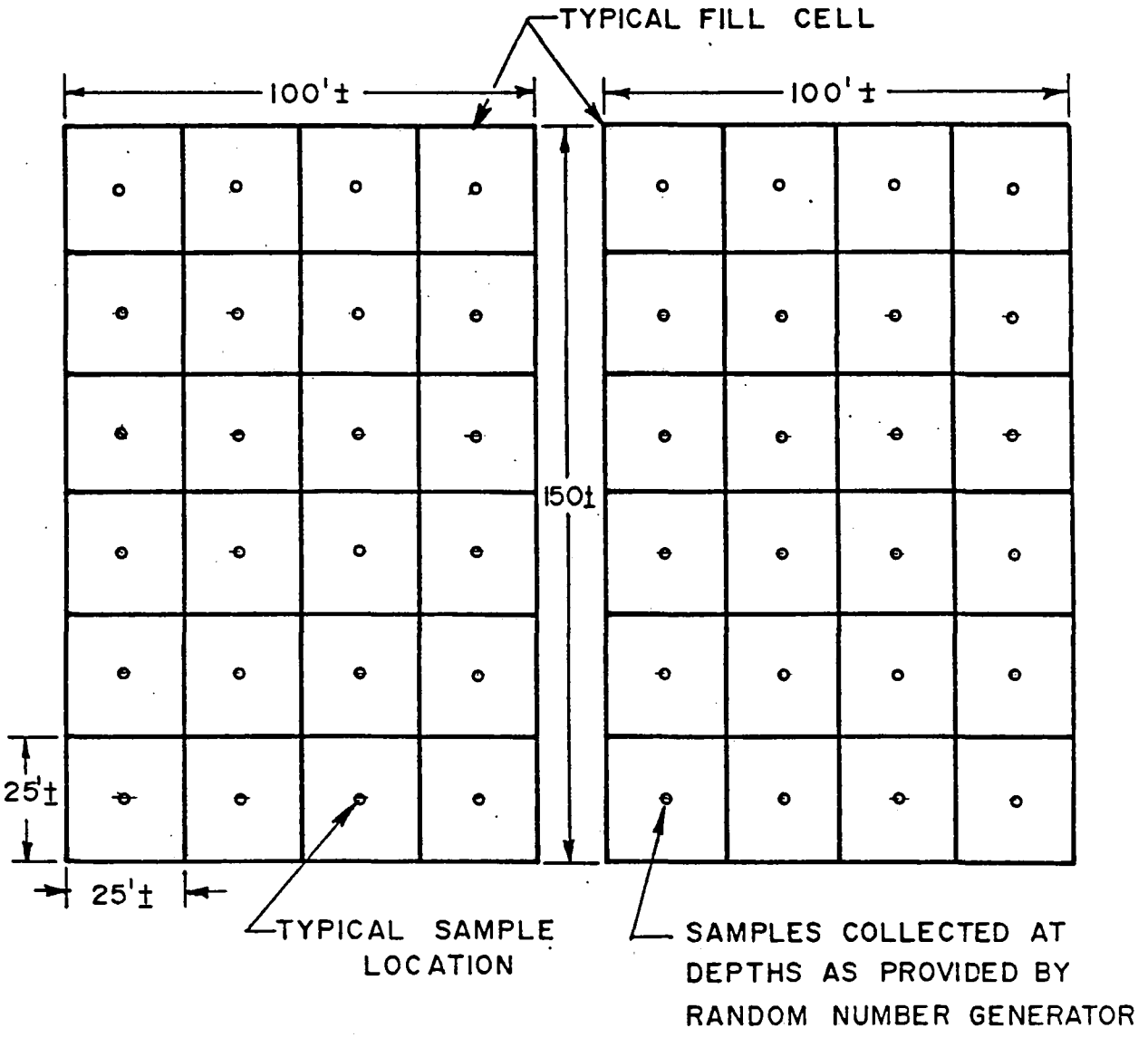

EXHIBIT NO. 2
TYPICAL SAMPLING GRID

ROTH STEEL
SYRACUSE, NEW YORK

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APPENDIX A

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PROTOCOLS FOR
SAMPLING, ANALYSIS AND DATA REVIEW
OF SHREDDER RESIDUE

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, Tennessee 37024-0786

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PROTOCOLS FOR
SAMPLING, ANALYSIS AND DATA REVIEW
OF SHREDDER RESIDUE

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PROTOCOLS FOR
SAMPLING, ANALYSIS AND DATA REVIEW
OF SHREDDER RESIDUE
JUNE, 1993

A. PURPOSE OF SAMPLING PROTOCOL

Shredder residue which is produced by the shredding of automobiles and scrap light iron is inherently non-homogeneous in nature. Because of the nature of the waste material and a basic lack of understanding of its properties, improper characterization has been a common problem.

This sampling protocol has been developed by W. Z. Baumgartner & Associates, Inc. The basic protocol has been adopted by several state regulatory agencies and is recognized by most of the major solid waste management firms.

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B. GENERAL SAMPLING PROCEDURE

During sampling events, appropriate health and safety equipment should be worn. Minimum personal safety equipment should include steel-toed boots, sturdy gloves, hardhat, and safety glasses. A fully stocked first-aid kit should be on-site and readily available.

All samples are to be collected by an independent, qualified technician familiar with the shredding process and the characteristics of shredder residue.

When sampling contemporaneously generated shredder residue, normal plant operation should be confirmed with management prior to initiation of sample collection to ensure all equipment is in working order, and the infeed material should be representative of the facility's normal operation.

Heavy duty, one (1) gallon, "ziplock" plastic freezer bags may be used for individual shredder residue sample collection. Five (5) to six (6) gallon buckets may be used for larger composite samples. It is understood that while there may be a slight possibility of low level intrusion of phthalates into a sample from the plastic containers, the high concentration of phthalates into a sample from the plastic containers, the high concentration of phthalates in the shredder residue negate any concern. Detailed decontamination of heavy equipment is not normally necessary because of the volume of material being handled and the fact that the material is mixed by the same equipment during normal daily operation. Any individual sampling equipment, such as shovels, etc., should be wiped with clean paper towels or washed (as appropriate) after each use.

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If complete QA/QC documentation is to be supplied or if special samples or sample containers (ie: glass with teflon lids for PCB or volatile organics analysis) are required, this request is to be made to the sample team at least one (1) week before the proposed sample event. All sample preservation, temperature and holding time provisions of EPA *SW 846 (latest edition)* shall be observed.

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C. CONTEMPORANEOUS GENERATION SAMPLING PROCEDURES

Contemporaneous sampling as the waste is being generated is the most representative type of sampling. This method is preferable to the waste pile sampling and should be used unless there are compelling reasons for using a different method.

During routine monitoring events sturdy five to six gallon plastic containers may be used for sample storage and shipping. The containers should have sealing, one-piece lids that cannot be opened without obvious damage to the integrity of the lid. During the routine sampling events, normal shredding operation should be maintained. Sampling will continue over a period of approximately one hundred twenty (120) minutes. Because of the high volume of the material generated this period has been demonstrated to be adequate to produce representative samples. Residue generated in the shredding process is sampled every ten (10) to twelve (12) minutes, generating ten (10) discrete samples. About two thousand (2,000) grams of residue is collected for each sample.

The materials is to be carefully selected so that it includes both large and small particles in approximate proportion of generation. The sampler is to be familiar with the process generating the waste, the composition of shredder residue in general, and shall be able, by experience, to avoid weighting the sample inappropriately by particle size, density, or constituency.

The collection of the samples is best done by hand. The sampler shall wear sturdy gloves for protection against any broken glass and scrap metal that may be encountered. Disposable overgloves, which are changed between each sample, should be worn.

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D. WASTE PILE SAMPLING PROCEDURES

In the event contemporaneous sampling is not possible, the following alternative procedure may be used.

Characterization of waste piles presents certain challenges to the sampling team. The procedures presented in this Protocol are consistent with Environmental Protection Agency *Samples and Sampling Procedures for Hazardous Waste Streams (600/2-80-018)* and *Test Methods for Evaluating Solid Waste (SW 846 - 9/86)*. Sampling points are selected after an inspection of the pile. A blade-equipped front-end loader, backhoe, or dozer should be made available to the sampling team so that the pile can be properly configured for sampling.

For waste pile sampling, a pile of shredder residue equal to at least on-half (1/2) day of normal shredding operation should be accumulated. The pile should be configured by squaring the edges and top. Waste piles can be characterized by selecting three (3) evenly distributed sampling points as shown in Figure No. 1. For larger piles (greater than 100 ft. by 100 ft.) the number of sampling points should be increased to four (4) or five (5). Surface sampling points are selected and diagonals established that terminate at the base of the pile opposite the surface point. Collection of center-of-pile samples is facilitated by opening one (1) or more trenches selected so the diagonal middle sampling points pass through each trench.

Figure No. 1 presents a typical waste pile characterized by establishing three (3) diagonal sample lines and one trench. Samples are collected from the top of the pile at major surface points A-1, B-1, and C-1. Approximately two thousand (2,000) grams of representative material is collected at point A-1, B-1, and C-1. Using the

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blade loader or backhoe, an opening is made at the base of the pile at diagonal points A-3, B-3, and C-3. These openings will be approximately three (3) to five (5) feet high and penetrate one (1) to three (3) feet into the pile. To facilitate midpoint sampling, an opening is made midway through the shorter cross-section of the pile. The opening should penetrate approximately one-half to two-thirds through the pile. Samples A-2, B-2, and C-2 are collected at the appropriate midway points on both walls diagonally from the initiation points. Sampling Points D-1, D-2, and D-3 are selected at the discretion of the sampling team.

Sampling should be performed so each sample location is representative of that general area of the pile. Samples are collected by "picking" many small aliquots from each selected sample point on the pile and combining these individual aliquots into the specific location sample. Each sample should contain approximately two thousand (2,000) grams of material. "Picking" can be performed by hand provided the outer gloves are changed between each sample location. If a shovel or other utensil is used to gain access to a location, it is to be cleaned between each location.

The sample protocol should generate a minimum of twelve (12) discrete samples available for analysis from a normal pile. For larger piles (greater than 100 ft. by 100 ft.) additional discrete samples will be generated. As previously stated, all aspects of the sample collection, processing, preservation and analysis shall be conducted in accordance with *SW 846 (latest edition)*.

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E. SAMPLE CONTAINERS AND CHAIN-OF-CUSTODY PROCEDURES

As mentioned in Section A, heavy duty plastic bags normally may be used for individual samples and, if used, are placed in a larger plastic bucket for secure transport. Each individual sample container is to be labeled as follows:

Sample Location:

Identifying Sample Code and Description:

Time:

Date:

Sampler:

The individual samples are to be carefully packaged in the shipping container. The container is to be sealed for transport to the laboratory. Larger composite samples could be collected using the six (6) gallon containers. As required, samples may be shipped in rigid, high-impact plastic ice chests. When using commercial carriers, dry ice is not to be used to cool samples. Crushed or cubed ice in plastic bags is preferable for this purpose.

The procedure for sample security and Chain-of-Custody documentation shall follow Environmental Protection Agency document *SW 846 (latest edition)* as a minimum. Each sample container is to be marked, coded, and sealed.

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F. SAMPLE PROCESSING AND ANALYSIS

Shredder residue normally consists of 55-60%, by weight, of material less than two inches in diameter, while material larger than two inches in diameter may make up 55-60% of the uncompressed volume. Great care, based upon experience, must be employed to avoid weighting individual aliquots inappropriately by weight, volume, or size and to insure that aliquots are representative of the material generated.

1. Once the samples are received in the laboratory, a clean work area is selected and the samples processed. Each sample is first mixed and then spread out to a uniform depth. The sample is then divided into four (4) equal quarters and a subsample of one (100) to two (200) hundred grams is taken from each of the four (4) quarters. This subsample is then passed through a 9.5 mm screen. All material retained on the 9.5 mm screen is hand cut until all of the subsample has passed through the screen. Both the material retained on the screen and that passing are combined and quartered. From each quarter ten (10) to fifteen (15) grams are taken from each quarter to make up individual aliquots for PCB analysis. Aliquots for PCB analysis should contain approximately thirty-five (35) to fifty (50) grams of material.

   Twenty-five (25) grams of material is taken from each of the four (4) quarters to make up the aliquot for the TCLP extraction for cadmium and lead. A five (5) gram aliquot of the subsample is prepared for determination of extraction fluid (No. 1 or No. 2) following EPA Method 1311.

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2. PCB determinations are to be performed by individuals familiar with shredder residue and experienced in determinations performed on samples containing multiple interferences. Analyses shall be performed according to EPA Method 8080, with Method 3550 for extraction, solid sonification, and electron capture. External standardization shall be employed. The moisture content of one aliquot shall be measured. PCB concentrations will be adjusted to a "dry weight" basis using the moisture determination.

3. A 100 gram aliquot (taken from the material processed in Item #1) is to be used for Method 1311 "Toxicity Characteristic Leaching Procedures (TCLP)" as described in *40 CFR 261, Appendix 2* and EPA *SW 846 (latest edition)* for extractable heavy metals and semi-volatile organics. If TCLP Method 1311 is to be performed on a sample, strict conformity to the methods and procedures described in *SW 846 (latest edition)* must be exercised. A separate log entry shall be prepared for each application of the procedure and this log shall be maintained by the laboratory. The log and all other necessary data required for proper completion of the analysis procedure shall be retained for a minimum of three (3) years.

4. Protocols for zero headspace extraction, ZHE, for extractable volatile organic compounds are to conform to EPA Method 1311.

5. The laboratory performing the wet chemistry analyses is to be EPA Drinking Water Program approved.

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G. DATA REVIEW - CONTEMPORANEOUS GENERATION

The normal procedure for contemporaneous sampling is to analyze a progressive number of samples from a sampling event. The following procedures describe a data evaluation for both TCLP extractable heavy metals analyses and PCB determinations:

1. Using the procedures described in Section C, ten samples are collected.

2. Three of the ten samples are selected using a random number selection method. The random numbers are to remain unknown to the sampler until all samples have been collected. One of these three samples is processed and analyzed for all eight TCLP extractable heavy metals. The remaining two samples are each analyzed for extractable cadmium and lead (since cadmium and lead are the only heavy metals routinely found in the extract, only one analysis is performed for the other metals unless they are detected at a higher than normal levels). All three samples are analyzed for PCB concentration. If the results of all three of the analyses for all extractable heavy metals are below EPA TCLP limits and all three are below the TSCA limit for PCB's, the waste concentration shall be the simple arithmetic mean of the extractable cadmium, extractable lead, and PCB's. The single analysis for the remaining six heavy metals will be reported.

3. If any one of three samples exceeds the EPA limit for any constituent, the generator shall be notified and the remaining seven samples will then be analyzed for the constituent found above EPA limits. The arithmetic mean of the results of the ten analyses will be reported.

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4. If the mean determined by the method described in Item 3 above exceeds an EPA limit for any constituent, a second sampling event will be scheduled within 15 days of the receipt of results to confirm the elevated reading. If the second sampling event fails to confirm the exceedence found in the original sampling event, the exceedence will considered an anomaly.

5. Other methods of evaluating data may be considered. However, attempts to apply EPA's confidence level method contained in Chapter 9 of *SW 846* have demonstrated that the method is inappropriate for shredder waste. There are two primary reasons for this. First, the non-homogeneous nature of the waste makes procedures designed for soils and homogeneous waste questionable. Second, EPA has acknowledged that the method presented in the current edition of *SW 846* is mathematically flawed if the centrality of the data (i.e. the standard deviation is greater than the mean) is not easily defined.

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H. DATA REVIEW - WASTE PILE

1. Using the methods described in Section B, twelve (12) to twenty (20) samples are collected.

2. Since this method is often used to characterize a pile for regulatory compliance, the number of samples to be analyzed should be determined in advance. If no such advance notice is obtained, ten (10) samples will be selected using random numbers.

3. The method for statistically evaluating the data shall be agreed upon in advance. Based on the variability of characteristics of shredder waste, W. Z. Baumgartner & Associates, Inc. does not believe that EPA's confidence level method presented in Chapter 9 of *SW 846* is appropriate for data generated from shredder waste monitoring events. The recommended method for evaluating the data should be the mean or the median if the mean does not adequately define the center of the data.

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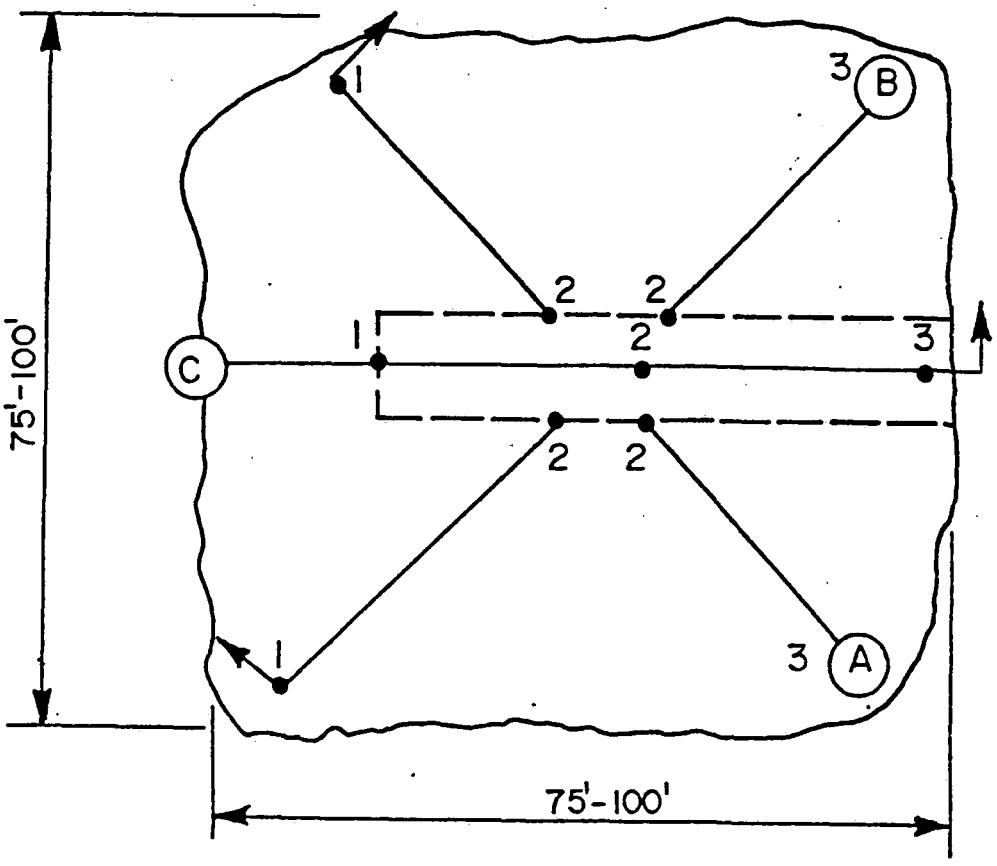
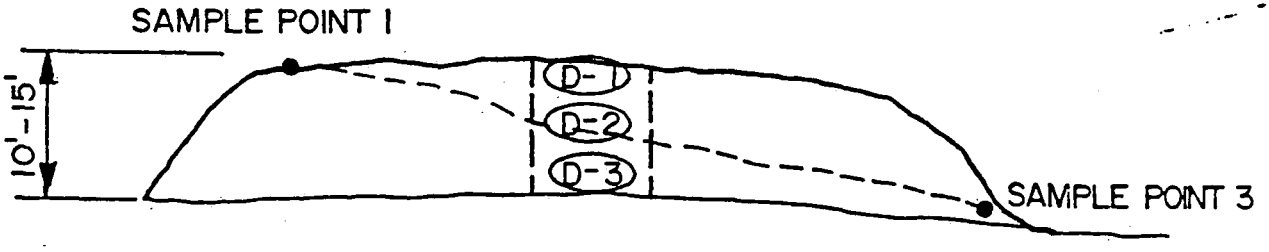
FIGURE NO. 1

SHREDDER WASTEPILE
TYPICAL SAMPLE POINT SELECTION



PLAN VIEW



CROSS-SECTION
TYPICAL FOR A,B,&C

WZB

ERM-Northeast

5788 Widewaters Parkway
Dewitt, New York 13214
(315) 445-2554
(315) 445-2543 (Fax)

17 January 1994

Sidney L. Manes, Esq.
Green & Seifter Attorneys, P.C.
One Lincoln Center
Syracuse, New York 13202-1387

RE: Roth Steel Corporation
Removal of Petroleum-Affected Soil
ERM-Northeast Project No. 759.002

Dear Sidney:

Please allow me to summarize invoices for the subject project. The project is completed and the final invoice (No. 7295 for $1,188.00) has been issued. A summary of charges is as follows:

Invoice Number	Date	Amount
6513	9/16/93	2,317.70
6754	10/18/93	16,794.46
7039	11/16/93	1,948.48
7295	12/17/93	1,188.00
		22,248.64

The estimated total cost of the project was initially $22,000.00 and was adjusted to $21,700.00 by Roth Steel and approved.

Invoice Number 6513 ($2,317.70) was for Work Plan preparation, profiling of waste, and arranging transportation and disposal of waste. Labor for collecting samples to characterize the waste was included in Invoice No. 6513 and the analytical cost of $220.00 for the volatile organic compound analysis portion of the waste analysis was also included.

Invoice Number 6754 ($16,794.46) included all excavation oversight and documentation, coordination with NYSDEC, confirmation sampling and transportation and disposal (excluding tax on transportation and disposal). Analytical cost for confirmation samples was not included in this invoice.

A member of the Environmental Resources Management Group

Invoice Number 7039 ($1,948.48) was primarily for tax on transportation and disposal cost, and also included some labor and expenses and $309.38 for the TCLP portion of the waste profile sample analysis.

Invoice Number 7295 ($1,188.00) is the invoice for laboratory analysis of confirmation soil samples, as required by NYSDEC.

ERM

Total project cost is $22,248.64, exceeding the estimated project cost of $21,700.00 (as adjusted by Roth Steel) by $548.64. The cost over-run is due to taxes on transportation and disposal. Excluding these taxes, which totaled $1,011.52, the total project cost would have been $21,237.12.

I have included copies of all invoices for your information. Hopefully, this clarifies all billing issues related to this project. Please feel free to call me if you have any questions.

Sincerely,

James F. Blasting, C.P.G.
Associate
Syracuse Office Manager

Attachments

ERM-Northeast
175 Froehlich Farm Blvd.
Woodbury, NY 11797
(516) 921-4300
(516) 921-5679 (Fax)

INVOICE

September 16, 1993
Invoice Number 6513
Project 00759.092

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, New York 13201

For: Remediation services rendered for the
Hiawatha Blvd. site gasoline spill.

Professional Services: August 1, 1993 through August 31, 1993

	Hours	Rate	Amount
Blasting, James	8.0	110.00	880.00
Salvador, Patrick D.	2.0	75.00	150.00
Spizuoco, William J.	16.0	55.00	880.00
Word Processing	2.0		80.00
Totals	28.0		1,990.00
		Total Labor	1,990.00

REIMBURSABLE EXPENSES	
Computer Time	20.00
Health & Safety Supplies	15.00
Auto Mileage	9.52
Federal Express	23.38
Laboratory	220.00
Telephone	39.80
Total Reimbursables	327.70
TOTAL THIS INVOICE	2,317.70

James Blasting, P.G.

Terms: Net 30 Days
Payment Due Date: October 16, 1993

ERM-Northeast
175 Froehlich Farm Blvd.
Woodbury, NY 11797
(516) 921-4300
(516) 921-5679 (Fax)

INVOICE

October 18, 1993
Invoice Number ~~6754~~
Project 00759.002

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, New York 13201

For: Remediation services rendered for the
Hiawatha Blvd. site gasoline spill.

Professional Services: September 1, 1993 through September 30, 1993

	Hours	Rate	Amount
Blasting, James	4.0	110.00	440.00
Myers, David W.	6.0	70.00	420.00
Pepling, Sean E.	10.0	55.00	550.00
Spizuoco, William J.	12.0	55.00	660.00
Word Processing	4.0		160.00
Totals	36.0		2,230.00
		Total Labor	2,230.00

REIMBURSABLE EXPENSES	
Computer Time	50.00
Enviroclean Northeast	14,450.30
Auto Mileage	7.84
Supplies	11.72
Telephone	44.60
Total Reimbursables	14,564.46
TOTAL THIS INVOICE	16,794.46

James Blasting, P.G.

Terms: Net 30 Days
Payment Due Date: November 18, 1993

ERM-Northeast
175 Froehlich Farm Blvd.
Woodbury, NY 11797
(516) 921-4300
(516) 921-5679 (Fax)

INVOICE

November 16, 1993
Invoice Number 7039
Project 00759.002

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, New York 13201

For: Remediation services rendered for the
Hiawatha Blvd. site gasoline spill.

Professional Services: October 1, 1993 through October 31, 1993

	Hours	Rate	Amount
Blasting, James	1.0	110.00	110.00
Spizuoco, William J.	6.0	55.00	330.00
Word Processing	3.0	40.00	120.00
Totals	10.0		560.00
		Total Labor	560.00

REIMBURSABLE EXPENSES	
EnviroClean Northeast	1,011.52
Federal Express	56.38
Laboratory	309.38
Telephone	11.20
Total Reimbursables	1,388.48
TOTAL THIS INVOICE	1,948.48

James Blasting, P.G.

Terms: Net 30 Days
Payment Due Date: December 16, 1993

ERM-Northeast
175 Froehlich Farm Blvd.
Woodbury, NY 11797
(516) 921-4300
(516) 921-5679 (Fax)

INVOICE

December 17, 1993
Invoice Number 7295
Project 00759.002

Mr. George Stanton
Roth Steel Corporation
P.O. Box 1354
Syracuse, New York 13201

For: Remediation services rendered for the
Hiawatha Blvd. site gasoline spill.

Professional Services: November 1, 1993 through November 30, 1993

REIMBURSABLE EXPENSES	
Laboratory	1,188.00
Total Reimbursables	1,188.00
TOTAL THIS INVOICE	1,188.00

James Blasting, P.G.

Terms: Net 30 Days
Payment Due Date: January 17, 1994

ROTH STEEL CORPORATION

WORK PLAN FOR EXCAVATION AND LANDFILLING OF PETROLEUM-CONTAINING SOIL

SEPTEMBER 1993

Prepared By:

ERM-NORTHEAST, INC.
6700 Kirkville Road
East Syracuse, New York 13057

ERM-NORTHEAST PROJECT NO. 759.002

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FIGURES

1	*Roll-off Box and Gasoline Soil Location*	*1-2*

1.0 *INTRODUCTION*

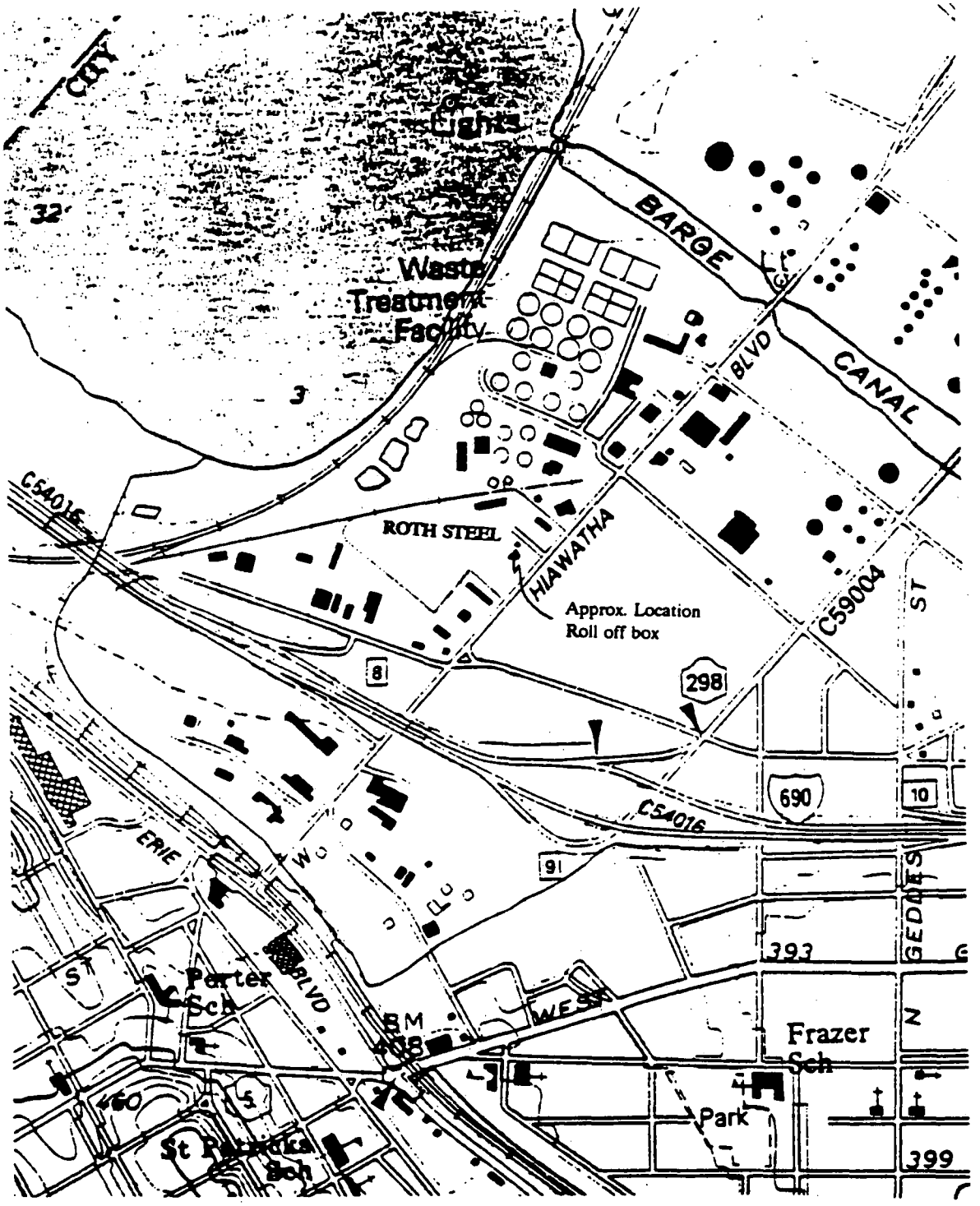
ERM-Northeast, Inc. (ERM) has conducted a preliminary investigation at the Roth Steel Corporation Facility located at 800 W. Hiawatha Boulevard in Syracuse, New York. The investigation focused on the soils underlying a 20'x10'x6' steel open-top (roll-off) box formerly used to collect used automobile gasoline tanks. Standard protocol was to remove, empty, and perforate auto gasoline tanks prior to placement in the roll-off box. Over the years residual fuels appear to have leached from the box and entered the underlying soils. The roll-off box is no longer used and has been removed from the area and Roth no longer accepts gasoline tanks.

This plan presents details governing site work to excavate and dispose of approximately 200 cubic yards of soil containing gasoline residuals.

1.1 *Site Investigation*

The subject site is located on the northwest side of West Hiawatha Boulevard in a highly industrialized area. To the north is an abandoned railroad R-O-W (shown on Figure 1).

The site contains a metal scrap recovery facility. Automobile and appliances are processed to separate and recover components for recycling. According to Seymour Roth, facility co-owner, this site overlies a former City of Syracuse Municipal Waste Landfill and was subsequently utilized by Allied Chemical Corporation for waste disposal. The top of the Allied Chemical Corporation disposal beds are reportedly located three to five feet below current grade.



N

SCALE

0 1000

FEET

Roll-off Box and Gasoline Contaminated Soil		
PREPARED FOR ROTH STEEL CORPORATION		
ERM-Northeast Environmental Resource Management	SCALE 1" = 1000' DATE 9-1-93	FIGURE 1

During initial investigation with a track-mounted excavator, the upper three to four feet of soil was logged as fill overlying a light grey to white course granular material mixed with glass and metal fragments.

The volume of affected soil was estimated by screening soils with an Hnu photo-ionization detector (PID). A threshold concentration of 20 parts per million (PPM) was used to delineate the approximate area of affected soil. The threshold concentration utilized was obtained through discussion with a NYSDEC investigator, Chris Mannes, who performed oversight during the initial investigation.

2.0 *REMEDIATION*

The remedial alternative chosen for this site is to excavate affected soils and to dispose of them off-site at Landfill Technologies, Inc. (LTI) located in West Sand Lake, New York, a NYSDEC permitted landfill.

Soil will be excavated by Roth Steel employees using a track-mounted excavator. The excavator bucket will be cleaned before and after use. Excavated soil will be placed directly into DOT-permitted trucks for transportation directly to LTI. If a delay in truck arrival is encountered, excavated soil will be placed on blacktop or plastic immediately adjacent to the excavation for loading. ERM does not anticipate that soil will be stockpiled overnight, but if this becomes necessary the stockpile will be securely covered by plastic.

Each truck will be weighed empty and full so that the exact weight of disposal soil will be recorded. Bills of laden and disposal certificates will be provided.

During excavation of affected soil, on-site screening of excavated soils and soil in the trench walls and bottom will be performed to monitor the extent of excavation required. Excavation will continue until soils remaining in the ground exhibit PID screening concentrations $\leq$ 20 ppm.

A total of four analytical soil samples from four locations will be collected in the course of the soil excavation. Four samples will be analyzed for total petroleum hydrocarbons (TPH) and four samples will be analyzed for volatile organic chemicals (VOC's) by USEPA Method 8240. Split of the TPH samples will be obtained for future base-neutral analysis if required. Two grab sampling locations shall be along the centerline of the excavation floor at approximately 1/3 and 2/3 of the excavation length. Two

composite sampling locations will incorporate soils from the end and side walls from each half of the excavation.

Analytical data from two composite soil samples previously collected from the affected soils are appended to this plan. One sample was composited on 22 July 1993 and analyzed by USEPA Method 8240. A second soil sample was composited on 26 August 1993 and submitted for TCLP-Metals analysis. Both of the above soil samples were analyzed by Adirondack Environmental Services, Inc. (AES) of Albany, New York. AES will also perform the analyses specified in this plan.

All soil samples collected will be stored and transported via FEDEX with chain-of-custody documentation. Samples will be collected into laboratory supplied containers and stored in a thermally insulated container with a cold source both after collection and while being shipped.

Upon completion of excavation and collection of soil samples, the excavation area will be secured pending analytical results. Once the results are received and the remediation deemed complete, the excavation will be backfilled by Roth Steel with clean fill material from a permitted source.

3.0 *FIELD DOCUMENTATION AND REPORT PREPARATION*

Detailed records of all excavation and loading activity, soil sampling, and air and soil vapor monitoring activities will be kept by ERM personnel. Documentation will include the following:

- dates and times of excavation work, persons present, and all sampling activities;
- geologic description of materials excavated and depths at which lithology change is encountered; and
- procedures for soil vapor monitoring and soil sampling.

All records will be recorded in ink in a bound notebook dedicated to the project. Notebook pages will be consecutively numbered.

Upon field work completion and analytical data receipt, ERM will prepare a brief report which will include all data and the findings resulting from the Work Plan tasks.

4.0 *HEALTH AND SAFETY*

All field work will commence in modified "Level D" protective clothing, including: hard hat, work boots and gloves. The ambient air in the breathing zone will be monitored with a PID during field activities. If the concentration of VOCs in the breathing zone consistently exceeds 5 ppm, work will temporarily cease and the level of personnel protection upgraded. Upgrading may include Tyvek protective coveralls and respiratory protection, utilizing the appropriate filter cartridges.

All on-site activities will be performed in a professional, safe manner in accordance with standard protocol. Site safety requirements will include use of appropriate barricades, barrier tape or other means of preventing accidental injury of site personnel and contractors.

MEMORANDUM

To: Jim Blasting - ERM

From: Bill Spizuoco - ERM BS

Subject: Soil Investigation Below Dinosaur Box Storage Area

Date: 23 July 1993

On 22 July 1993, Bill Spizuoco made the following observation and measurements pertaining to soil screening with an HNu photoionization device (PID) below an area formally containing a roll-off storage box (20' x 10') . The roll-off box had been used to store empty, perforated gasoline tanks and some spillage had reportedly occurred, resulting in gasoline residuals in the soil.

Present at the site were the following people:

Jim Blasting - ERM
Bill Spizuoco - ERM
Bill Widay - Roth Steel
John Locklan - Roth Steel
Chris Mannes - NYS DEC
John Daoust - NYS DEC

Soils were excavated with a track-mounted excavator and screened with the PID. Chris Mannes stated that NYS DEC generally recommends action for soils screened at a total VOC concentration above 20 ppm on a PID. Subsequently, all soils screened at a concentration above this threshold (20 ppm on PID) were either placed into a roll-off box lined with plastic sheeting or stockpiled adjacent to the box and covered with plastic.

Relevant observations were the following:

1. Soils:

   A. Low VOC soil (<20 ppm on PID): Medium brown, medium sand with some silt and well rounded and angular gravel and cobbles.

   B. Soils >20 ppm: Dark brown to black in color, grain size as described above, color of soil closely correlated with PID readings, odor consistent with a degraded

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petroleum product. In a few very limited instances odor of fresher petroleum was detected.

C. Soils > approximately 3 feet depth: a color and texture change in soil was evident, color was light to dark grey (ashen colored) fill with broken bottles at about three feet below grade. PID readings were <20 ppm, odor was substantially reduced from above layer.

2. PID Readings:

PID screening of soil gave a range from <20 ppm to a maximum reading of approximately 250 ppm. Background on the PID away from the excavation ranged from 1 to 5 ppm depending on wind direction and speed.

3. Delineation

Based upon soil screening with the PID, the volume of affected soil is estimated as follows:

80 feet along corrugated fence
20 feet perpendicular to fence
3 feet in depth

$$Volume = [80' x 20' x 3']ft^3 \div 27\frac{ft^3}{yd^3} = 177 yd^3$$

Therefore, 175 to 200 cubic yards (approximately 300 tons) of affected soil is present.

4. Soil Sampling

A single soil sample was collected into three 40 ml vials and shipped to Adirondack Environmental Laboratories for analysis by USEPA Method 8240. The results indicate that gasoline constituents (benzene, toluene, ethylbenzene and xylene) were the only VOC detected. Analytical results are attached.

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Adirondack Environmental Services, Inc.
314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

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LABORATORY REPORT

for

ERM Northeast
6700 Kirkville Road
Suite B 1
East Syracuse, NY 13057

Attention: James Blasting

RECEIVED 7/29/93

Purchase Order #: 759.001

Report date: 07/27/93
Number of samples analyzed: 1
AES Project ID: 930723 P
Invoice #: 127574

ELAP ID#: 10709

AIHA ID#: 12144-001

Adirondack Environmental Services, Inc.

08. 06. 93 09:13AM *ERM NORTHEAST P04

Adirondack Environmental Services, Inc.
314 North Pearl Street
Albany, New York 12207
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CLIENT: ERM Northeast
CLIENT'S SAMPLE ID: ROTH-SOIL-DB
AES sample #: 930723 P01 Samples taken by: B.Spizuoco
MATRIX: soil

Date Sampled: 07/22/93
Date sample received: 07/23/93
Location: Roth Steel composite

PARAMETER PERFORMED	METHOD	RESULT	UNITS	NOTEBK REF	TEST DATE
Chloromethane	EPA-8240	<50	ug/kg	MG-AL-15	07/23/93
Bromomethane	EPA-8240	<50	ug/kg	MG-AL-15	07/23/93
Vinyl Chloride	EPA-8240	<50	ug/kg	MG-AL-15	07/23/93
Chloroethane	EPA-8240	<50	ug/kg	MG-AL-15	07/23/93
Methylene Chloride	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Trichlorofluoromethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,1 Dichloroethene	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,1 Dichloroethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,2-Dichloroethene Total	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Chloroform	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,2 Dichloroethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,1,1 Trichloroethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Carbon Tetrachloride	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Bromodichloromethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,2 Dichloropropane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
t-1,3 Dichloropropene	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Trichloroethene	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Benzene	EPA-8240	3400	ug/kg	MG-AL-15	07/23/93
Dibromochloromethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,1,2 Trichloroethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93

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Adirondack Environmental Services, Inc.
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CLIENT: ERM Northeast
CLIENT'S SAMPLE ID: ROTH-SOIL-DB
AES sample #: 930723 P01
Samples taken by: B.Spizuoco
MATRIX: soil
Date Sampled: 07/22/93
Date sample received: 07/23/93
Location: Roth Steel composite

continued:

PARAMETER PERFORMED	METHOD	RESULT	UNITS	NOTEBK REF	TEST DATE
cis-1,3-Dichloropropene	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
2-Chloroethylvinylether	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Bromoform	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
1,1,2,2 Tetrachloroethane	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Tetrachloroethene	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Toluene	EPA-8240	46,000	ug/kg	MG-AL-15	07/23/93
Chlorobenzene	EPA-8240	<25	ug/kg	MG-AL-15	07/23/93
Ethylbenzene	EPA-8240	51,000	ug/kg	MG-AL-15	07/23/93
Xylenes,Total	EPA-8240	260,000	ug/kg	MG-AL-15	07/23/93

APPROVED BY:
Report date: 07/27/93

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Adirondack Environmental Services, Inc.
314 North Pearl Street
Albany, New York 12207
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CHAIN OF CUSTODY RECORD

CLIENT NAME	PROJECT NAME (Location)	SAMPLERS' (Names)
ERM - NE	ROTH STEEL	BILL SPIZUOCO
ADDRESS: SYRACUSE	PO NUMBER: 759.001	SAMPLERS: (Signature) William Spizuoco

AES SAMPLE NUMBER	CLIENT SAMPLE IDENTIFICATION & LOCATION	DATE SAMPLED	TIME A=a.m. P=p.m.	SAMPLE TYPE MATRIX	COMP	GRAB	NUMBER OF CONT'S	ANALYSIS REQUIRED
			A / P					
ROTH-Soil-DB			A / P					
ROTH-SOIL-DB	1 Sample in	7-22-93	15:20 A / P	Soil	X		3	8240
ROTH-Soil-DB	3 Vials		A / P					
			A / P					
	Location: soil beneath		A / P					
	DINOSAUR BOX		A / P					
			A / P					
			A / P					
			A / P					
			A / P					
			A / P					
		as per T. Daniels	A / P					

Turnaround Time: 24 hours — RESULTS BY noon on 7/26

Laboratory Approval:

Relinquished by: (Signature)	Received by: (Signature)	Date/Time
William Spizuoco		
Relinquished by: (Signature)	Received by: (Signature)	Date/Time
Relinquished by: (Signature)	Received by: (Signature)	Date/Time

Dispatched by: (Signature)	Date/Time	Received for Laboratory by:	Date/Time
		C A Guadarelli	7/28/93 11:30

Method of Shipment:	Send Report To:	Client Phone No.:

The Laboratory reserves the right to return hazardous samples to the client or may levy a fee of $10.00 per container for disposal.

WHITE - Lab Copy YELLOW - Sampler Copy PINK - Generator Copy

Adirondack Environmental Services, Inc.

08.05.93 09:13AM *ERM NORTHEAST P07

Adirondack Environmental Services, Inc.
314 North Pearl Street
Albany, New York 12207
518-434-4546/434-0891 FAX

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TERMS, CONDITIONS & LIMITATIONS

All Services rendered by **Adirondack Environmental Services, Inc.** are undertaken and all rates are based upon the following terms:

(a) Neither **Adirondack Environmental Services, Inc.**, nor any of its employees, agents or sub-contractors shall be liable for any loss or damage arising out of **Adirondack Environmental Services, Inc.'s** performance or non-performance, whether by way of negligence or breach of contract, or otherwise, in any amount greater than twice the amount billed to the customer for the work leading to the claim of the customer. Said remedy shall be the sole and exclusive remedy against **Adirondack Environmental Services, Inc.** arising out of its work.

(b) All claims made must be in writing within forty-five (45) days after delivery of the **Adirondack Environmental Services, Inc.** report regarding said work or such claim shall be deemed as irrovacably waived.

(c) **Adirondack Environmental Services, Inc.** reports are submitted in writing and are for our customers only. Our customers are considered to be only those entities being billed for our services. Acquisition of an **Adirondack Environmental Services, Inc.** report by other than our customer does not constitute a representation of **Adirondack Environmental Services, Inc.** as to the accuracy of the contents thereof.

(d) In no event shall **Adirondack Environmental Services, Inc.**, its employees agents or sub-contractors be responsible for consequential or special damages of any kind or in any amount.

(e) No deviation from the terms set forth herein shall bind **Adirondack Environmental Services, Inc.** unless in writing and signed by a Director of **Adirondack Environmental Services, Inc.**

08. 05. 93 09:13AM *ERM NORTHEAST P08

ERM-Northeast

6700 Kirkville Road
Suite B1
East Syracuse, NY 13057
(315) 437-0677
(315) 437-2025 (Fax)

15 July 1993

Mr. George Stanton
Roth Steel Corporation
P. O. Box 1354
Syracuse, New York 13201

ERM

RE: Proposal for Environmental Engineering Support for the
Hiawatha Boulevard Facility
Syracuse, New York
ERM-Northeast Proposal No. SS78S

Dear Mr. Stanton:

ERM-Northeast, Inc. (ERM) appreciates the opportunity to provide this proposal for supporting Roth Steel Corporation (Roth) in negotiating and implementing a limited environmental evaluation of the subject site. This proposal addresses evaluating environmental conditions at the facility, primarily at the area of "fluff" disposal, and representing Roth at meetings with the New York State Department of Environmental Conservation (NYSDEC). The following sections of this proposal present ERM's understanding of the project and associated costs.

SCOPE OF WORK

The Roth facility has been subject to several recent inspections by NYSDEC and the Onondaga County Department of Drainage and Sanitation (Sanitation Department). Based on those visits, NYSDEC is requesting that several actions be implemented as follows:

- preparation of a Statement of Work (SOW) for investigation of the fluff disposal area; and

- upon approval by NYSDEC, implementation of that SOW.

A member of the Environmental Resources Management Group

Furthermore, Roth as agreed to excavate soil in the former "dinosaur box" area and secure the soil on-site until proper disposal can be arranged. Additional work may be required based on further negotiations with NYSDEC and the results of the above-listed tasks.

In response to Roth's request, ERM will provide the following services:

- provide senior ERM personnel to represent Roth at site meetings and negotiations (this proposal provides for a total of five meetings);
- represent Roth during one dye-testing event by the Sanitation Department;
- prepare a SOW for evaluating the fluff disposal area;
- implement the SOW upon approval by NYSDEC;
- provide oversight and sampling during excavation of the soil in the dinosaur box area (a total of four soil samples for total volatile organic compounds is anticipated; soil handling and disposal is **not** included); and
- prepare a summary report of activities.

COST

ERM will provide these services on a time-and-materials basis using the rates structure provided as Exhibit A. Only those services requested by Roth will be performed and ERM will charge only those cost incurred. The following cost estimate is provided for Roth planning purposes:

1.	Meetings (five total):	$5,000.00
2.	Dye Testing (one event):	$ 600.00

3.	Prepare SOW:	$3,500.00
4.	Implement SOW (estimate):	$5,000.00
5.	Dinosaur Box Area Excavation (estimate):	$2,800.00
6.	Summary Report (estimate):	$3,000.00

ERM

Total estimated probable cost for implementing the scope as presently defined is **$19,900.00**. Items 4, 5 and 6 are "rough" estimates because the SOW has not yet been established and the extent of excavation in the former dinosaur box area is not known. Once again, ERM will charge only those costs incurred and will make every effort to control cost.

Furthermore, ERM is qualified and available to support Roth in additional meetings with NYSDEC and other parties, additional sampling or other site evaluation as needed, testing and disposal of any generated waste, evaluating permit requirements, and providing other environmental engineering services as needed.

The performance of services by ERM-Northeast shall be governed by ERM's General Terms and Conditions dated January, 1990; a copy of which is attached to and incorporated as part of this proposal and any future agreements.

If this proposal is acceptable to you, please indicate your agreement by signing in the space provided below and by returning to the undersigned the executed copy of this proposal (facsimile accepted). Upon receipt of the acceptance copy, ERM-Northeast will commence the performance of the services described herein.

Thank you for the opportunity to present this proposal. If you have any questions or need additional information, please feel free to call me at (315) 437-0677. We look forward to your favorable response.

Sincerely,

James F. Blasting, C.P.G.
Associate
Syracuse Office Manager

Attachments

cc: Sidney L. Manes, Esq.

Agreed and Accepted By:
Roth Steel Corporation

Printed Name	Signature
Title	Date

CONSULTANTS EXHIBIT A

TIME AND MATERIALS RATES
ERM-NORTHEAST, INC.

LABOR RATES ($)	
President	175.00/hour
Principal	140.00/hour
Project Director	110.00/hour
Project Manager	100.00/hour
Project Geologist/Engineer	70.00-75.00/hour
Senior Geologist/Engineer	60.00-65.00/hour
Geologist/Engineer	50.00-55.00/hour
Technician	45.00/hour
Administrative	40.00/hour
CADD Operator	50.00/hour
EXPENSE RATES	
Field Equipment	See Attached
Computer Time	20.00/hour
Reproduction	0.15/page
Facsimile	0.25/page
Mileage	0.28/mile
Expense Items (lodging, meals, etc.)	Cost plus 10%
Subcontractors	Cost plus 10%
Telephone	2% of monthly labor charge

Attachment II - Exhibit A
ERM-Northeast, Inc.
Equipment Charging Rates

EQUIPMENT	MANUFACTURER	MODEL	RATE
Air Sampling Pumps	SKC	224-PCXR3	$10/day/each
Stainless Steel Hand Auger	Soiltest	4"	$10/day
Clear Plexiglass Bailers	Long Island Pollution Services	2" diam. x 24"	$5/day
Norwell Teflon Bailers	Norton	1050cc	$5/day/pb
Camera	Fuji	DL-150	$5/day
Camera	Minolta	Freedom 250	$5/day
Bottom Sampling Dredge	LaMotte Chemical	1061	$10/day
Drager Tube Sampler	Drager	CH 304D	$10/day
Generator	Generac	09397-0	$50/day
Hot Water Bath	Napco	5210	$25/day
LEL Meter	Enmet	CSG-90	$25/day
M-Scope metal detector)	Fisher Scientific	TW-6	$25/day
Organic Vapor Analyzer (OVA)	Foxboro	128 GC	$75/day $300/week $1000/month
OVA Recorder	Foxboro	288	
OVA GC Injection Port	Foxboro		
pH Meter (#1)	Orion Research	SA-210	$25/day
pH Meter (#2)	Accumet	955	$25/day
Soil Gas Probe System	KVA	Model 14	$20/day
Steel Electrician's Fish Tape	Greenlee	100' x 1/8"	$2/day
Steel Tape with Plunker		100'	$2/day
Submersible Pump	Grundfos	Redi-Flo2	$25/day
Temperature-Level-Conductivity T-L-C Meter	Yellow Springs Instruments (YSI)	3000	$25/day
Electronic Digital Thermometer	Fisher	NIST	$5/day
Turbidity Meter	LaMotte Chemical	2008	$10/day
ERM Trucks	Chevrolet Ford	Blazer F-150	$100/day $400/week $1200/month
ERM Van	Ford	1991 Aerostar	$100/day $400/week $1200/month
Water Level Meter	Slope Indicator	51453-50'	$15/day
Water Level Meter	Slope Indicator	51453-100'	$15/day

General Terms and Conditions

1. References herein to "ERM" refer to ERM-Northeast, Inc. and/or ERM-Northeast Engineers, P. C. References herein to "Project" mean the project as defined in ERM's written proposal to the client. Any proposal submitted by ERM for the performance of a proposed Project shall be firm for a period of sixty (60) days. Upon the expiration of such period, ERM reserves the right to modify the proposed basis of payment and fees to allow for changing costs and to adjust the time of performance to conform to changing work loads.

2. Unless ERM's proposal provides otherwise, the proposed fees constitute ERM's estimate of the probable cost required to complete the proposed Project. The estimated probable cost identified in ERM's proposal shall not be deemed to be either a guaranteed maximum or "guaranteed not-to-exceed" amount with respect to the cost of performing the Project identified in any such proposal. However, in performing any Project, ERM will not proceed to expend more than the amount identified as the estimated probable cost in ERM's proposal without the client's prior approval.

3. Cost and schedule commitments contained in ERM's proposal shall be subject to renegotiation for unreasonable delays caused by the client's failure to provide specified facilities or information or for delays caused by unpredictable occurrences such as fires, floods, strikes, riots, unavailability of labor or materials or services, process shutdown, acts of God or of the public enemy, or acts or regulations of any governmental agency. Work stoppage or interruption caused by any of the above may result in additional cost (requiring a change in scope) beyond that identified in ERM's proposal for performance of the Project, entitling ERM to an adjustment to the cost and schedule.

4. Where the method of payment for ERM's services is on a time-and-material or cost reimbursable basis, the following commercial terms shall apply:

   a. The minimum time segment for charging of field work is four (4) hours. For work done at any of ERM's offices, the minimum time segment for charging is one-half hour. There is no premium charge for overtime.

   b. Where any agreement is based on the salary cost of specific individuals, normal and customary salary increases will become effective immediately upon ERM authorization and will be reflected in the next invoice submitted to the client.

   c. Expenses properly chargeable to the Project shall include: travel and living expenses of ERM personnel on business connected with the Project; shipping costs; reproduction, bindery and FAX costs at ERM's standard rates; computer usage and record processing time and software; equipment rental charges; professional, analytical and technical subcontractors and advisors retained in connection with the Project; identifiable drafting and stenographic supplies; and expendable materials and supplies purchased specifically for the Project. A 15 percent handling and administrative charge will be added to all third party Project expenses. If the services covered by any ERM proposal are subject to local or state taxes or fees, such additional costs will be charged to the Project and reimbursed by the client.

   d. In lieu of all other itemized telephone communication charges (other than FAX charges), a communications charge of two percent of the amount of ERM labor charges reflected on each invoice will be billed to defray telephone communication costs for clients beyond ERM's telephone service area. Clients within that area will be subject to a 0.5 percent communications charge.

5. Invoices will be submitted on a monthly basis payable upon receipt. Unpaid balances shall be subject to interest at the rate of 1.5 percent per month or the maximum permissible under state law, whichever is less, starting 30 days from the invoice date. Payments received will be applied first to any accrued interest, with the balance of the payment then applied to any unpaid fees. In addition, ERM may, after giving seven (7) days written notice, suspend services under any agreement without liability until all past due accounts (including fees and accrued interest) have been paid. Timely payment is a substantial condition of client's performance of any agreement between ERM and client. In the event ERM must take legal action to be paid for its services and prevails, all collection and legal costs associated with such action shall be reimbursed by the client.

6. Except as provided in Paragraph 5, any agreement may be terminated in whole or in part in writing by either party in the event of substantial or material failure by the other party to fulfill its obligations under such agreement through no fault of the terminating party, provided that no such termination shall be effective unless the other party is given (1) not less than ten (10) calendar days written notice of intent to terminate and (2) an opportunity for consultation with the terminating party prior to the effective date of such termination.

   A final invoice will be calculated on the first or fifteenth of the month (whichever comes first) following the effective date of termination.

   a. Where the method of payment is based on a "lump sum" the final invoice will be based on the percentage of the work completed up to the effective date of termination.

   b. Where the method of payment is based on time and materials, the final invoice will be based on reimbursement for all services and expenses associated with the Project up to the effective date of termination.

   c. Where the method of payment is based on cost plus a fixed fee, the final invoice will be based on reimbursement for all costs up to the effective date of termination and a pro-rata share of the fixed fee.

   For each of the above methods of preparing the final invoice, there shall be an additional charge for Project closeout equal to three percent of all Project billings up to the effective date of termination. This closeout charge shall not be considered a penalty, but represents an allowance for recovery of costs for demobilization and reassignment of personnel and equipment on short notice.

7. Insurance
   a. ERM shall maintain policies of insurance for the following types of coverage, each (with the exception of Workers' Compensation) with a limit of liability of $1,000,000, combined single limit:
      - Workers' Compensation (statutory) and Employer's Liability;
      - Comprehensive General Liability; and
      - Comprehensive Automotive Liability

      ERM shall, at the client's request, provide the client with a certificate of insurance or other satisfactory evidence that such insurance has been obtained and that such policies are maintained in force throughout the period in which ERM provides services to the client under any agreement.

   b. Upon the mutual agreement of ERM and the client, ERM shall procure and maintain one or more policies of insurance in addition to the types of insurance described above or procure policies of insurance coverage of the same types described above with increased policy limits, to the extent that such insurance is available. Additional premiums and costs incurred by ERM in connection with obtaining such additional or different policies of insurance shall be reimbursed by the client as an additional Project expense.

8. Indemnification
   a. ERM shall indemnify and hold harmless the client and its directors, officers, employees, and agents from and against all liability, claims, suits, losses, damages, costs and demands, including reasonable legal expenses and attorney's fees connected therewith, on account of personal injury, including death, or property damage, sustained by any person or entity not a party to any agreement between ERM and client and arising out of or connected with the performance of such agreement, to the extent such injury, death or damage is caused by the sole or contributory negligence or willful misconduct of ERM or its subcontractors or their respective employees, officers and agents; provided that such injury, death or damage is not occasioned by the sole negligence of client or its contractors or their respective employees, officers and agents; and provided further, that ERM's liability under this indemnity provision shall be limited to and not exceed the insurance coverages and associated limits of liability which ERM is required to secure pursuant to Paragraph 7, hereof; and provided further, that ERM's obligation hereunder shall not extend to indemnification or holding harmless of a party indemnified hereunder for any claims of loss of profits or any other indirect, special, incidental or consequential damages of any nature whatsoever.

RESIDUE CHARACTERIZATION REPORT

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

DECEMBER, 1993

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

93125

INTRODUCTION

Roth Steel Corporation is located on Hiawatha Boulevard in Syracuse, Onondaga County, New York. At the request of the New York Department of Environmental Conservation, the Company has investigated the chemical characteristics of shredder residue placed on its property. The investigation was conducted with the assistance of W. Z. Baumgartner & Associates, Inc., Consulting Engineers, in accordance with the Sampling and Characterization Plan developed by the Engineers and approved for use by the Department in its correspondence dated August 31, 1993.

SCOPE OF WORK

W. Z. Baumgartner & Associates, Inc., Consulting Engineers, performed the sample collection as described in the Sampling and Characterization Plan and in accordance with our sampling protocols established in the document entitled *Sampling, Analysis And Data Review Of Shredder Residue*. Individual samples were analyzed in accordance with Method 1311, Toxicity Characteristic Leaching Procedure (TCLP) and Method 8080 for polychlorinated biphenyls (PCB). Moisture content determinations were also performed.

FINDINGS

Each of the suspect areas, identified as Cell No. 1 and Cell No. 2, did contain shredder residue. Typically, one to four feet of sand or sandy soil cover and approximately two to four feet of shredder residue was encountered overlying material identified as Allied

waste. This material was found at depths of five to seven feet. Exhibit No. 4 presents the result of the Toxicity Characteristic Leaching Procedure conducted on Cell No. 1, Sample No. 8, while Exhibit No. 5 presents the results of TCLP cadmium and lead determinations. Exhibit No. 6 presents the result of the Toxicity Characteristic Leaching Procedure conducted on Cell No. 2, Sample No. 32, while Exhibit No. 7 presents the results of TCLP cadmium and lead determinations. Exhibit No. 8 presents the results of constituent PCB and moisture content determinations conducted on samples collected from Cell No. 1, while Exhibit No. 9 presents the results of constituent PCB and moisture content determinations for Cell No. 2. Appendix A contains statistical analyses of the PCB data generated for Cell No. 1 and Cell No. 2.

As shown in the Exhibits, none of the monitored TCLP parameters were present in either cell at concentrations subject to regulation pursuant to 40 CFR Part 261. Polychlorinated biphenyls were found to be present in samples obtained from Cell No. 1 at a mean concentration of 48.5 mg/kg (dry weight). Samples collected from Cell No. 2 indicate a mean PCB concentration of 78.0 mg/kg (dry weight). Based on this data, the material in Cell No. 2 may be subject to regulation pursuant to 40 CFR Part 761.

OPINIONS

The transport, fate and toxicity of polychlorinated biphenyls has been the subject of considerable study since the enactment of the Toxic Substances Control Act. Treatment technologies are being developed and refined at an ever increasing pace as more scientifically based information is accumulated. Recent toxicology studies indicate no causal link between PCB exposure and significant chronic health effects, namely cancer. While animal studies have been used to justify the human carcinogenic status of all PCB, the results of these same studies present inconclusive evidence of animal carcinogenity for less highly chlorinated PCB,

such as those encountered at the subject site. OSHA has established a permissible exposure level (PEL) for Aroclor 1242 at a level 2.6 times the PEL for Aroclor 1260. Aroclor 1242 is the most prevalent compound in the subject area and is not identified nor confirmed as either a human or animal carcinogen in studies performed to date.[1]

A number of studies regarding the transport and fate of PCB have been performed to date. These studies suggest less chlorinated isomers, such as Aroclor 1242, are more readily degraded by microbial activity than are more chlorinated isomers. PCB are hydrophobic and are readily absorbed onto available solid surfaces[2]. Numerous studies confirm the immobility of PCB from solid material, and an EPA study specifically addressing shredder residue found PCB are less likely to migrate form shredder residue than from soil[3]. This affinity for solid matter may enhance the degradation of PCB by microbial activity[4,5]. Several species of micro-organisms have been found to achieve significant degradation of PCB in relatively short periods of time. However, in the absence of sufficient microbial populations, little microbial degradation may be expected.

OBSERVATIONS AND RECOMMENDATIONS

Based on the data generated during the characterization, PCB is present in Cell No. 2 at a mean concentration of 78.0 mg/kg. While this concentration exceeds the regulatory threshold of 25 mg/kg, the shredder residue in question poses no imminent threat to human health or the environment. Exposure to PCB contained in the shredder residue would most likely occur from physical contact with the solid material, physical contact with affected groundwater or leachate and/or volatilization during excavation and transport.

Three remedial alternatives are offered for consideration. They are:

1) Removal and disposal in TSCA facility
2) Limit access/minimize infiltration
3) No action

The first alternative would involve excavation of all residue in Cell No. 2 and transporting to a TSCA land disposal facility in compliance with 40 CFR 761.75. The estimated cost of this alternative is $1,385,500, which would not include confirmation analyses and engineering. The second option would include installation of secure fencing around the extents of Cell No. 2 and construction of an improved surface over the fill material. The estimated cost for this alternative is $71,500 if a concrete surface is chosen, and $38,750 if a compacted clay cap and vegetative cover is selected. The third alternative would require no action.

Based on the properties of PCB discussed in this report, the Engineers believe groundwater monitoring wells would be of little benefit in this situation. Installation and periodic monitoring costs would be better utilized in controlling access to the area. The most cost efficient alternative with respect to minimizing risk to human health and the environment would be Option 2 using a naturally vegetated surface over a layer of compacted clay. This alternative will a) immediately and effectively minimize the opportunity for exposure via physical contact, b) immediately and effectively reduce the amount of precipitation moving through the material in question and c) eliminate the opportunity for contaminant migration due to physical manipulation. This alternative will also allow the Company to evaluate developing technologies and allow for the application of remedial methods, such as in-situ bioremediation, with a minimal loss of capital expenditures. An infiltration gallery and leachate collection/recirculation system can be installed by trenching the soil/clay cap,

allowing the application of proprietary microbe cultures specifically engineered for the degradation of lower chlorinated isomers, such as Aroclor 1242. The Allied beds underlying Cell No. 2 should offer some attenuation of potential contaminant migration, should this migration be at issue. However, the solubility, mobility and adsorption properties of PCB previously discussed firmly establish Option 2 as the alternative of choice.

REFERENCES

[1] Harbison, Dr. R.D., Dr. R.C. James and Dr. S.M. Roberts, 1987, Biological Data Relevant To The Evaluation Of Carcinogenic Risk To Humans: University of Arkansas, School of Medicine, Division of Interdisciplinary Toxicology For Scientific Advisory Panel, Safe Drinking Water And Toxic Enforcement Act, State of California, pg iii-v, 26-29.

[2] Wilson, D.J., J.M. Brown and P.C. Sundareswaran 1981, Migration of Polychlorinated Biphenyls (PCBs) From Hazardous Waste Landfills: Review And Laboratory Study: Vanderbilt University, pg 7.

[3] EPA, 1991, PCB, Lead and Cadmium Levels In Shredder Waste Materials: A Pilot Study: Office of Toxic Substance, Office of Solid Waste, EPA-560/5-90-008B, pg. 5-23,24,25,26,31.

[4] EPA, 1980, Attenuation of Water-Soluble Polychlorinated Biphenyls By Earth Materials: Municipal Environmental Research Laboratory, EPA-600/2-80-027, pg iv, 1-13.

[5] Prosser, H.J., 1985, Polychlorinated Biphenyls (PCBs) - Environmental Options For Disposal: Warren Spring Laboratory, Stevenage, Hertfordshire, UK, pg. 11.

EXHIBITS

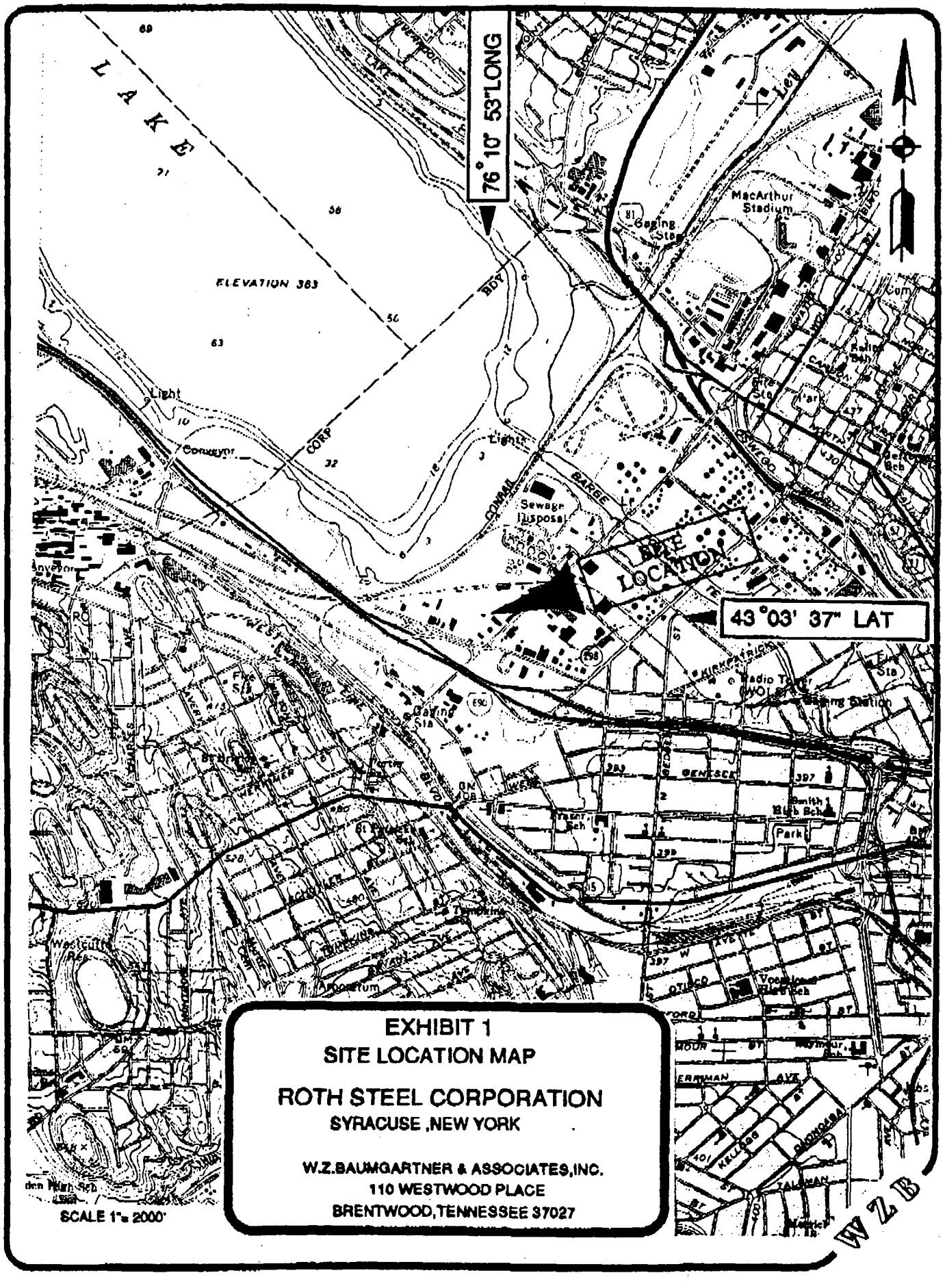


EXHIBIT 1

SITE LOCATION MAP

ROTH STEEL CORPORATION

SYRACUSE ,NEW YORK

W.Z.BAUMGARTNER & ASSOCIATES,INC.
110 WESTWOOD PLACE
BRENTWOOD,TENNESSEE 37027

WZB

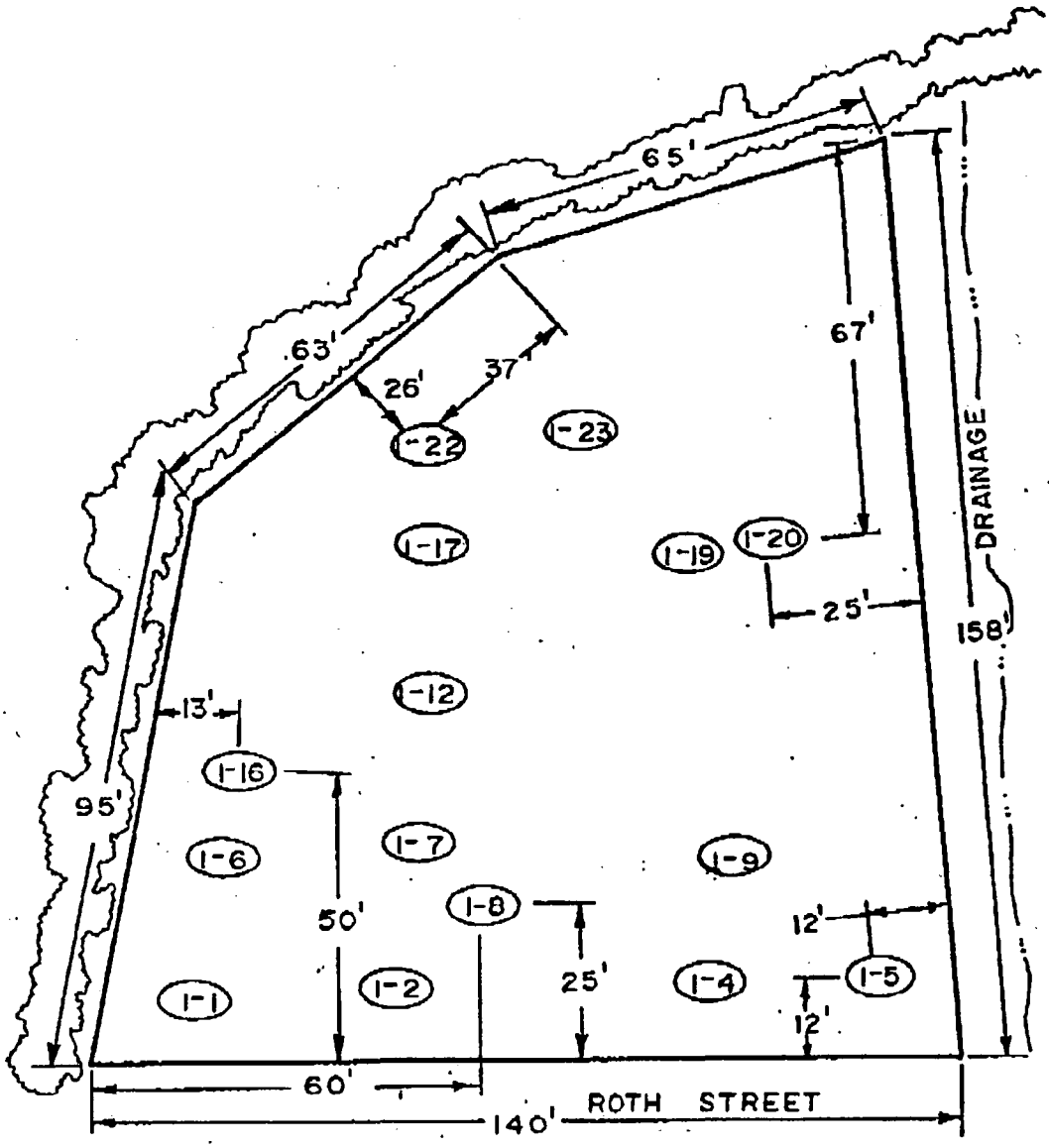


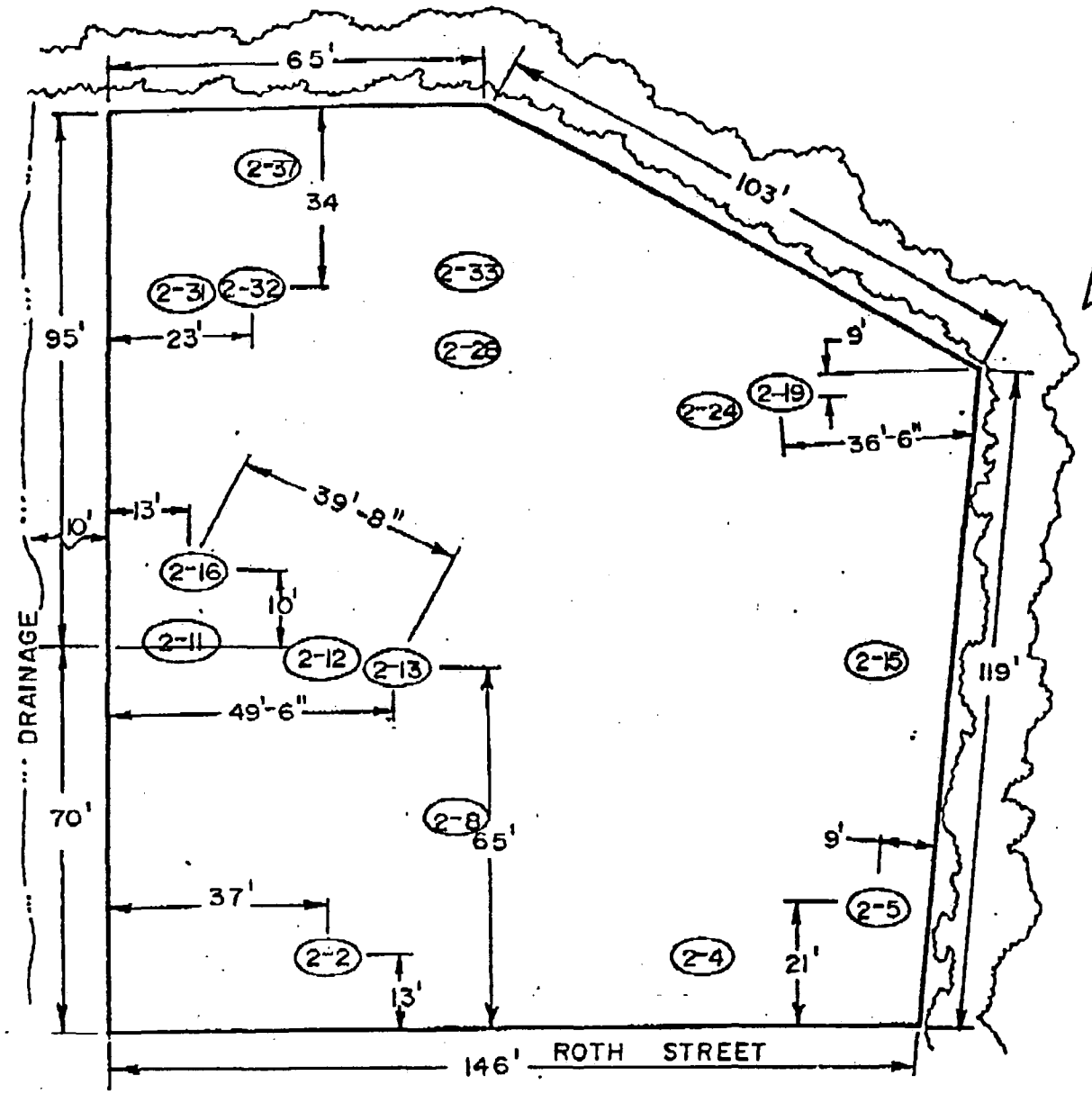
EXHIBIT NO. 2
CELL NO. 1
ROTH STEEL COMPANY
SYRACUSE ,NEW YORK

W.Z. BAUMGARTNER & ASSOCIATES, INC.
P.O. BOX 786
BRENTWOOD, TENNESSEE 37024

93071

Scale :1" =30'

WZB



NOTE: TRENCH CUT FROM SAMPLE POINT 2-16 TO POINT 2-13 NO SAMPLE WAS TAKEN AT POINT 2-13. PURPOSE OF TRENCH WAS TO SHOW CONSISTENCY OF MATERIALS.

EXHIBIT NO. 3
CELL NO. 2
ROTH STEEL COMPANY
SYRACUSE, NEW YORK

W.Z. BAUMGARTNER & ASSOCIATES, INC.
P.O. BOX 786
BRENTWOOD, TENNESSEE 37024

93071

Scale :1" =30'

WZB

EXHIBIT NO. 4

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 1

TCLP DETERMINATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	1-8 (30358)	% SPIKE RECOVERY (30358)
PARAMETER		
TCLP EXTRACTABLE METALS[1]		
Arsenic	<0.10	92%
Barium	3.53	103%
Cadmium	<0.10	89%
Chromium, Total	<0.50	98%
Lead	<0.50	91%
Mercury	<0.010	102%
Selenium	<0.10	77%
Silver	<0.10	93%
TCLP SEMI-VOLATILE ORGANIC COMPOUNDS[2]		
	(30354)	(30354)
Pyridine	<0.10	21
O-Cresol	<0.10	55
M,P-Cresol	0.14	52
1,4-Dichlorobenzene	<0.10	52
2,4-Dinitrotoluene	<0.10	59
Hexachlorobutadiene	<0.10	53
Hexachloroethane	<0.10	49
Nitrobenzene	<0.10	75
Pentachlorophenol	<0.10	64
2,4,5-Trichlorphenol	<0.10	81
2,4,6-Tri Cl Phenol	<0.10	66
Hexachlorobenzene	<0.10	65

WZB

EXHIBIT NO. 4 (CONTINUED)

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 1

TCLP DETERMINATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	1-8 (30402)	% SPIKE RECOVERY (30402)
PARAMETER		
TCLP VOLATILE ORGANIC COMPOUNDS[3]		
Benzene	<0.10	82%
Carbon Tetrachloride	<0.10	78%
Chlorobenzene	<0.10	82%
Chloroform	<0.10	82%
1,2-Dichloroethane	<0.10	84%
1,1-Di-Cl-Ethylene	<0.10	80%
2-Butanone (Mek)	<1.0	40%
Tetrachloroethylene	<0.10	80%
Trichloroethylene	<0.10	78%
Vinyl Chloride	<0.10	70%

[1]Method No. 6010/7740/7470/7060
[2]Method No. 3510/8270
[3]Method No. 8240

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EXHIBIT NO. 5

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 1

TCLP EXTRACTABLE CADMIUM AND LEAD

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	CADMIUM (mg/l)[1]	LEAD (mg/l)[1]
1-1 (30815)	<0.10	<0.50
1-2 (30752)	<0.10	<0.50
1-4 (30813)	<0.10	<0.50
1-5 (30361)	0.16	<0.50
1-6 (30756)	<0.10	<0.50
1-7 (30753)	<0.10	<0.50
1-8 (30358)	<0.10	<0.50
1-9 (30359)	<0.10	<0.50
1-12 (30755)	<0.10	<0.50
1-16 (30356)	<0.10	<0.50
1-17 (30810)	0.10	<0.50
1-19 (30779)	<0.10	<0.50

WZB

EXHIBIT NO. 5 (CONTINUED)

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 1

TCLP EXTRACTABLE CADMIUM AND LEAD

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	CADMIUM (mg/l)	LEAD (mg/l)
1-20 (30357)	<0.10	<0.50
1-22 (30363)	<0.10	<0.50
1-23 (30754)	<0.10	<0.50
MEAN	**0.10**	**<0.50**
STANDARD DEVIATION	**0.02**	**0.00**
MEDIAN	**<0.10**	**<0.50**

[1]EPA Method 1311

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EXHIBIT NO. 6

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 2

TCLP DETERMINATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	2-32 (30360)	% SPIKE RECOVERY (30360)
PARAMETER		
TCLP EXTRACTABLE METALS[1]		
Arsenic	<0.10	89%
Barium	2.89	100%
Cadmium	<0.10	88%
Chromium, Total	<0.50	97%
Lead	<0.50	90%
Mercury	<0.010	109%
Selenium	<0.10	77%
Silver	<0.10	93%
TCLP SEMI-VOLATILE ORGANIC COMPOUNDS[2]		
	(30355)	(30355)
Pyridine	<0.10	20
O-Cresol	<0.10	47
M-Cresol	<0.10	49
P-Cresol	<0.10	49
1,4-Dichlorobenzene	<0.10	53
2,4-Dinitrotoluene	<0.10	30
Hexachlorobutadiene	<0.10	62
Hexachloroethane	<0.10	44
Nitrobenzene	<0.10	74
Pentachlorophenol	<0.10	62
2,4,5-Trichlorphenol	<0.10	67
2,4,6-Tri Cl Phenol	<0.10	56
Hexachlorobenzene	<0.10	51

WZB

EXHIBIT NO. 6 (CONTINUED)

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 2

TCLP DETERMINATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	2-32 (30403)	% SPIKE RECOVERY (30403)
PARAMETER		
TCLP VOLATILE ORGANIC COMPOUNDS[3]		
Benzene	<0.10	84%
Carbon Tetrachloride	<0.10	78%
Chlorobenzene	<0.10	84%
Chloroform	<0.10	100%
1,2-Dichlorocthane	<0.10	82%
1,1-Di-Cl-Ethylene	<0.10	96%
2-Butanone (Mek)	<1.0	50%
Tetrachloroethylene	<0.10	84%
Trichloroethylene	<0.10	76%
Vinyl Chloride	<0.10	84%

[1]Method No. 6010/7740/7470/7060
[2]Method No. 3510/8270
[3]Method No. 8240

W. Z. BAUMGARTNER & ASSOCIATES, INC.
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EXHIBIT NO. 7

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 2

TCLP EXTRACTABLE CADMIUM AND LEAD

SEPTEMBER 22/OCTOBER 21, 1993

SAMPLE ID	CADMIUM (mg/l)[1]	LEAD (mg/l)[1]
2-2 (30364)	<0.10	<0.50
2-4 (30816)	<0.10	<0.50
2-5 (30780)	0.14	0.74
2-8 (30786)	0.11	<0.50
2-11 (30811)	0.13	<0.50
2-12 (30787)	0.17	<0.50
2-15 (30814)	0.13	<0.50
2-16 (30812)	<0.10	<0.50
2-19 (30362)	<0.10	<0.50
2-24 (30783)	<0.10	<0.50
2-28 (30781)	0.11	<0.50
2-31 (30782)	<0.10	<0.50

WZB

EXHIBIT NO. 7 (CONTINUED)

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 2

TCLP EXTRACTABLE CADMIUM AND LEAD

SEPTEMBER 22/OCTOBER 21, 1993

SAMPLE ID	CADMIUM (mg/l)	LEAD (mg/l)
2-32 (30360)	<0.10	<0.50
2-33 (30785)	<0.10	<0.50
2-37 (30784)	<0.10	<0.50
MEAN	**0.11**	**0.52**
STANDARD DEVIATION	**0.02**	**0.06**
MEDIAN	**<0.10**	**<0.50**

[1]EPA Method 1311

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
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Brentwood, TN 37024-0786

a\93125

WZB

EXHIBIT NO. 8

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 1

PCB CONCENTRATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	PCB (mg/kg)		
	AS IS	% DRY WEIGHT	PCB AS DRY WEIGHT
1-1 (30698)	6.03	83.6	7.2
1-2 (30699)	29.7	82.6	35.9
1-4 (30700)	<5.6	88.1	<5.6
1-5 (30333)	33.9	80.6	42.0
1-6 (30702)	96.8	75.0	129.1
1-7 (30701)	43.4	79.5	54.6
1-8 (30330)	58.0	77.5	74.8
1-9 (30332)	55.0	81.3	67.6
1-12 (30703)	39.0	85.0	45.9
1-16 (30334)	24.5	84.4	29.0
1-17 (30704)	55.2	79.8	69.2

WZB

EXHIBIT NO. 8 (CONTINUED)

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 1

PCB CONCENTRATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	PCB (mg/kg)		
	AS IS	% DRY WEIGHT	PCB AS DRY WEIGHT
1-19 (30706)	47.3	86.3	54.8
1-20 (30331)	77.0	81.3	94.9
1-22 (30335)	9.0	76.3	11.8
1-23 (30705)	<4.88	79.8	<4.88
MEAN	**39.0**	**81.4**	**48.5**
STANDARD DEVIATION	**27.2**	**3.7**	**35.5**
MEDIAN	**39.0**	**81.3**	**45.9**

W. Z. BAUMGARTNER & ASSOCIATES, INC.
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EXHIBIT NO. 9

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 2

PCB CONCENTRATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	PCB (mg/kg)		
	AS IS	% DRY WEIGHT	PCB AS DRY WEIGHT
2-2 (30337)	70.0	80.6	86.8
2-4 (30714)	75.7	82.2	92.1
2-5 (30713)	83.0	77.6	106.9
2-8 (30715)	71.6	83.0	86.3
2-11 (30717)	41.3	69.2	59.7
2-12 (30716)	45.8	78.7	58.2
2-15 (30712)	86.9	83.0	104.7
2-16 (30718)	48.2	82.3	58.6
2-19 (30336)	36.0	78.3	46.0
2-24 (30711)	85.5	82.8	103.3
2-28 (30710)	83.7	82.9	101.0

WZB

EXHIBIT NO. 9 (CONTINUED)

ROTH STEEL COMPANY
SYRACUSE, NEW YORK

WASTE CHARACTERIZATION
CELL 2

PCB CONCENTRATION

SEPTEMBER 22/OCTOBER 20, 1993

SAMPLE ID	PCB (mg/kg)		
	AS IS	% DRY WEIGHT	PCB AS DRY WEIGHT
2-31 (30709)	13.2	87.4	15.1
2-32 (30338)	60.0	83.8	71.6
2-33 (30708)	70.1	76.9	91.1
2-37 (30707)	74.1	83.8	88.4
MEAN	**63.0**	**80.8**	**78.0**
STANDARD DEVIATION	**21.7**	**4.3**	**26.0**
MEDIAN	**70.1**	**82.3**	**86.8**

W. Z. BAUMGARTNER & ASSOCIATES, INC.
Consulting Engineers
P. O. Box 786
Brentwood, TN 37024-0786

a\93125

WZB

APPENDIX A

APPENDIX A

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

OPTION 1 **REMOVAL OF SHREDDER RESIDUE IN CELL NO. 2 TO TSCA FACILITY**

Estimated Area		22,500 sf
Estimated Depth of Material		4 ft
Estimated Volume		90,000 cf
	=	3,333 cy
Unit Cost-Disposal	=	$400/cy
Estimated Disposal Cost	=	$1,333,333
Cover Excavation 1667 cy @ 3.00	=	5,000
SR Excavation 3333 cy @ 5.00	=	16,665
Clean Fill - Import 3333 cy @ 7.50	=	24,998
Replace Cover 1667 cy @ 2.50	=	4,168
Establish Vegetative Cover	=	1,336
ESTIMATED COST		$1,385,500

Not including confirmation sampling; assuming transport up to 200 mi included in disposal cost

APPENDIX A

ROTH STEEL CORPORATION
SYRACUSE, NEW YORK

OPTION 2 **LIMIT ACCESS TO CELL NO. 2 AREA AND SURFACE**

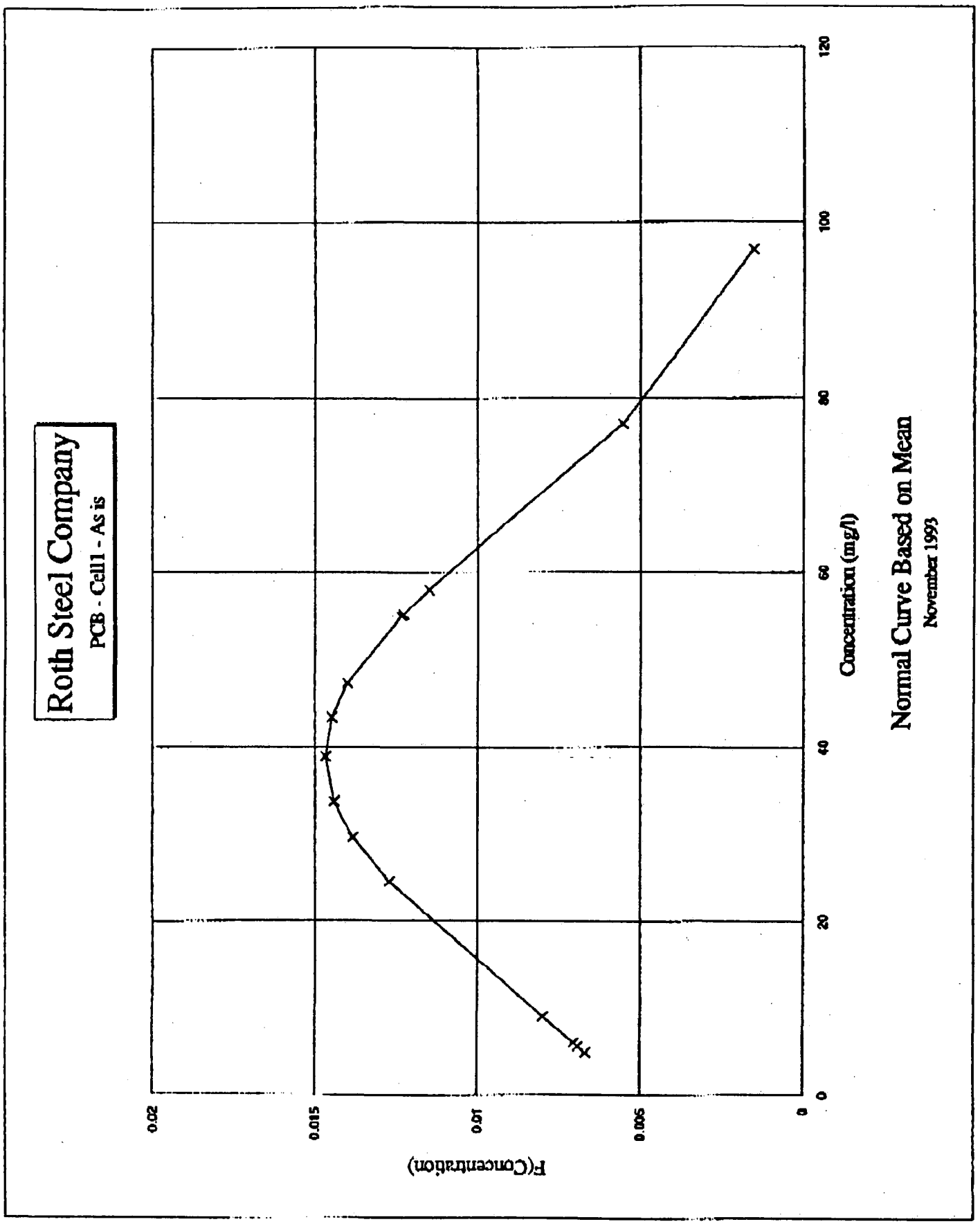
Clay Cap & Vegetative Cover

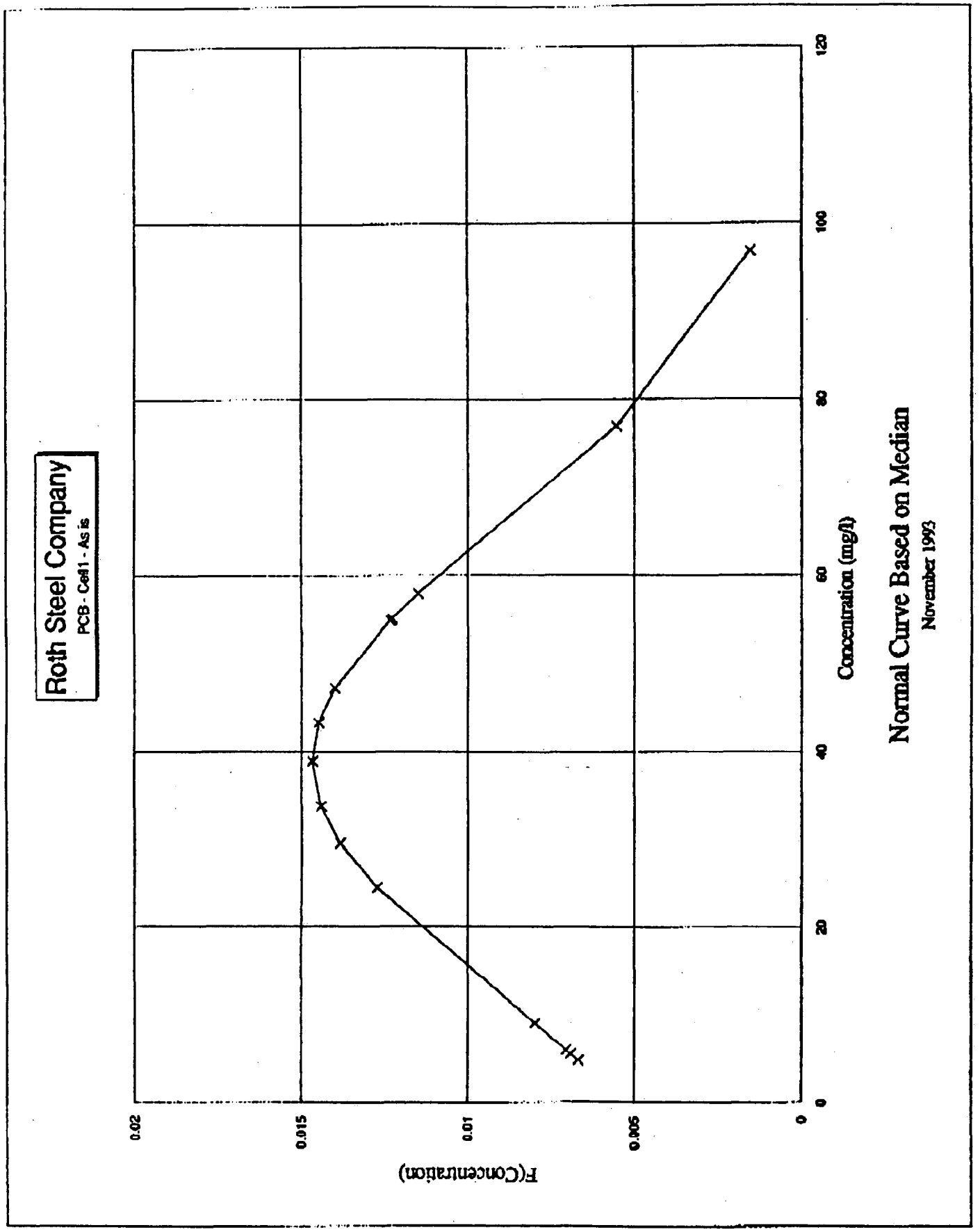
Signage	2,000
Cyclone Fencing - 600 LF	7,500
Clear & Grub Exist. Surface	2,000
Clay, Compacted to 95%	18,750
Std. Proctor Density, in place Est. 1000 cy (18" depth)	
Topsoil, in place 425 cy	6,000
Seed & Mulch, including Fertilizer	2,500
ESTIMATED COST	**$38,750**

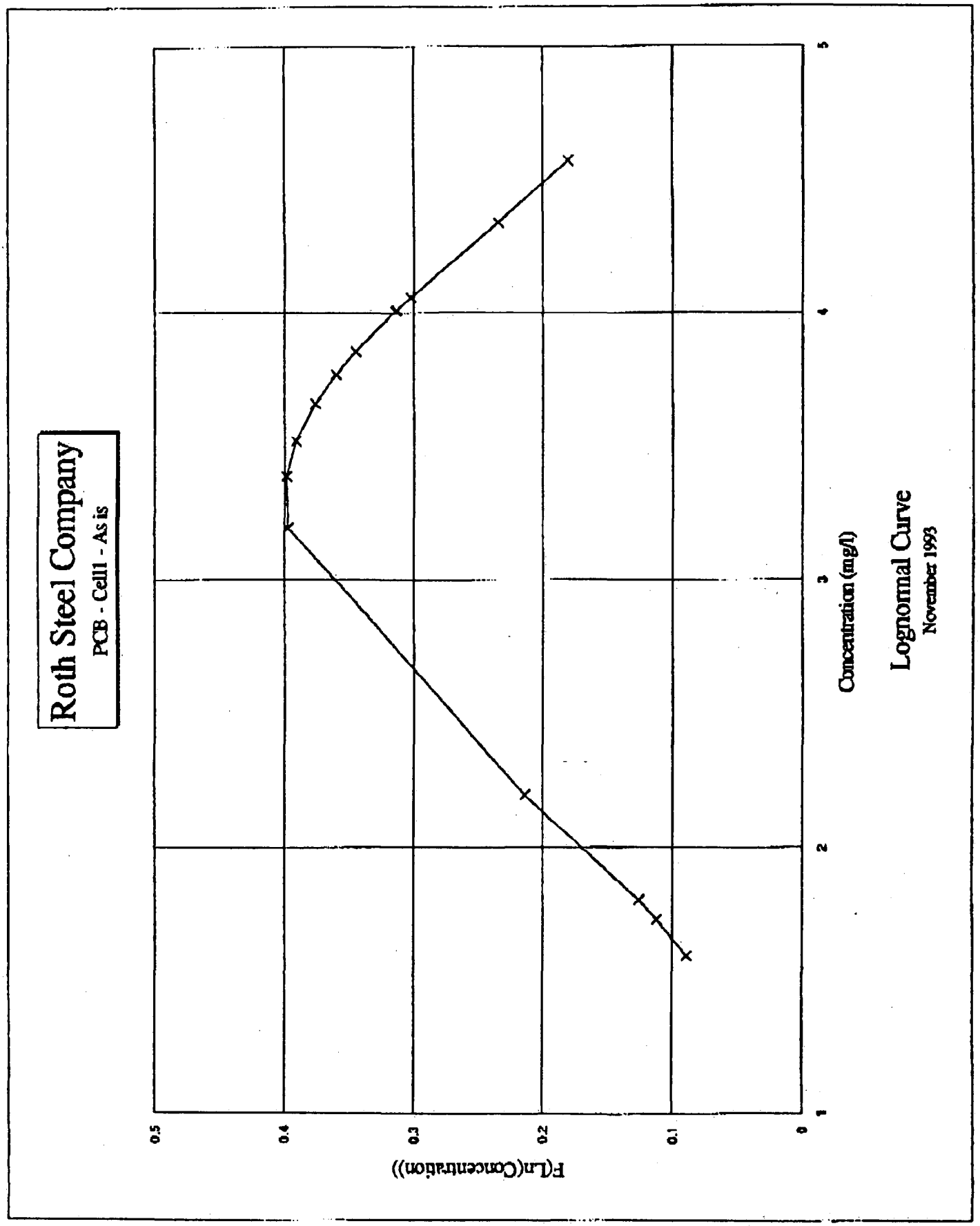
Concrete Surface

Signage	2,000
Cyclone Fencing	7,500
Clear & Grub Exist. Surface	2,000
Roll Subbase	1,650
Aggregate Base, 9", in place	15,000
Concrete, Portland Cement, 8"	33,350
Welded Wire Reinforcement	7,500
Moisture Retardant	2,500
ESTIMATED COST	**$71,500**

APPENDIX B


Roth Steel Company
PCB - Cell 1 - As is
Normal Curve Based on Mean
November 1993
Concentration (mg/l)
F(Concentration)
0.02
0.015
0.01
0.005
0
0
20
40
60
80
100
120


Roth Steel Company
PCB - Cell 1 - As is
Normal Curve Based on Median
November 1993
Concentration (mg/l)
F(Concentration)
0.02
0.015
0.01
0.005
0
0
20
40
60
80
100
120


Roth Steel Company
PCB - Cell1 - As is
Lognormal Curve
November 1993
Concentration (mg/l)
F(Ln(Concentration))
0.5
0.4
0.3
0.2
0.1
0
1
2
3
4
5

STATISTICAL ANALYSIS
For Less Than 50 Samples

Project: Roth Steel Company
Project No: 93071

Description: November 1993 - As is - Cell 1
Filename: PCB41193
Parameter: PCB

i	Sample ID	Concentration (mg/l)	Normal Curve Ordinate (mean) F(conc.)	a	W	Ln(conc.)	W (Lognormal)	Normal Curve Ordinate (Lognormal) F(ln(conc.))	(x-median)^2	Normal Curve Ordinate (median) F(conc.)
1	1-23	4.88	0.007	0.515	47.339	1.585	N/A	0.089	1,164.174	0.007
2	1-4	5.6	0.007	0.331	23.605	1.723	N/A	0.112	1,115.560	0.007
3	1-1	6.03	0.007	0.250	12.967	1.797	N/A	0.126	1,087.021	0.007
4	1-22	9	0.008	0.188	8.676	2.197	N/A	0.214	900.000	0.008
5	1-16	24.5	0.013	0.135	4.127	3.199	N/A	0.397	210.250	0.013
6	1-2	29.7	0.014	0.088	1.549	3.391	N/A	0.399	86.490	0.014
7	1-5	33.9	0.014	0.043	0.411	3.523	N/A	0.391	26.010	0.014
8	1-12	39	0.015	0.000	0.000	3.664	N/A	0.376	0.000	0.015
9	1-7	43.4	0.014	0.000	0.000	3.770	N/A	0.360	19.360	0.014
10	1-19	47.3	0.014	0.000	0.000	3.857	N/A	0.345	68.890	0.014
11	1-9	55	0.012	0.000	0.000	4.007	N/A	0.314	256.000	0.012
12	1-17	55.2	0.012	0.000	0.000	4.011	N/A	0.313	262.440	0.012
13	1-8	58	0.012	0.000	0.000	4.060	N/A	0.302	361.000	0.011
14	1-20	77	0.006	0.000	0.000	4.344	N/A	0.235	1,444.000	0.006
15	1-6	96.8	0.002	0.000	0.000	4.573	N/A	0.180	3,340.840	0.002

W2 BAUMGARTNER & ASSOC TEL:615-370-9292 Dec 06,93 17:01 No.012 P.21

STATISTICAL ANALYSIS
For Less Than 50 Samples

Project: Roth Steel Company
Project No: 93071

Description: November 1993 - Dry Weight - Cell 1
Filename: PCB31193
Parameter: PCB

i	Sample ID	Concentration (mg/l)	Normal Curve Ordinate (mean) F(conc.)	a	W	Ln(conc.)	W (Lognormal)	Normal Curve Ordinate (Lognormal) F((ln(conc.))	(x-median)^2	Normal Curve Ordinate (median) F(conc.)
1	1-23	4.88	0.005	0.515	63.973	1.585	N/A	0.073	1,682.640	0.006
2	1-4	5.6	0.005	0.331	29.523	1.723	N/A	0.092	1,624.090	0.006
3	1-1	7.2	0.006	0.250	16.866	1.974	N/A	0.134	1,497.690	0.006
4	1-22	11.8	0.007	0.188	10.780	2.468	N/A	0.235	1,162.810	0.007
5	1-16	29	0.010	0.135	5.223	3.367	N/A	0.375	285.610	0.010
6	1-2	35.9	0.011	0.088	1.663	3.581	N/A	0.377	100.000	0.011
7	1-5	42	0.011	0.043	0.546	3.738	N/A	0.368	15.210	0.011
8	1-12	45.9	0.011	0.000	0.000	3.826	N/A	0.360	0.000	0.011
9	1-7	54.6	0.011	0.000	0.000	4.000	N/A	0.337	75.690	0.011
10	1-19	54.8	0.011	0.000	0.000	4.004	N/A	0.337	79.210	0.011
11	1-9	67.6	0.010	0.000	0.000	4.214	N/A	0.300	470.890	0.009
12	1-17	69.2	0.009	0.000	0.000	4.237	N/A	0.296	542.890	0.009
13	1-8	74.8	0.009	0.000	0.000	4.315	N/A	0.280	835.210	0.008
14	1-20	94.9	0.005	0.000	0.000	4.553	N/A	0.229	2,401.000	0.004
15	1-6	129.1	0.001	0.000	0.000	4.861	N/A	0.164	6,922.240	0.001

WZ BAUMGARTNER & ASSOC TEL:615-370-9292 Dec 07,93 11:30 No.015 P.05

Roth Steel Company
November 1993 - As is - Cell 1

PCB

Regulatory threshhold (RT):	50
Number of samples (n):	15
Number of samples above regulatory threshhold:	5
Percent of samples considered hazardous:	33.33%
Percent of samples considered non-hazardous:	66.67%
Mean:	39.021
Sample standard deviation:	27.179
Sample Variance:	738.716
Maximum concentration:	96.800
Minimum concentration:	4.880
Standard error:	7.018
Relative standard deviation (coefficient of variation):	0.697
Type of transformation required by SW-846:	Arcsine transformation

TEST FOR NORMAL DISTRIBUTION:
Shapiro and Wilk W-test:

d:	10342.03
k:	7
W:	0.941
Significance:	0.1
Quantile:	0.901
Conclusion:	Normal distribution

Number of samples required:	11.08588

Student t test calculations (mean):

Degree of freedom:	14
Two-tailed confidence interval probability:	0.2
One-tailed confidence interval probability:	0.1
t-value:	1.345
Lower confidence interval:	29.58189
Upper confidence interval:	48.45944

JZ BAUMGARTNER & ASSOC TEL:615-370-9292 Dec 06,93 17:02 No.012 P.22

Roth Steel Company
November 1993 - Dry Weight - Cell 1

PCB

LOGNORMAL:

Ln(RT):	3.912
Mean:	3.496
Sample standard deviation:	1.055
Sample Variance:	1.113
Standard error:	0.272
Relative standard deviation (coefficient of variation):	0.302

TEST FOR LOGNORMAL DISTRIBUTION:

Shapiro and Wilk W-test (lognormal):

d:	N/A
k:	NA
W:	NA
Significance:	NA
Quantile:	NA
Conclusion:	NA

Confidence interval calculations (lognormal):

Degree of freedom:	NA
Two-tailed confidence interval probability:	NA
One-tailed confidence interval probability:	NA
H - lower confidence interval:	NA
H - upper confidence interval:	NA
Lower confidence interval:	NA
Upper confidence interval:	NA

Minimum variance unbiased estimators (MVU):

t(1):	NA
t(2):	NA
(Psi)(t(1)):	NA
(Psi)(t(2)):	NA
Mean:	NA
Standard deviation:	NA
Variance:	NA

Median:	45.9
Mean-Median:	2.59
Type of skew:	Right skewed
Standard deviation (median):	35.55
Variance (median):	1,263.94
Standard error (median):	9.18

WZ BAUMGARTNER & ASSOC TEL:615-370-9292 Dec 07,93 11:31 No.015 P.07

Roth Steel Company
November 1993 - As is - Cell 1

PCB

LOGNORMAL:

Ln(RT):	3.912
Mean:	3.313
Sample standard deviation:	0.997
Sample Variance:	0.995
Standard error:	0.258
Relative standard deviation (coefficient of variation):	0.301

TEST FOR LOGNORMAL DISTRIBUTION:

Shapiro and Wilk W-test (lognormal):

d:	NA
k:	NA
W:	NA
Significance:	NA
Quantile:	NA
Conclusion:	NA

Confidence interval calculations (lognormal):

Degree of freedom:	NA
Two-tailed confidence interval probability:	NA
One-tailed confidence interval probability:	NA
H - lower confidence interval:	NA
H - upper confidence interval:	NA
Lower confidence interval:	NA
Upper confidence interval:	NA

Minimum variance unbiased estimators (MVU):

t(1):	NA
t(2):	NA
(Psi)(t(1)):	NA
(Psi)(t(2)):	NA
Mean:	NA
Standard deviation:	NA
Variance:	NA

Median:	39
Mean-Median:	0.02
Type of skew:	Right skewed
Standard deviation (median):	27.18
Variance (median):	738.72
Standard error (median):	7.02

WZ BAUMGARTNER & ASSOC TEL:615-370-9292 Dec 06,93 17:08 No.013 P.01

Roth Steel Company
November 1993 - Dry Weight - Cell 1

PCB

Regulatory threshhold (RT):	50
Number of samples (n):	15
Number of samples above regulatory threshhold:	7
Percent of samples considered hazardous:	46.67%
Percent of samples considered non-hazardous:	53.33%
Mean:	48.485
Sample standard deviation:	35.451
Sample Variance:	1,256.780
Maximum concentration:	129.100
Minimum concentration:	4.880
Standard error:	9.153
Relative standard deviation (coefficient of variation):	0.731
Type of transformation required by SW-846:	Arcsine transformation

TEST FOR NORMAL DISTRIBUTION:
Shapiro and Wilk W-test:

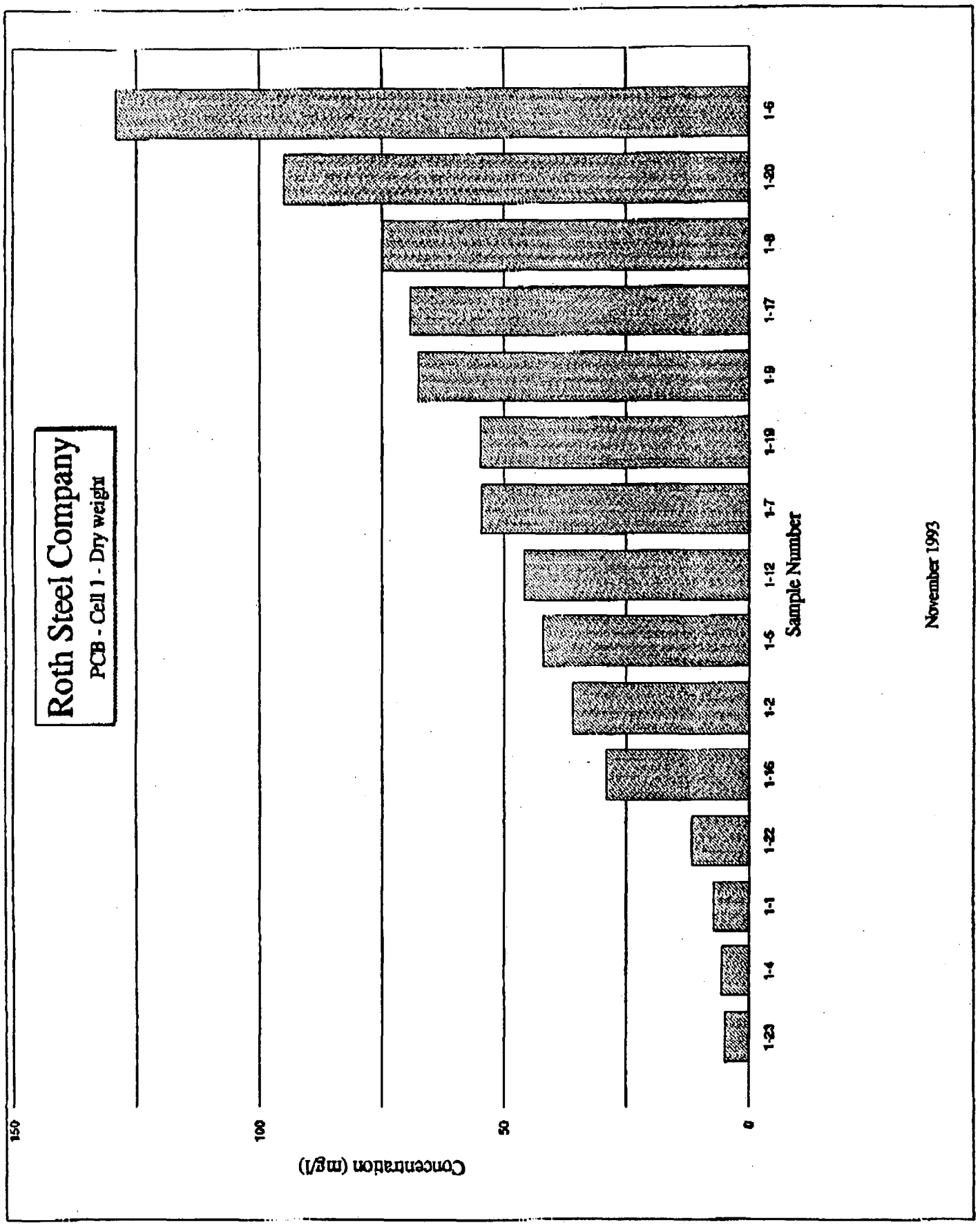
d:	17594.92
k:	7
W:	0.940
Significance:	0.1
Quantile:	0.901
Conclusion:	Normal distribution

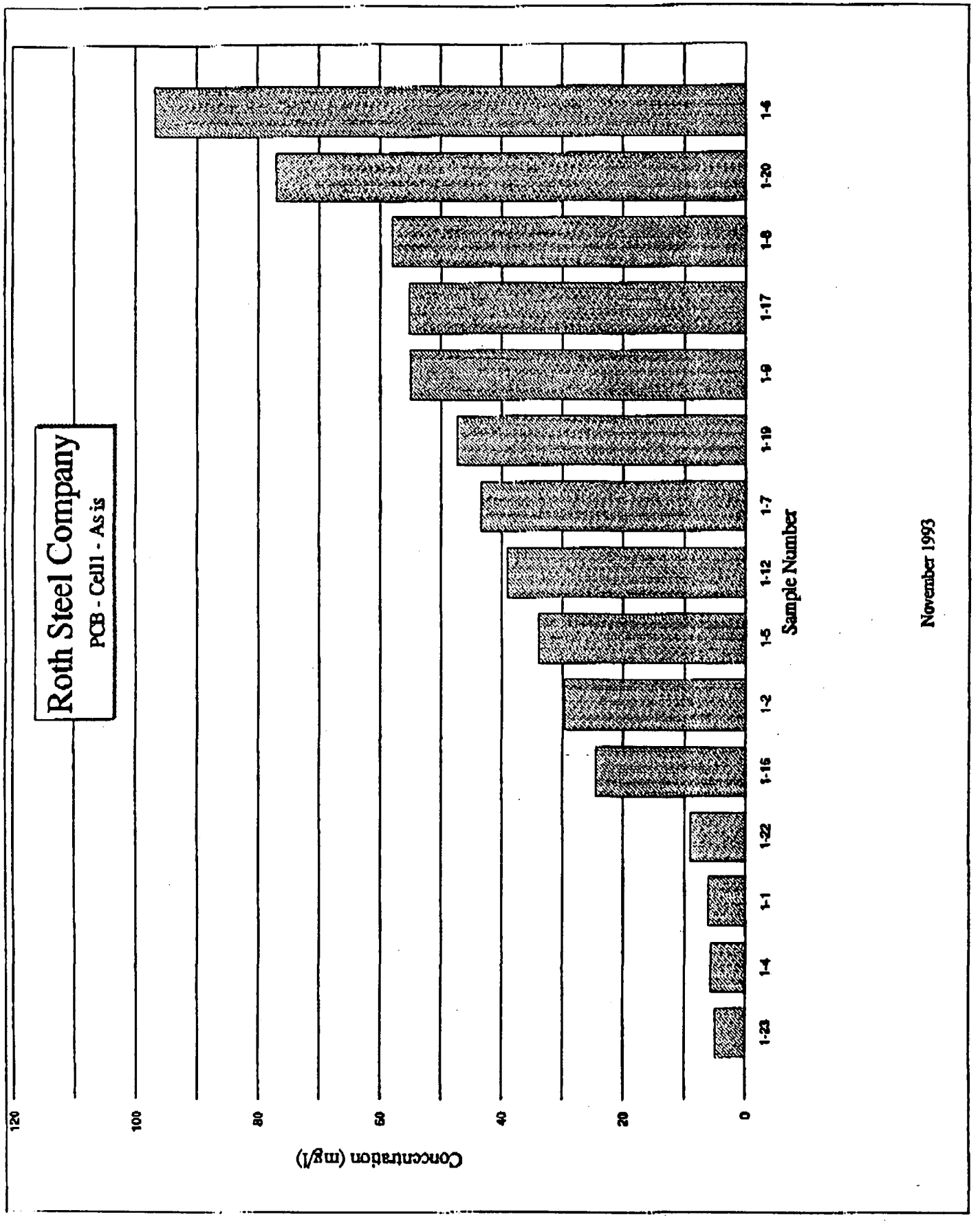
Number of samples required:	990.991

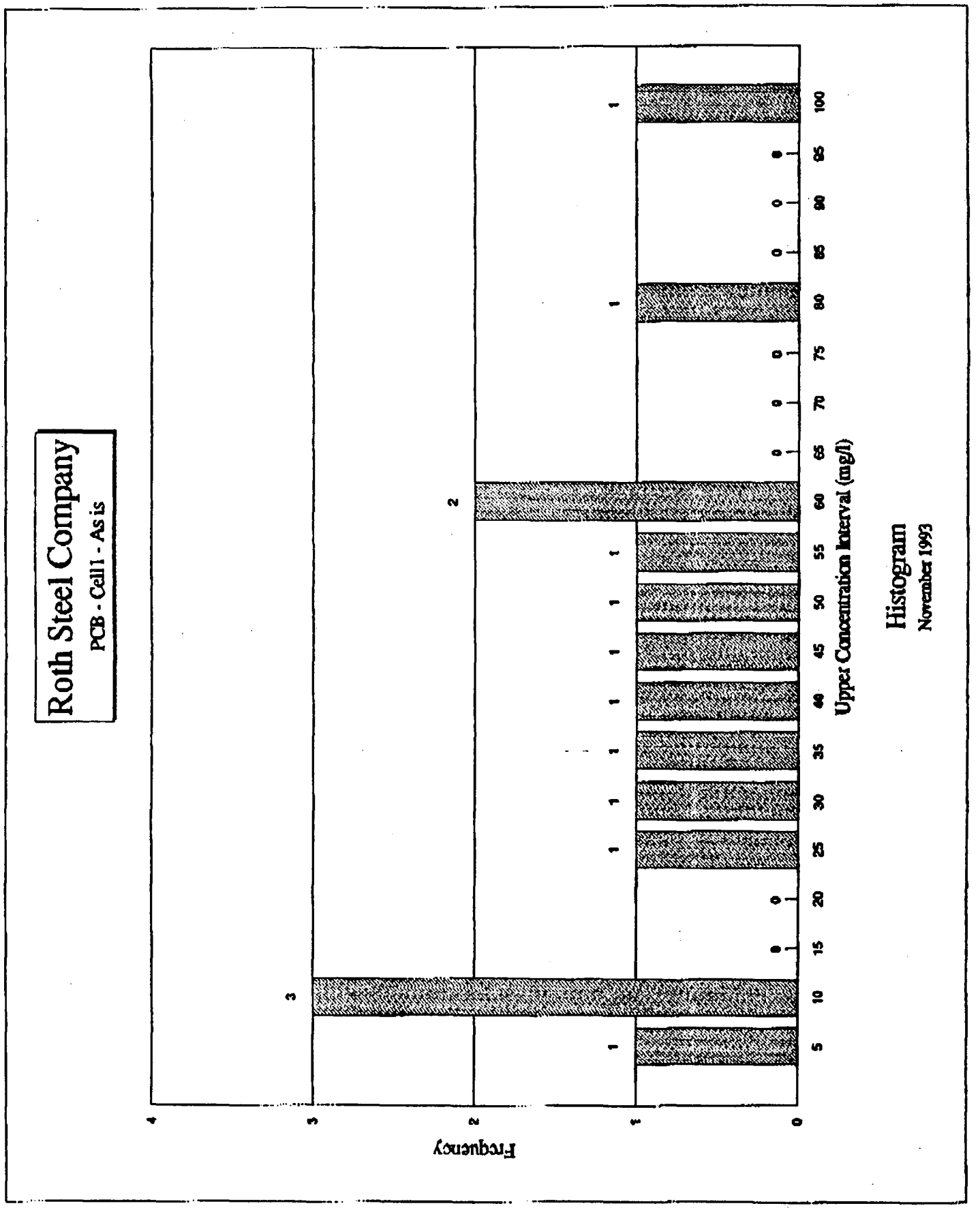
Student t test calculations (mean):

Degree of freedom:	14
Two-tailed confidence interval probability:	0.2
One-tailed confidence interval probability:	0.1
t-value:	1.345
Lower confidence interval:	36.17397
Upper confidence interval:	60.7967

WZ BAUMGARTNER & ASSOC TEL:615-370-9292 Dec 07,93 11:30 No.015 P.06


Roth Steel Company
PCB - Cell 1 - Dry weight
Concentration (mg/l)
150
100
50
0
1-6
1-20
1-8
1-17
1-9
1-19
1-7
1-12
1-5
1-2
1-16
1-22
1-1
1-4
1-23
Sample Number
November 1993


Roth Steel Company
PCB - Cell1 - As is
Concentration (mg/l)
120
100
80
60
40
20
0
1-6
1-20
1-8
1-17
1-9
1-19
1-7
1-12
1-5
1-2
1-16
1-22
1-1
1-4
1-23
Sample Number
November 1993


Roth Steel Company
PCB - Cell 1 - As is
Histogram
November 1993
Upper Concentration Interval (mg/l)
Frequency
0
1
2
3
4
5
10
15
20
25
30
35
40
45
50
55
60
65
70
75
80
85
90
95
100

PLUMLEY ENGINEERING, P.C.

Civil, Environmental and Geotechnical Engineering

3070 BELGIUM ROAD, BALDWINSVILLE, NEW YORK 13027

(315) 638-8587 FAX (315) 638-9740

DATE: 7/28/94 TIME: 10:00 am

NUMBER OF PAGES (INCLUDING COVER PAGE): 3

To: Sidney Manes From: Dale Vollmer

FAX NUMBER: 422-3549

FAX Transmission

REMARKS:

- Please review and provide any comments

Thanks.

Dale

NOTE: If you did not receive all the pages or if you have a question, please call (315) 638-8587.

PLUMLEY ENGINEERING, P.C.
Civil, Environmental and Geotechnical Engineering
3070 BELGIUM ROAD, BALDWINSVILLE, NEW YORK 13027
(315) 638-8587 FAX (315) 638-6740

July 27, 1994

DRAFT

Mr. Robert Olechowski
Pesticides and Toxic Substances Control Branch
Environmental Services Division
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
2890 Woodbridge Avenue
Raritan Depot Building 10
Edison, New Jersey 08837-3679

RE: Roth Steel Corporation
Tracy Street Site
Syracuse, New York

Dear Mr. Olechowski:

This is to confirm our conversation of July 8, 1994 regarding the status of the polychlorinated biphenyl (PCB) cleanup at the above referenced site. The cleanup was performed under the terms of Consent Agreement and Final Order, Docket Number II-TSCA-PCB-82-0208 . You indicated that both you and your supervisor, Daniel Kraft, consider the terms of the order to have been completely satisfied by Roth Steel Corporation.

We also understand that the Roth Steel Corporation is free to perform any further remedial action on the site that is deemed necessary and that the United States Environmental Protection Agency (USEPA) has no desire to review or oversee such actions at this time.

We would like to thank you for you cooperation in this matter. If you have any questions or feel that we have not accurately characterized EPA's position in this matter, please contact me.

Sincerely,

PLUMLEY ENGINEERING, P.C.

Dale R. Vollmer, P.E.

DRV/cas

cc: Sidney Manes, Esquire
Mr. Louis Roth
Mr. Seymour Roth
William C. Weiss, Esquire

COPY

PLUMLEY ENGINEERING, P.C.
Civil, Environmental and Geotechnical Engineering
3070 BELGIUM ROAD, BALDWINSVILLE, NEW YORK 13027
(315) 638-8587 FAX (315) 638-9740

March 29, 1994

Mr. Daniel Kraft
UNITED STATES ENVIRONMENTAL
PROTECTION AGENCY
Environmental Services Division
Pesticides and Toxic Substances Branch
2890 Woodbridge Avenue
Raritan Depot Building 10
Edison, New Jersey 08837-3679

RE: Roth Steel Corporation
Docket No. II TSCA-PCB 82-0208

Dear Mr. Kraft:

On December 4, 1992, Plumley Engineering, P.C. wrote to Mr. Robert Olechowski of the United States Environmental Protection Agency (EPA) (Attachment 1), to advise him that we had been retained to prepare and carry out a Work Plan for Closure at the Roth Steel Corporation site, Syracuse, New York. The Corporation has been under Consent Order to remediate PCB contaminated soil at their Tracy Street site in Syracuse. On behalf the Roth Steel Corporation, we are pleased to provide an update of the progress at the site.

DATA REVIEW

The first task for Plumley Engineering was to review data that had been accumulated by prior consultants, and summarize the field investigations and remediation completed to date. The summary is in the form of tables and graphics, and is attached as follows:

- Sheet 1 - Reported "Clean" Zone. This figure shows the area that had been tested, remediated, and reported clean by previous consultants, as of December 31, 1991.

- Table 1 - "Clean Directory" as of December 31, 1991. This table gives the final concentration levels in the areas that were tested and remediated. Note that some grids have concentrations higher than necessary to meet "trigger levels".

- Table 2 - Grids in the "Clean" Zone that do not Meet Clean-up Standards (of the Consent Order). This table lists the grids whose final concentrations are above the established "trigger level", and a possible explanation as to why they were not analyzed further to meet trigger levels.

- Table 3 - "Trigger Level" History. This table shows the levels proposed in the original draft field investigation, the trigger levels which were ultimately established for the project, and levels that were used by a prior consultant that did not correspond to established trigger levels (potentially the reason that some of grids were considered clean that do not actually meet established trigger levels)

- Table 4 - Soil Removal to Date. This table shows the total amount of soil that has been removed to date.

CONTINUATION OF FIELD INVESTIGATION

The next task was to continue field sampling and analysis south of the area that had already been investigated. Plumley Engineering established a new grid system (Sheet 2), completed a revised Field Investigation Program/Sample and Analysis Plan (July 1993), based on the original program, and forwarded a copy to Mr. Robert Olechowski on July 8, 1993 (Attachment 2).

In the revised Plan, a modification was made in an attempt to minimized travel on the site. The method incorporated test holes dug by hand to the required depth for sampling. Subsequent to finalizing the sampling plan, field testing was conducted to insure the viability of this approach. It was determined that this method could not be used, and so the actual field sampling reverted back to the original plan of a back hoe for digging the test pits.

The site was surveyed, and the grid system was laid out in preparation for sampling. Sampling was conducted August 17 and 18, 1993. A two-foot test pit was excavated in each subgrid using a backhoe, and field personnel collected samples from the sidewalls of the pit at four depths (Depth 1: 0-6 inches; Depth 2: 6-12 inches; Depth 3: 12-18 inches; and Depth 4: 18-24 inches). A total of 256 samples were collected. The samples were composited by grid and analyzed in the laboratory as overall composite samples (OCS) [samples comprised of soil from all depths and subgrids of a grid]; Depth Composite Samples (DCS) [samples comprised of soil from each of the four subgrids at the same depth]; and Individual Core Samples (ICS) [a sample collected from a particular depth in a particular subgrid].

ANALYTICAL RESULTS

The results of the OCS indicated positive hits of PCBs in all the grids, hence the laboratory was instructed to analyze the DCS.

The results of the DCS are illustrated in Figures 1 through 5, and indicate the following:

- The concentration of PCBs in some of the DCSs were below the trigger level of 2.5 ppm (Table 3), so no further analysis was required.

- The concentration of PCBs in some grids was above the trigger level for DCS, so further analysis was necessary to determine if the grids would require remediation. The laboratory was instructed to analyzed the ICS for these borderline grids.

- The concentration of PCBs in some grids was above the concentration required for remediation (10 ppm), so no further analysis was conducted. These grids will be remediated.

The results of the ICS are illustrated in Figures A through D, and indicate the following:

- The concentration of PCBs in some of the ICSs were below 10 ppm, so remediation will not be required.

- The concentration of PCBs in some grids was above 10 ppm, so these grids will be remediated.

The analytical results of all the sample types are tabulated in Table 5.

REMEDIAL ACTION

Based on the results of the sampling and analysis, the soil in all grids whose concentrations were above 10 ppm will be removed and transferred to a properly licensed landfill (Figures A through D).

In some grids, the bottom depth of contamination has not been determined, so the final depth for removal is unknown. In this case, we will use field sampling methods developed by EnSys Environmental Products, Inc. for prompt results to estimate concentrations, and remove all soil found to contain PCBs at levels above

10 ppm. After a bottom depth of removal is established, samples will be collected for laboratory confirmation analysis.

Additionally, we will reevaluate areas that were previously considered "clean" (Sheet 1), but actually did not meet established trigger levels.

We intend to proceed with soil removal during the summer of this year. We look forward to your involvement in this project, and if you have any questions or comments, please contact us promptly and we will assist in any way we can.

Sincerely,

PLUMLEY ENGINEERING, P.C.

Joel D. Plumley, P.E.

JDP/RLL/cas

Enclosures

cc: Roth Steel Corporation (w/enclosures)
Green & Seifter, Attorneys, P.C. (w/enclosures)
Niagara Mohawk Power Corporation (w/enclosures)

PLUMLEY ENGINEERING, P.C.
Civil, Environmental and Geotechnical Engineering
12 OSWEGO STREET, BALDWINSVILLE, NEW YORK 13027
(315) 638-8587 FAX (315) 638-9740

December 4, 1992

Mr. Robert Olechowski
United States Environmental Protection Agency
2890 Wood Bridge Avenue, Building 10, MS105
Edison, NJ 08837

RE: Roth Steel Corporation
Docket No. II TSCA-PCB 82-0208

Dear Mr. Olechowski:

Plumley Engineering, P.C. has been retained by the Roth Steel Corporation, Syracuse, New York, to prepare and carry out a Work Plan for Closure for the above-referenced site. The Corporation is under consent order to remediate PCB contaminated soil at their Tracy Street site in Syracuse. On behalf of Roth Steel Corporation, we are pleased to submit a Revised Work Plan for Closure, dated October 28, 1992.

Plumley Engineering has replaced Am Can Environmental Management, Inc. to complete the investigation and remediation at the Tracy Street property. We have been informed by Richard J. Brickwedde, Esquire of Green & Seifter, Attorneys, P.C. that the United States Environmental Protection Agency (USEPA) has been advised of this change.

Plumley Engineering has reviewed the data accumulated by previous consultants, and will prepare an outline of the field investigations and remediation completed to date. This outline, as well as future investigations and remedial action, will be documented in a final report. We will then prepare a plan for verification sampling of the entire site, as required by the USEPA.

Please review and comment on the Revised Work Plan for Closure as soon as possible. We intend to progress with the investigation within the next few weeks. Included with the work plan is a time line schedule for closure. Plumley Engineering will follow the work plan and schedule, weather permitting, documenting all work performed. We will proceed with the investigation and remedial action in full compliance with the Consent Agreement and Final Order, unless we hear otherwise from your office.

Please do not hesitate to call if you have any questions or comments. We look forward to working with you to resolve this matter in a timely manner.

Very truly yours,

PLUMLEY ENGINEERING

Joel D. Plumley, P.E.

JDP/RLL

Enclosures

cc: Mr. Lewis Roth (w/enclosures)
Sidney Manes, Esquire (w/enclosures)
Richard Brickwedde, Esquire (w/enclosures)

ROTH STEEL CORPORATION

REVISED WORK PLAN FOR CLOSURE

OCTOBER 28, 1992

OBJECTIVES

The following are the six primary objectives of the Work Plan for Closure of the Roth Steel Corporation, Tracy Street site:

1. To gain a thorough understanding of past remedial efforts.

2. To clear the site of visual debris, especially in the previously unsampled area of the site (south of the "hotline" to Tracy Street).

3. To determine PCB concentrations in the previously unsampled area of the site.

4. To prepare the previously remediated area north of the "hotline" for verification sampling.

5. To verify site-wide soil contaminant levels.

6. To report to the United States Environmental Protection Agency (USEPA).

STRATEGY TO MEET OBJECTIVES

The following are the proposed strategies to meet the stated objectives. The strategy numbers correspond to the objective numbers.

1. Prepare a three-dimensional picture of the remediation efforts to date (as reported by previous remediation teams). The data in its present form is very confusing and difficult to visualize.

2. a. Remove from site scrap metal and other debris in the area south of the" hotline".

   b. Analyze soil to determine PCB concentration, and therefore disposal method for the debris.

3. Sample, analyze, and remediate, if necessary, the area south of the "hotline" to Tracy Street.

   a. Develop sampling and remedial action plans.

   b. Develop a Health and Safety Plan.

   c. Develop field and laboratory QA/QC.

4. Prepare the previously remediated area (north of the "hotline") for verification sampling.

   a. Remove ponded water, as originally approved by the Onondaga County Department of Drainage and Sanitation, November, 1990. (Prior to their approval, the County had contacted EPA for their input.)

   b. Backfill to grade and level depressions as originally approved by the EPA on November 13, 1990, and confirmed again May 7, 1991.

   c. Establish the prior grid system enclosed in the "hotline" in order to remediate, if necessary, the grids whose latest concentrations are above the trigger level.

   d. Complete any necessary remedial action of soils in this area.

e. Remove the top layer of soil in the "hotline" area which was potentially contaminated by equipment traffic moving back and forth over both contaminated areas and clean areas.

5. a. Prepare a Field Investigation/Remedial Action Report for EPA which outlines all activities to date.

b. Prepare a site-wide plan for verification sampling.

c. Obtain EPA approval of Field Investigation Report and Verification Sampling Plan.

d. Sample per Verification Sampling Plan as approved by EPA. Remediate and resample all areas which do not meet standard.

TASKS LIST

The following tasks are required to accomplish the proposed strategies. The task numbers correspond to the strategy numbers.

1. Transfer the existing data onto Plumley's CADD system (drafting computer) to produce a three-dimensional view of the subsurface cleanup to date.

2a,b. Scrape aside the top 4" to 8" layer of soil from the area south of the "hotline", separating into the following three mounds:

- stained soil from the area next to the brick building in the southwest corner of the site
- soil from the driveways in and out of "hotline" area
- all other soil from the area

Stage soil on appropriate liner at the south east corner of the property. This soil will be analyzed and removed before the related grid is sampled.

Sample and analyze staged soil. If clean, remove metal pieces either by screen (provided by contractor) or magnet (provided by Roth) and spread soil. (Note: we may need to use both magnet and screen, depending on the types of scrap material present). It is assumed this scrap metal will be relatively free of caked on soil, and can be handled by Roth as scrap at their Hiawatha Blvd. facility. If material is contaminated, haul to a certified hazardous waste landfill.

3a. Develop a sampling plan based on the Consent Agreement and Final Order, Attachment 1a, "Draft Field Investigation Program", and a remedial action plan based on procedures in the "Draft Remedial Action Plan, Roth Steel Corporation", Malcom Pirnie Inc., August 1988. These plans have previously been approved by EPA. Sample area beginning with grids just south of the "hotline" and work south to Tracy Street.

1. If overall composite sample (OCS) is below trigger level, continue on sampling other grids.

2. If sample is not below trigger level, decide whether to sample DCS or ICS, or remove soil and resample.

3b. Establish a Health and Safety Plan (HASP) which includes:

- work zones
- exclusion zones
- site security system
- site/chain of command communication network
- decontamination areas and procedures
- levels of personal protection
- site monitoring
- contamination reduction areas
- contaminant staging areas
- support area
- emergency contingency plan
- "confined space" procedures (if needed)
- hazards assessment

3c. Develop field and laboratory QA/QC as originally proposed in the "Draft Field Investigation".

4a. Pump ponded water from previous excavations through carbon and into sanitary sewer. Pre-filter for silt and sand removal, and measure flow. Sample soil sediment to determine if pit is satisfactory to backfill. Note: The holes will be covered with plastic pending results in order to avoid further ponding in a potentially contaminated area.

4b. If sediment analytical results show PCB levels are below trigger level, backfill to grade and level depressions with sand. If PCB levels are above trigger level, remove soil, sample, and backfill when levels are below trigger level.

4c. Mark the previously established grid on the site using stakes. Include grid numbers.

4d. From previous investigation work, determine which grids, if any, require further remediation. If necessary, remove soil, and resample.

4e. Remove the soil within the hotline which was potentially contaminated by equipment traffic by grading the top 2 to 4 inches of soil from the entire area, and staging for analysis. Dispose or spread staged soil based on analysis.

5a. Prepare a Field Investigation Report which outlines all investigations and remedial actions to date.

5b. Prepare a site-wide soil verification sampling and analysis program that will meet EPA requirements for closure.

5c. Obtain EPA approval of Field Investigation Report and Sample Verification Plan before proceeding with the actual sampling.

5d. Sample per Verification Sampling Plan as approved by EPA. Note: verification sampling may reveal that previously clean areas are contaminated, and must be remediated and sampled again.

6. Submit a final report to the EPA outlining all remedial efforts and verification testing, requesting site closure.

PLUMLEY ENGINEERING, P.C.
Civil, Environmental and Geotechnical Engineering
3070 BELGIUM ROAD. BALDWINSVILLE. NEW YORK 13027
(315) 638-8587 FAX (315) 638-9740

July 8, 1993

Mr. Robert Olechowski
UNITED STATES ENVIRONMENTAL
PROTECTION AGENCY
2890 Wood Bridge Avenue, Building 10
MS105 Edison, NJ 08837

RE: Roth Steel Corporation
Docket No. II TSCA-PCB 82-0208

Dear Mr. Olechowski:

On December 4, 1992, our office, Plumley Engineering, P.C., wrote to inform you that we had been retained to prepare and carry out a Work Plan for Closure for the above referenced Roth Steel Corporation site. The Corporation is under consent order to remediate PCB contaminated soil at their Tracy street site in Syracuse, New York.

As part of the closure plan, we are pleased to submit a Revised Field Investigation Program/Sample and Analysis Plan ("Revised Plan"), dated July 1993. The purpose of this plan is to continue grid sampling south of the previously remediated areas to prepare the entire site for closure. Subsequent to the field work, we will provide a report on the field activities, sampling, and analysis. This information will form the basis of any remedial action necessary in this area.

Please review and comment on the revised plan as soon as possible. We will proceed with the investigation within the next few weeks according to the revised plan, unless we hear otherwise from your office.

We look forward to working with you to resolve this matter in a timely manner.

Please do not hesitate to call if you have any questions or comments.

Very truly yours,

PLUMLEY ENGINEERING, P.C.

Rebecca L. Luman

RLL/cas

Enclosures

cc: Messrs. Lew and Sy Roth
Sidney Manes, Esquire
Richard Brickwedde, Esquire

REVISED FIELD INVESTIGATION PROGRAM

SAMPLING AND ANALYSIS PLAN

Roth Steel Corporation

Erie Boulevard Yard

Syracuse, New York

Docket No. II TSCA-PCB-82-0208

PREPARED FOR

Roth Steel Corporation
Under the Direction of
Green and Seifter, Attorneys, P.C.
Sidney L. Manes, Esquire

PREPARED BY

Plumley Engineering, P.C.
3070 Belgium Road
Baldwinsville, New York 13027
(315) 638-8587

July, 1993

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2	Sample Compositing Procedure
3	PCB Cleanup Decision Tree

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APPENDIX NUMBER	DESCRIPTION
1	Draft Field Investigation Program, Malcom Pirnie, Inc.
2	Field Sampling Protocol
3	Chain of Custody Form
4	Health and Safety Plan

SECTION 1.0 INTRODUCTION

1.1 Background

On July 2, 1987, Roth Steel Corporation (RSC) was issued a fully executed Consent Agreement and Final Order (Order) by the United States Environmental Protection Agency regarding their property on Erie Boulevard, Syracuse, New York. Prior to issuing the Order, the USEPA had determined RSC was in violation of regulations regarding the disposal, marketing and reporting of polychlorinated biphenyls (PCBs). The Order required soil testing and remediation based on the results of the testing.

During the summer of 1987, RSC retained Malcom Pirnie, Inc. (MPI) to perform the investigation. MPI developed a "Draft Field Investigation", which was subsequently reviewed, revised and approved by the USEPA (See Appendix 1). This plan included sampling 15 grids, divided into four sub-grids (A, B, C, D), at depths from 0-6", 6-12", 12-18" and 18-24". The soil samples collected were composited and analyzed as overall composite samples (OCS), depth composite samples (DCS) and individual core samples (ICS) as required. A remediation plan was then proposed and accepted based on the results of the field investigation.

The remedial action plan implemented by MPI, August 1988, called for the removal of 2 feet of soil from each grid except two grids whose levels were below the trigger level. Following the soil removal, MPI conducted verification testing and found that most grids required further remediation. MPI recommended another foot of soil be removed from grids whose levels were over the required 10 ppm, and that additional grids be added for sampling.

At this time, RSC retained Am Can Environmental Management, Inc. (ACEM) to replace MPI to continue the remediation work. Between November 1988 and February 1990, ACEM extended the original contamination area southward, establishing a total of over 40 grids, sampled and analyzed each grid a minimum of one time, and removed 2,456 tons of soil. This work was documented in a Compliance Status Report, April 1990[1]. Following the report, ACEM completed several rounds of soil removal and verification sampling between May 1990 and December 1991.

1.2 Purpose and Scope of Work

The purpose of this revised field investigation is to continue grid sampling south of previously remediated grids to prepare the entire site for closure. The investigation will continue following the MPI "Draft Field Investigation Program" (Appendix 1) which has been approved by the USEPA.

Subsequent to the sampling and analysis, a report on field activities, soil analytical results, and laboratory methods and QA/QC will be produced. This information will be the basis for any remedial action necessary in this area of the site.

---

[1] Roth Steel Corp.- PCB Spill Soil Remediation Project: Compliance Status Update. Am Can Environmental Management Inc. April 19, 1990.

SECTION 2.0 SAMPLE HANDLING PROCEDURES

2.1 Sample Collection

A total of 16 grids have been developed for sampling (Figure 1). Each of these grids have 4 sub-grids, corresponding to 62 test pits (16 grids x 4 sub-grids). The grid sizes were chosen proportional to previously sampled grids, but may be adjusted in the field if obvious stains require smaller grid spacing. The grids will be marked using tape and known landmarks to position wooden markers which will be used to identify both grids and sub-grids.

General sampling procedures are presented here, while the specific field protocol for sample collection, equipment decontamination and sample compositing are provided in Appendix 2 (modified from MPI, "Draft Field Investigation Program).

Using a shovel and pick (if necessary), test pits will be excavated in 6-inch intervals to a total depth of 2 feet in each sub-grid. The initial sample will be collected for the depth interval 0 - 6" using a stainless steel hand shovel prior removing the first six-inch interval from the test pit. Subsequent samples will be collected between each six-inch test pit interval. Table 1 shows the interval number and corresponding interval depths.

Table 1

Interval Number	Interval Depth (inches below ground surface)
1	1 - 6
2	6 - 12
3	12 - 18
4	18 - 24

The soil removed during excavation will be temporarily placed adjacent to the hole. After all samples are collected, the soil will be returned to the hole, and the shovel will be steam cleaned prior to sampling the next sub-grid.

The samples will be collected using a small stainless steel shovel. The collector will first scrape the bottom of the pit to remove any soil which was potentially cross contaminated by the shovel. The samples will then be scooped from the required six-inch intervals into clean glass jars with teflon lined lids.

The samples will be labeled according to the grid number, sub-grid number and sample depth. For example, a sample collected in grid 54, sub-grid "A", at a depth of 3" (or interval 1) will be referred to as 54-A-1 (Figure 2). The samples will be composited in the field and labeled according to whether they are depth or overall composite samples. For example, depth composite samples (DCS) will refer to the grid and depth of the composite: 54-DCS-1 for the sample from grid 54 which is a composite of all sub-grids at depth interval 1. The OCS of grid 54 will be labeled 54-OCS.

2.2 Sample Handling/Chain of Custody

In accordance to the original plan, labels will be clearly marked with an water proof writing instrument. Each label should contain the following information:

- sample number
- source and sampling point
- date and hour of sampling
- name of collector

Chain of custody documentation will be filled out by the sample collector, and transmitted to the laboratory with the

samples. A sample "Chain of Custody" form is found in Appendix 3.

The samples will be secured in a sealed ice chest at all times and transferred directly to the laboratory upon completion.

2.3 Analytical Procedures

The soil samples will be analyzed for PCBs by EPA SW846-3540/ 8080 as in the original plan. The detection limit is expected to be well below the 0.5 mg/kg trigger level required to consider Overall Composite Samples "clean". However, unavoidable soil matrix interferences, such as phthalates and carboxylic or humic acids, may in some instances preclude obtaining this detection limit, and will be reported accordingly.

2.4 Quality Assurance/Quality Control

The following QA/QC plan was taken directly from MPI's Draft Field Investigation, and will be used in this investigation.

"In order to assure the analytical integrity of the sample analysis performed for this study, the following measures will be taken:

- *One unidentified duplicate sample will be included with the samples collected.*
- *The analytical laboratory will be required to produce documentation of satisfactory results from a USEPA quality control check sample analysis performed within the last six months.*

- *Sufficient sample will be collected each time to enable splits to be given to USEPA personnel on-site for verification analysis if so desired.*

- *Aliquots of all soil samples will be retained by the laboratory so that results can be verified by retesting from the same sample aliquot."*

SECTION 3.0 HEALTH AND SAFETY PLAN (HASP)

The following safety procedures were taken directly from the MPI Draft Field Investigation.

"In order to reduce the possibility of direct skin contact with PCB's during sampling activity, it is recommended that each person be provided with rubber gauntlets over disposable latex surgical gloves, rubber boots, tyvek disposable cover-alls, hard-hats and safety glasses. All protective clothing will remain at the site. To reduce the possibility of inhalation of PCB-contaminated dust particles each worker will also be provided with a fabric dust mask.

All protective gear which came into direct contact with potentially contaminated soil will be either decontaminated or discarded in properly labeled drums for later disposal at an approved and permitted disposal facility if it is determined that they have been in contact with hazardous material."

For the protection of the investigative team and the general public, a more detailed HASP has been developed following the New York State Department of Environmental Conservation's (DEC) Technical Guidance Memorandum (TAGM) Technical Manual (Appendix 4). The MPI procedures have been incorporated into the detailed plan.

SECTION 4.0 CONTAMINATION ASSESSMENT

The procedures for assessing contamination in this area will follow the original field investigation program, including revisions made by the USEPA. The samples collected from the four interval depths (Table 1) of each sub-grid will be composited and analyzed.

Table 2 contains the trigger levels for the OCS, DCS and ICS which were established by the EPA in the initial investigation.

Table 2

Sample Type	Trigger Level (mg/kg)
OCS	0.5
DCS	2.5
ICS	10*

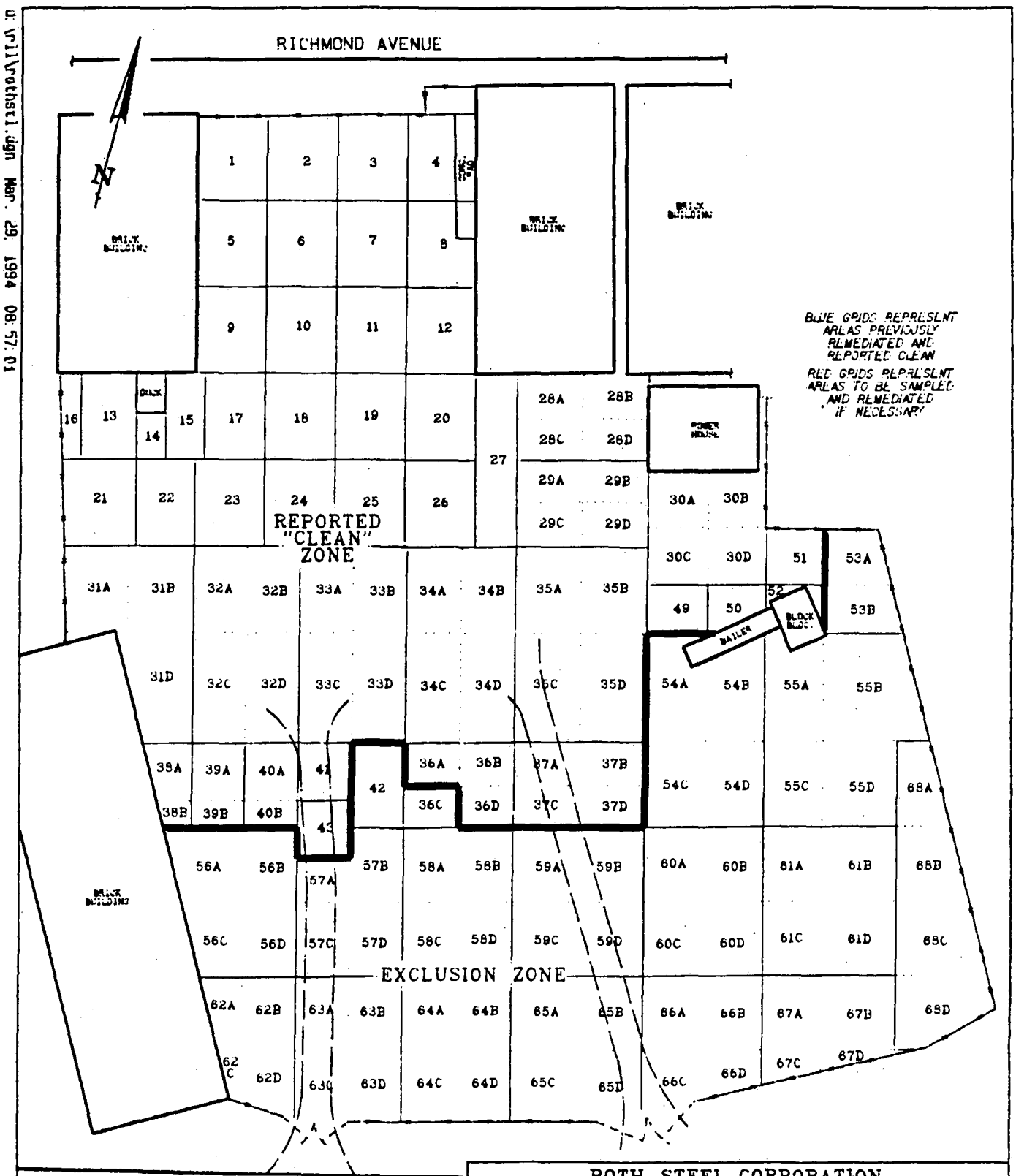
* Remediation is to be undertaken for all soils found to be over 10 mg/kg total PCBs

The laboratory personnel will first prepare DCS (depth composite sample), compositing equal soil volumes from a given sample depth from each sub-grid within a grid. Next, the OCS (overall composite sample) will be prepared by compositing equal soil volumes from each of the four DCS from a grid.

The "Clean-up Decision Tree" developed in the original program will be followed (See Figure 3). Again, as an attempt to screen out non-contaminated areas, the OCS will be analyzed first. If the OCS is below the trigger level (0.5 mg/kg), no remedial action will be required. If the OCS is above 0.5 mg/kg, a decision will be made as to whether to analyze DCS, skip to ICS, or remediate the entire grid to depth. A DCS will indicate the depth increment of concern, while the ICS (individual core sample) will further refine the area

requiring potential remediation to one sub-grid. The determination on how far to proceed down the decision tree depends on the concentration of PCB in the OCS and the cost-effectiveness of sampling versus removal. This decision will be left to the engineer in charge.

As previously stated, upon completion of sampling and analysis, a detailed report will be prepared. Based on the results presented in the report, a remedial plan which duplicates the requirements of the originally approved remedial action plan will be developed.



ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1" = 50'	FOR: GREEN & SLIFTER	DRAWN BY: RDH
DATE: DECEMBER 1993	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.

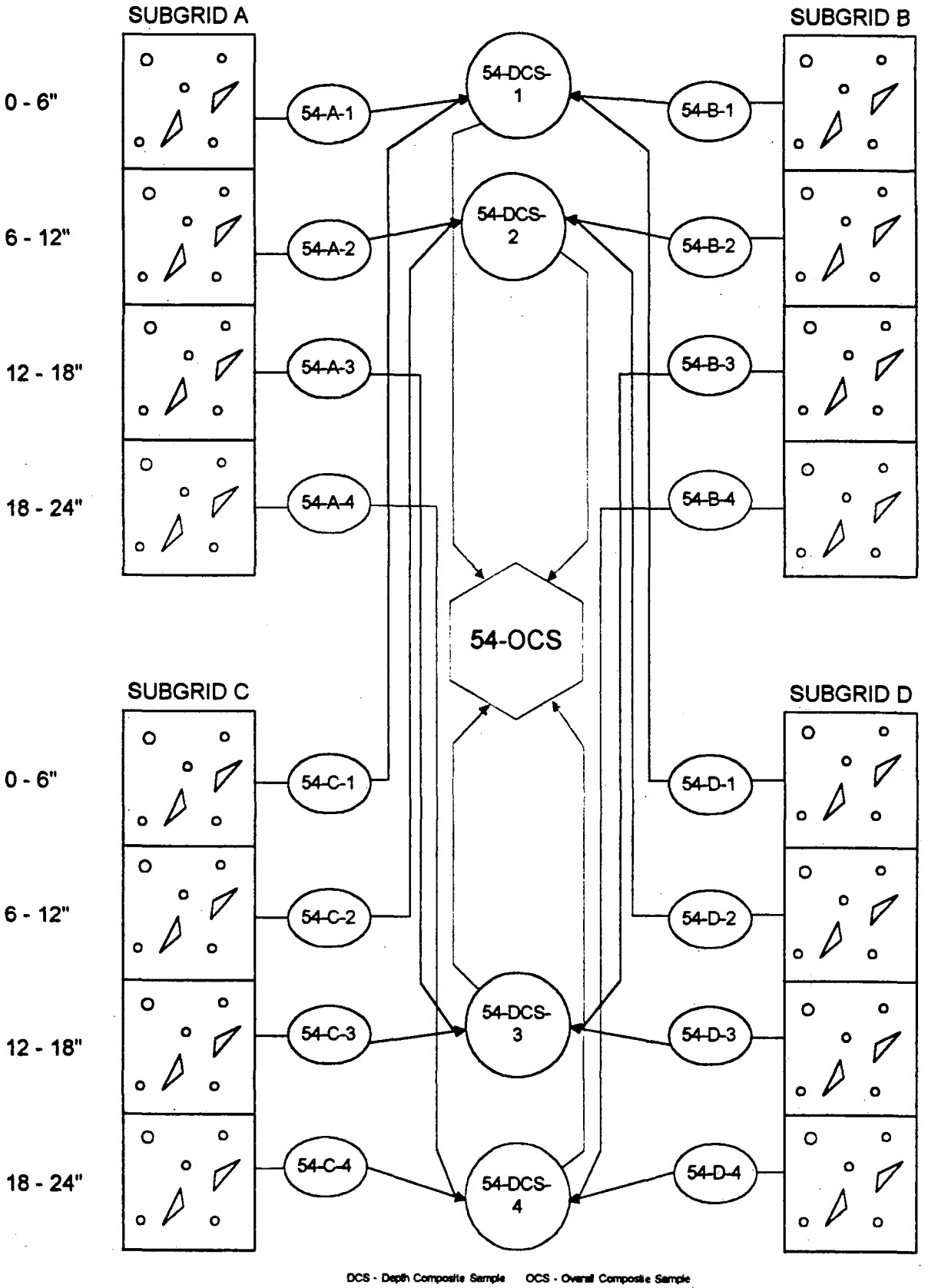
3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8587

FIGURE 1

d:\rll\rothstl.dgn Mar. 29, 1994 08:57:01

MAKEUP OF A COMPOSITE SAMPLE

Example: Grid 54

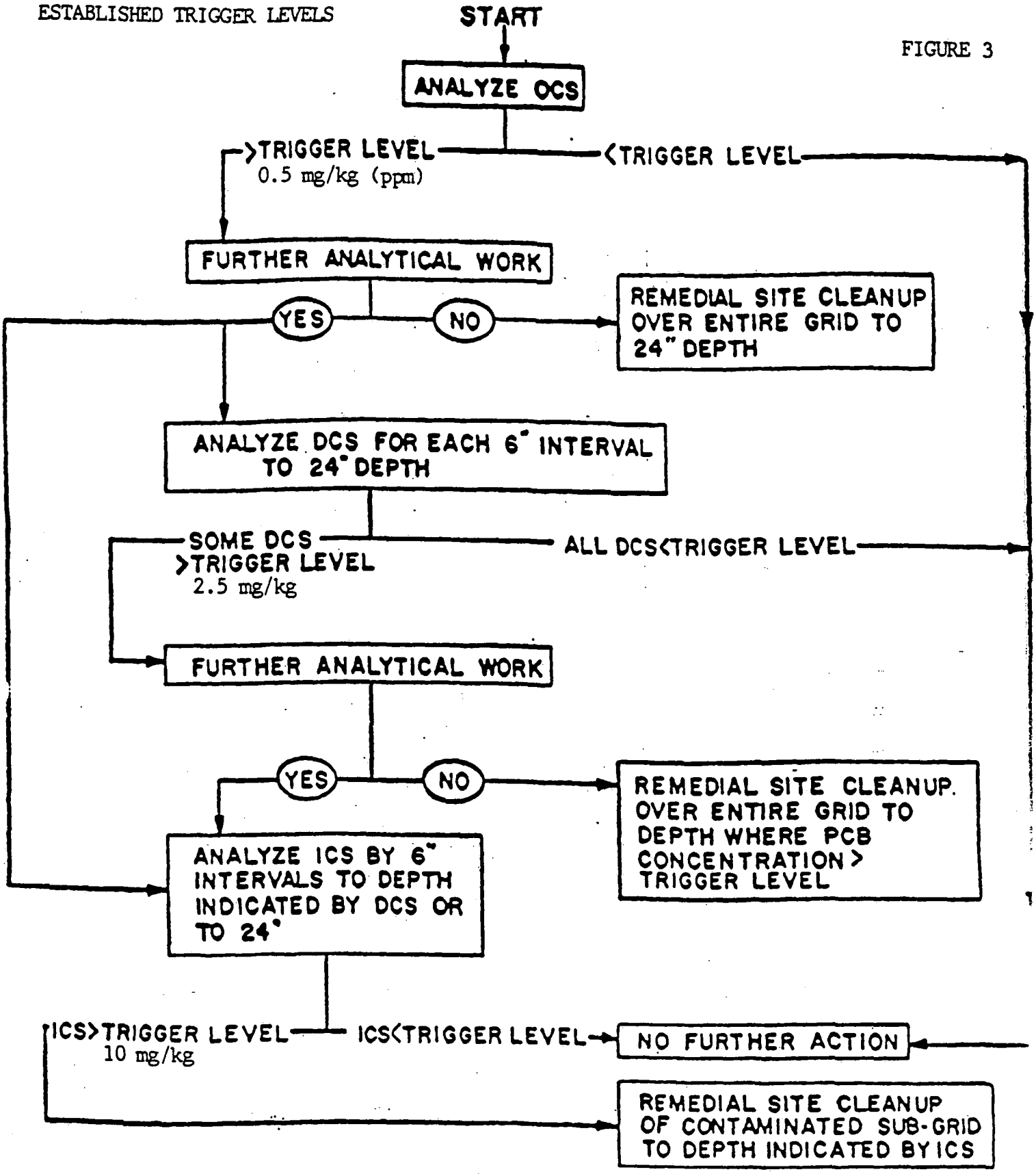


DCS - Depth Composite Sample OCS - Overall Composite Sample

ROTH STEEL CORPORATION, TRACY STREET

ESTABLISHED TRIGGER LEVELS

FIGURE 3



MALCOLM PIRNIE

ROTH STEEL CORPORATION

PCB CLEAN-UP DECISION TREE FOR EACH GRID

ATTACHMENT 1a

DRAFT FIELD INVESTIGATION PROGRAM
ROTH STEEL CORPORATION
ERIE BOULEVARD YARD
Syracuse, New York

June 1986
483-01-1
MALCOLM PIRNIE, INC.

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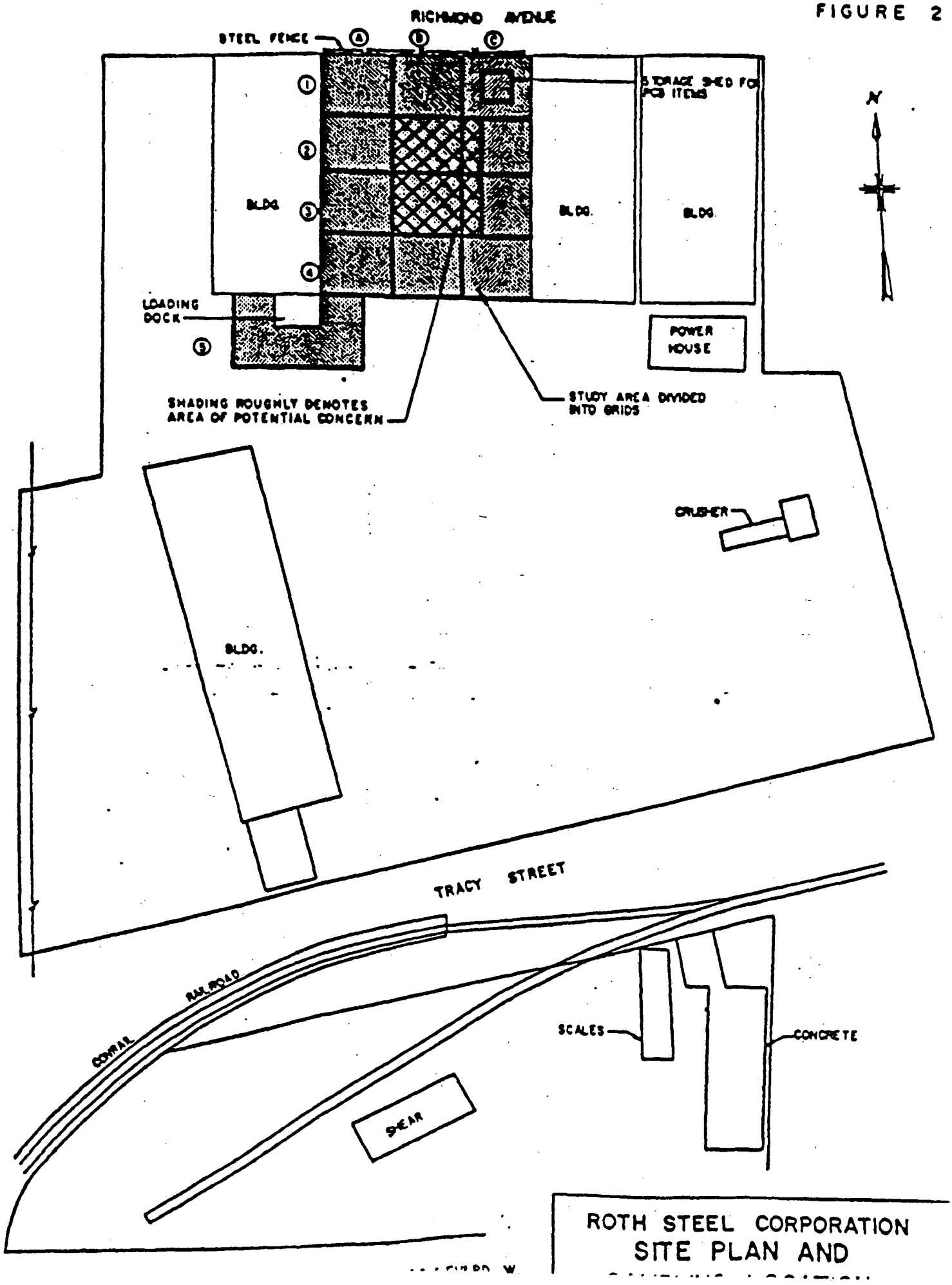
1	ANALYTICAL METHOD DETECTION LIMITS	3

FIGURE 2



ROTH STEEL CORPORATION
SITE PLAN AND

2.0 SAMPLE HANDLING PROCEDURES

2.1 Sample Collection

To allow the sampling and remedial work to proceed unhindered, all stored materials will be removed from the study area. Grids will be located using tape measurements from existing buildings and landmarks. Evidence of concentrated transformer cracking activity may prompt field adjustments in grid size and/or location.

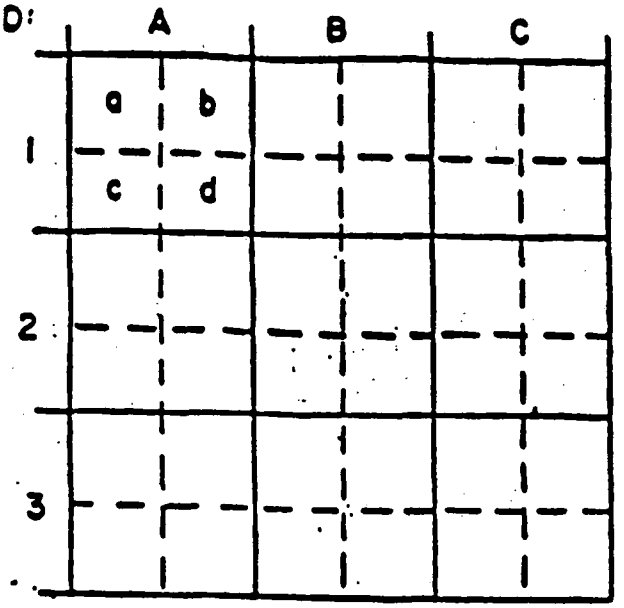
General sampling procedures are discussed here while the specific field protocols that will be utilized for sample collection, decontamination of equipment and sample compositing are presented in Appendix A. Since scrap operations have been conducted within the study area, the soil is likely to contain materials that would impede a core sampler. Therefore, at each sample location a 2-foot deep test pit will be dug by hand or by backhoe. A small stainless steel shovel will be used to scrape soil samples from the sidewalls. Samples from each 6-inch depth interval will be placed in clean glass containers with foil lining under the caps and labelled according to the system described in Figure-3. Sample preparation, including mixture for composite analysis, will be done at the laboratory under the engineer's direction.

2.2 Sample Handling/Chain of Custody

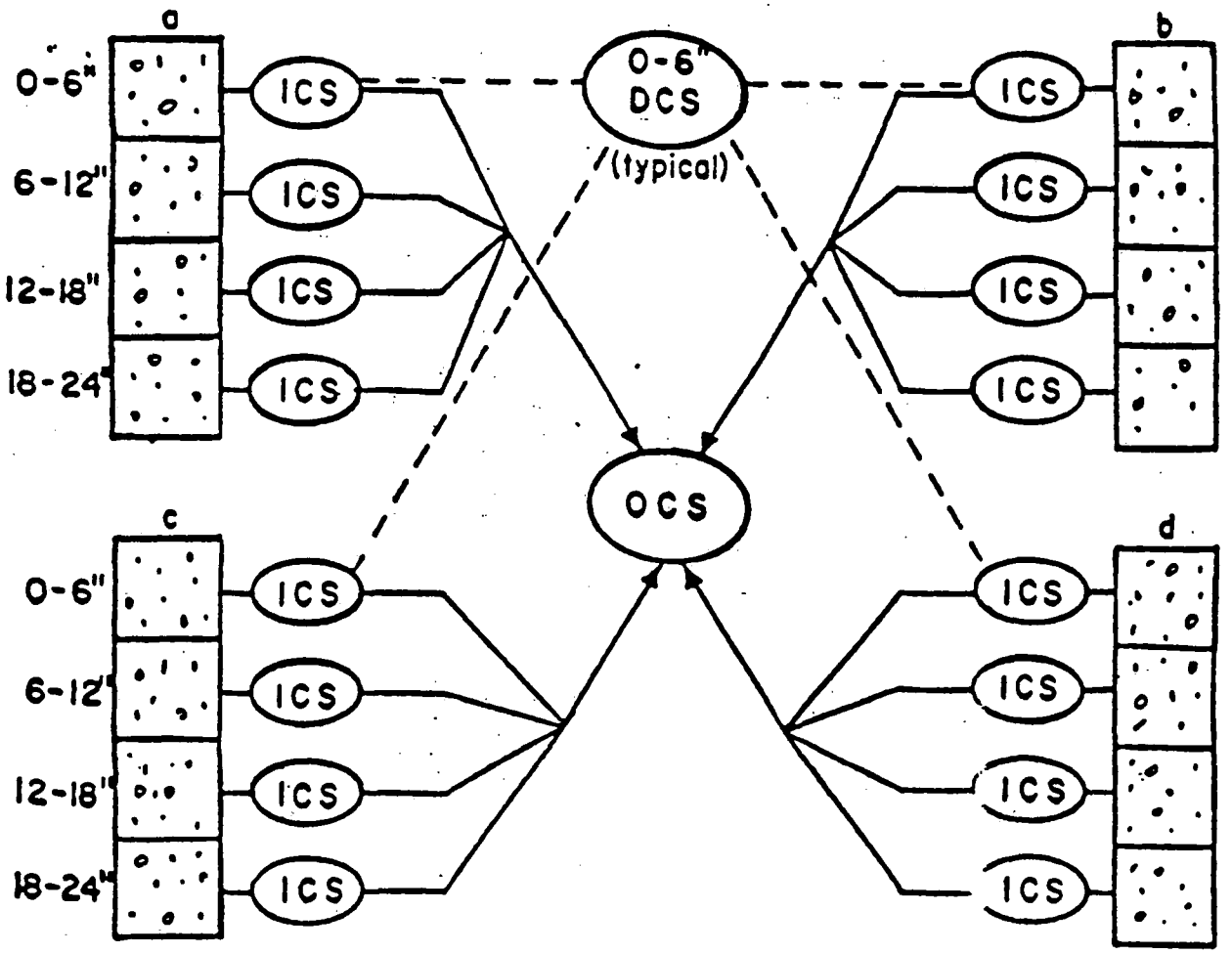
All samples will be carefully identified using waterproof labels and ink. Labels shall contain the following information: sample number, date and hour of sampling, complete information as to source and sampling point and name of person collecting the sample. Chain of custody forms will be completed upon collection of samples and transmitted to the laboratory with the samples. An example form is presented in Appendix B.

FIGURE

SAMPLING AREA GRID:



MAKEUP OF COMPOSITE SAMPLES:



MALCOLM PIRNIE

ROTH STEEL CORPORATION
GRID SAMPLING
APPROACH AND SAMPLE

All samples will be stored in a secure container throughout the site investigation. The samples will then be transmitted directly from the site to the laboratory for analysis at the completion of the site investigation.

2.3 Analytical Procedures

Each soil sample will be extracted by the soxhlet technique and analyzed per the procedures described in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, USEPA Office of Solid Waste and Emergency Response, Washington, D.C. SW-846, July 1983, Second Edition.

Table 1 identifies the analytical method detection limits in the various sample matrices for each PCB aroclor. These detection limits are the levels that can be attained under ideal conditions by a laboratory. The actual sample detection limits could be as much as one hundred times those listed in Table 1 due to matrix interferences such as motor oils; hydraulic fluids; naturally-occurring organic materials, or water in the soil; or the presence of two or more compounds that coellute or "mask" each other.

2.4 Quality Assurance/Quality Control

In order to assure the analytical integrity of the sample analysis performed for this study, the following measures will be taken:

- One unidentified duplicate sample will be included with the samples collected.

- The analytical laboratory will be required to produce documentation of satisfactory results from a USEPA quality control check sample analysis for PCB;s and USEPA priority pollutant analysis performed within the

TABLE 1

ANALYTICAL METHOD DETECTION LIMITS

PCB AROCLOR		SAMPLE MATRIX					
		water		soil		oil	
1016	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1221	<	0.20 ug/l	<	0.20 ug/g	<	4 mg/l	
1232	<	0.20 ug/l	<	0.20 ug/g	<	4 mg/l	
1242	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1248	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1254	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1260	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	

100 or
200 ppb

last six months.

- Sufficient sample will be collected each time to enable splits to be given to USEPA personnel on-site for verification analysis if so desired.

- Aliquots of all soil samples will be retained by the laboratory so that results can be verified by retesting from the same sample aliquot.

3.0 SAFETY PROCEDURES

In order to reduce the possibility of direct skin contact with PCB's during sampling activity, it is recommended that each person be provided with rubber gauntlets over disposable latex surgical gloves, rubber boots, tyvek disposable cover-alls, hardhats and safety glasses. All protective clothing will remain at the site. To reduce the possibility of inhalation of PCB-contaminated dust particles each worker will also be provided with a fabric dust mask.

All protective gear which came into direct contact with potentially-contaminated soil will be either decontaminated or discarded in properly labelled drums for later disposal at an approved and permitted disposal facility if it is determined that they have been in contact with hazardous material.

4.0 CONTAMINATION ASSESSMENT

Figure 4 presents a flow diagram outlining the analytical and decision making requirements prior to beginning remedial action. As a first attempt to screen out uncontaminated areas and further define the area of concern the lab personnel will first be directed to prepare and analyze the OCS (Overall Composite Sample) for each grid. If the OCS sample has a PCB

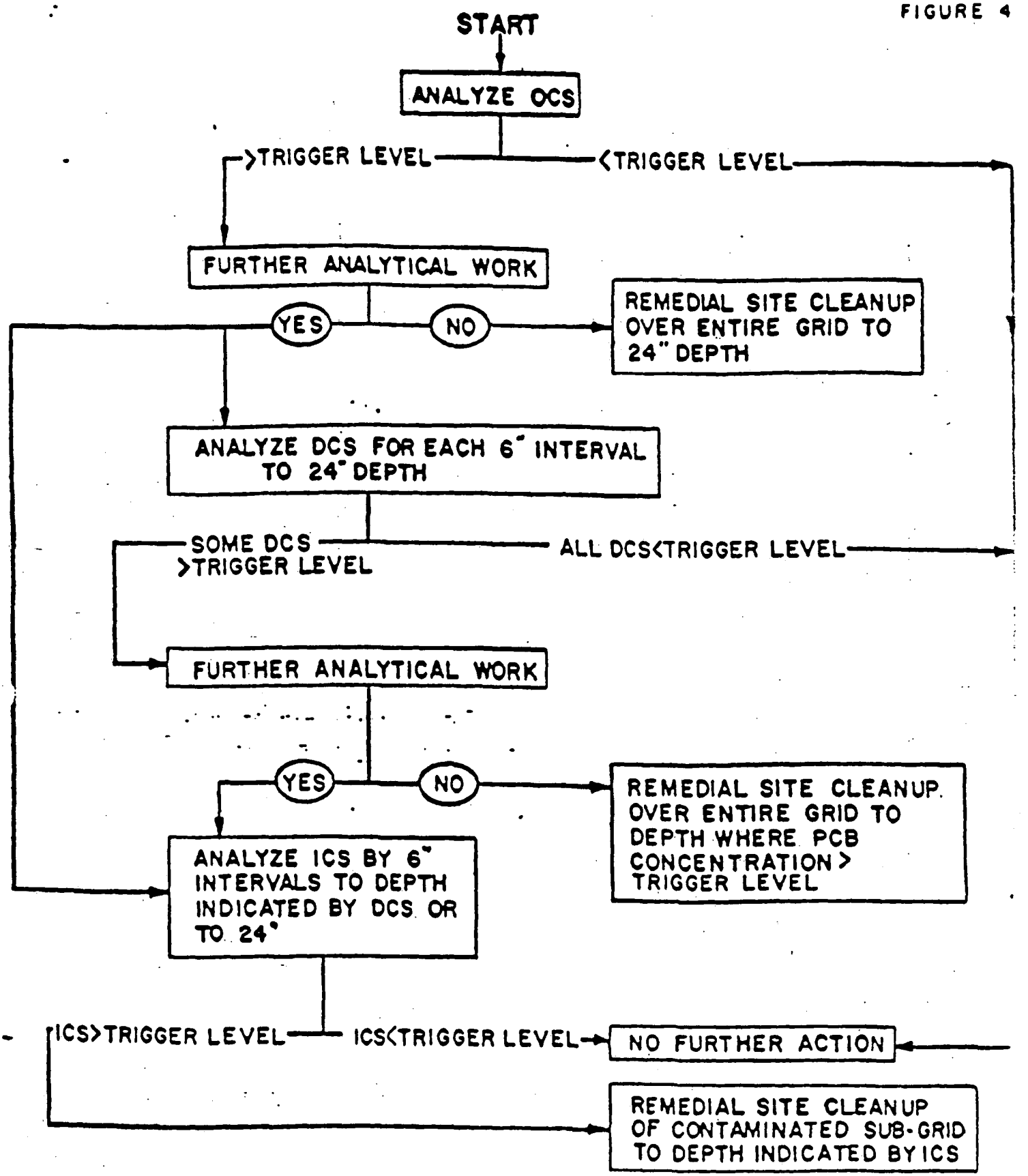
concentration greater than the method detection limit of 2 ppm, that grid will require further testing (viz. DCS and/or ICS sample analysis). A result less than 2 ppm removes that grid from consideration for remedial action. A conservative "trigger" concentration of 2 ppm total PCB was selected to account for dilution factors present in preparation of the OCS sample. The DCS sample's trigger concentration is 12.5 ppm based on the dilution factor associated with this type of composite sample. Analysis of the DCS (Depth Composite Sample) would indicate the depth increment which may be of concern, while the ICS (Individual Composite Sample) may further refine the area requiring remediation to one sub-grid of the grid system.

The decision on how far to proceed down the decision tree (Figure 4) before beginning remedial action depends on the degree of PCB contamination and the cost-effectiveness between analytical costs and remediation. For instance, a positive OCS of 5 ppm PCB would warrant further analytical work while a highly contaminated OCS sample (e.g. greater than 50 ppm PCB's) may trigger consideration of remedial action as the next step without further analysis. Also, a highly contaminated OCS sample may induce a decision to bypass the DCS sampling step (since there is a high probability of a positive DCS) and proceed directly to ICS sampling. These engineering judgments will be guided by the need to balance analytical costs with remediation costs.

As stated earlier, following completion of the sample analysis a Field Investigation Report will be prepared which outlines:

- the analytical methods and sampling procedures used,
- the number and location of all samples collected,

FIGURE 4



MALCOLM PIRNIE

ROTH STEEL CORPORATION
PCB CLEAN-UP DECISION

- the results of the quality control/quality assurance measures taken, and

- a summary of the analytical results of the field investigation.

Based on the results of the field investigation, a conceptual remedial plan will be developed for the site and presented in conjunction with the field investigation results.

APPENDIX 2

FIELD SAMPLING PROTOCOL

FIELD SAMPLING PROTOCOL

I. FIELD DECONTAMINATION

A contamination reduction zone will be designated on-site for cleaning and removal of all sampled collection equipment and personal protection clothing that comes in contact with potentially contaminated materials. All equipment and clothing will be cleaned according to the following procedures:

- Remove disposable clothing and contain for disposal at a proper facility.

- Wipe off loose dirt and material with a paper towel which will be disposed of in an appropriate container.

- Wash and scrub all items with detergent and tap water using a pressure hose.

- If any oily material persists, it may be necessary to rinse with kerosene prior to a second wash with detergent and tap water. Collect the waste kerosene in a metal or glass container for later disposal.

- Rinse with distilled water.

- Air dry and store on a polyethylene lining until ready for use.

- Clean shovels with a high pressured steam jet, and collect and contain the waste water for proper disposal.

II. SOIL SAMPLE COLLECTION

All soil samples will be collected according to the following procedures:

- All equipment that comes in contact with the soil will be cleaned according to the procedures outlined under "Field Decontamination".

- Two foot test pits will be excavated manually with a shovel and pick (if necessary). Excavated soil will be placed on the ground adjacent to the hole during sampling. The test pits will be dug and samples collected according to the following steps (please refer to the figure below):

  1. Using a stainless steel hand shovel, a small 6-inch hole will be dug in the approximate center of the subgrid and an 8-ounce soil sample will be collected from the depth interval 0 to 6 inches.

  2. A test pit (approximately 2 feet square) will then be dug to a depth of 6 inches and leveled.

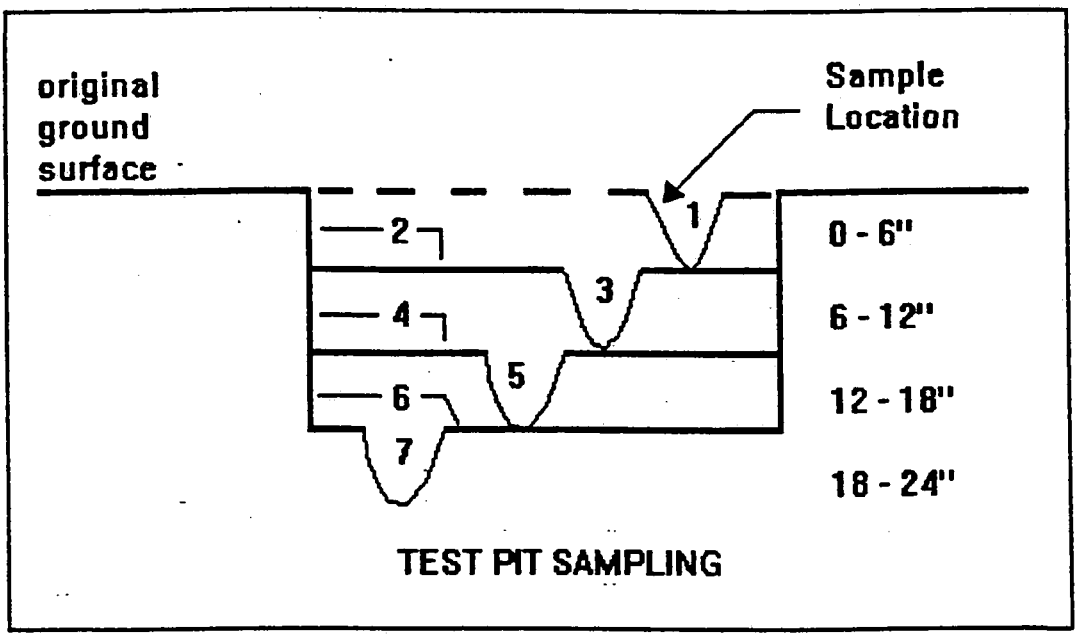
  3. A second 6-inch hole will be dug in the test pit using a clean hand shovel, and a sample will be collected for the depth interval 6 to 12 inches.

  4. The test pit will then be deepened to 12 inches and leveled.

  5. A third 6-inch hole will be dug in the test pit using a clean hand shovel, and a sample will be collected for the depth interval 12 to 18 inches.

  6. The test pit will then be deepened to 18 inches and leveled.

7. The fourth 6-inch hole will be dug in the test pit using a clean hand shovel, and the final sample will be collected for the depth interval 18 to 24 inches.



- The excavated soil will be returned to the test pit after collecting the final sample.

- During test pit excavation, any extraneous material will be removed from the pit. A description of all soils encountered in the test pits will be kept in a separate log book.

- The collected material will be passed through a wire mesh screen and onto a sheet of polyethylene to eliminate rocks and or metal debris from being collected.

- The sample will then be transferred to a properly labeled 8-ounce glass jar with a teflon-lined cap, placed in an ice chest, and sealed for storage.

III. SAMPLE COMPOSITING

Soil samples will be composited according to the following procedures:

- Depth Composite Samples

  For each grid, equal volumes of the individual samples from a particular depth will be composited. For example, for a DCS-1 at grid 54, 4 ounces of each ICS from each sub-grid at depth interval 1 (54-A-1, 54-B-1, 54-C-1, and 54-D-1) will be placed on a polyethylene mixing cloth or other suitable mixing container. The soil will be mixed by pulling the corners of the mixing cloth toward the diagonally opposite corner and rolling the sample upon itself, or by manually mixing the sample on the sheet. The resulting sample will be 16 ounces and labeled 54-DCS-1.

- Overall Composite Samples

  For each grid, equal volumes will be composited from the four DCS. For example, for 54-OCS, 4 ounces of the DCS from each depth interval (54-DCS-1, 54-DCS-2, 54-DCS-3, 54-DCS-4) will be placed on a polyethylene mixing cloth. The soil will be mixed by pulling the corners of the mixing cloth toward the diagonally opposite corner and rolling the sample upon itself, or by manually mixing the sample on the sheet. The resulting sample will be 16-ounces and labeled 54-OCS.

- Duplicate composite samples will be available to the EPA or DEC upon request.

APPENDIX 3

CHAIN OF CUSTODY FORM

ge ____ of ____

CHAIN OF CUSTODY RECORD

OJECT NO.	CLIENT NAME	# OF CON-TAIN-ERS	SAMPLE SITE	SAMPLER'S SIGNATURE

MPLE NO.	DATE	TIME	ORIGIN/SOURCE	# OF CON-TAIN-ERS	DESCRIPTION COMP	GRAB	OTHER	ANALYSES/TESTS REQUESTED

LINQUISHED BY GNATURE INT	DATE/TIME	RECEIVED BY SIGNATURE PRINT	DATE/TIME	RELINQUISHED BY SIGNATURE PRINT	DATE/TIME
CEIVED BY GNATURE INT	DATE/TIME	RELINQUISHED BY SIGNATURE PRINT	DATE/TIME	RECEIVED AT LAB BY SIGNATURE PRINT	DATE/TIME

MARKS

FLI ENVIRONMENTAL
446 Broad Street * Waverly, NY 14892-1445
Phone (607) 565-2893 * FAX (607) 565-4083

APPENDIX 4

HEALTH AND SAFETY PLAN

HEALTH AND SAFETY PLAN

FOR

ROTH STEEL CORPORATION, TRACY STREET SITE

(A) Site Description

Location The property is approximately 2.5 acres and consists of five buildings along its outer perimeters. The site is bounded by Tracy Street to the south, Richmond Ave. to the north, and lands owned by other industries to the east and west. The entire site is enclosed, bordered by buildings or fences.

Accessibility The property is accessible through two gates off Tracy Street that are currently locked. The site is also accessible from Richmond Ave. via a building on-site.

Topography The soil at the site is predominantly fill material, with scrap metal material interspersed. Throughout the site are depressions caused by past remedial efforts (soil removed without being replaced). There is little to no grass or paved areas.

Utilities Water, electricity, telephone service and heat are available. Currently rest room facilities are not operational.

Entry Objectives

The initial objective of the site entry is to collect soil samples for the analysis of PCBs. If PCBs are detected, the objective will then be to remove contaminated soil.

(B) Hazards and Associated Risks with Site Activity

Soil samples previously analyzed from the site were confirmed as having PCB concentrations of up to 5,300 ppm. The area sampled (originally believed to be the contaminated zone) has since been remediated to levels below the accepted standard. However, the investigation currently being conducted is in areas where the PCB concentrations are unknown. The following is a list of possible hazard exposure routes:

Route of Exposure	Origin
Inhalation	Airborne PCB dust
Dermal	Direct contact with soil
Oral	Hand to mouth transfer after contact with contaminated soil

(C) Personnel Responsible for Site Safety, Response Operations, and for Protection of Public Health:

PROJECT TEAM LEADER:	Joel D. Plumley, P.E.
FIELD LEADER:	Rebecca L. Luman
SAFETY OFFICER:	Rebecca L. Luman
FIELD TEAM MEMBERS:	Joel D. Plumley, P.E.
	Joseph E. Durand, P.E.
	John C. Herrmann
	Frank A. Karboski
EPA REPRESENTATIVE:	Robert Olechowski
OWNER REPRESENTATIVES:	Sidney Manes, Esquire
	Richard Brickwedde, Esquire
CONTRACTORS:	FLI Environmental Services
	Renshaw Bay Corporation

All on-site personnel will have 40-hour OSHA training.

(E) Work Zones

Work zones have been established to reduce the potential of cross contamination. The zones that have been identified for this investigation are the "clean zone", staging area, exclusion zone, and contamination reduction zone (see Figure 1).

The "clean zone" is the portion of the site that was previously remediated. This area will be marked off, and access will only be allowed by means of an ingress/egress path established from the staging area to the contamination reduction zone.

The staging area will be inside the building off Richmond Avenue. This area will be used for a command post for field operations, equipment storage, and sampling setup. The staging area will also serve as ingress and egress to the site from Richmond Avenue.

The contamination reduction zone will be an area outside the clean zone set up for personnel and equipment decontamination. Disposable coveralls will be removed and disposed and soiled equipment will be cleaned before leaving this area to enter the staging area via a path through the clean zone.

The exclusion zone will include areas that have not been sampled or determined to be clean. At the start of the current investigation, all area south of the "clean area" to the Tracy Street fence line will be part of the exclusion zone. Entrance to the exclusion zone requires wearing the prescribed personal protection equipment.

As the investigation proceeds, zones that are found to be clean through analytical testing will be marked off and identified as "clean". Access from the exclusion zone to the clean areas will not be allowed to avoid potential cross contamination.

(F) Protection to be Worn by Personnel in Work Areas

Based on evaluation of potential hazards the protection on-site has been designated as "Level D". The equipment necessary for this level are as follows:

- Hard hat
- Cover boots
- Chemically protective inner boots w/steel toe
- Chemical resistant gloves
- Tyvek coveralls
- Dust mask
- Safety glasses

(G) Procedures to Control Site Access

Currently, the site is enclosed by fences and buildings. To control site access, the gates on Tracy Street will remain locked, except to move large equipment on or off site. Ingress and egress of workers onto the site will be via the building off Richmond Avenue. When personnel are not on-site, the building will be locked and the site secured.

(H) Decontamination procedures

Personnel will be required to remove coveralls, boots and gloves before leaving the decontamination area. Coveralls and any other waste material leaving the exclusion zone will be considered contaminated and disposed at a proper facility.

A three-stage rinse process will be used for personnel and equipment. The first step includes brushing or scrubbing off any residuals. The next step will be to wash with an appropriate detergent. If there is known contamination, a specific detergent/

solvent will be used. The final step will be to rinse with tap water. All spent solution will be considered contaminated, captured into approved containers, and disposed by a proper waste handler.

(I) Site Emergency Medical Treatment

1. The key project personnel will be trained in CPR and first aid.

2. Appropriate first aid and CPR equipment will be available in the staging area.

3. A phone will be available on site. In case of emergency:

Emergency Medical Technician:	Dial:	911
Fire Department:		911
Ambulance Service:		911

4. Nearest Hospital: Crouse Irving Memorial
736 Irving Avenue
Syracuse, New York
470-7111

A map to the hospital will be available on site.

(J) Weather-Related Problems

The work is scheduled to begin in the spring of 1993. In the Syracuse, New York area, this time of year should be mild to cool, with some rainy days. Depending on the length of the project, the investigation may go on into the summer, fall and winter.

Cold Stress — Investigation team members and subcontractors are required to wear appropriate layers of clothing beneath disposable coveralls. In the event a worker becomes chilled, he or she will take a break and warm up in the heated staging area.

Heat Stress

Investigation team members and subcontractors are required to wear appropriate light weight clothing beneath disposable coveralls. This measure should help to reduce potential heat stress. In addition, work schedules will be designed to provide sufficient resting periods for cooling down. In the event a worker begins to suffer heat stress, he or she will take a break in a shaded area, sit down, and drink plenty of fluids.

Other

Besides temperature related problems, another weather condition that could cause problems is excessive dryness. If several hot, dry days fall in a row, there could be an increase in dust on the site. Since the dust is potentially PCB contaminated, personnel will be required to spray the site with water if such conditions occur.

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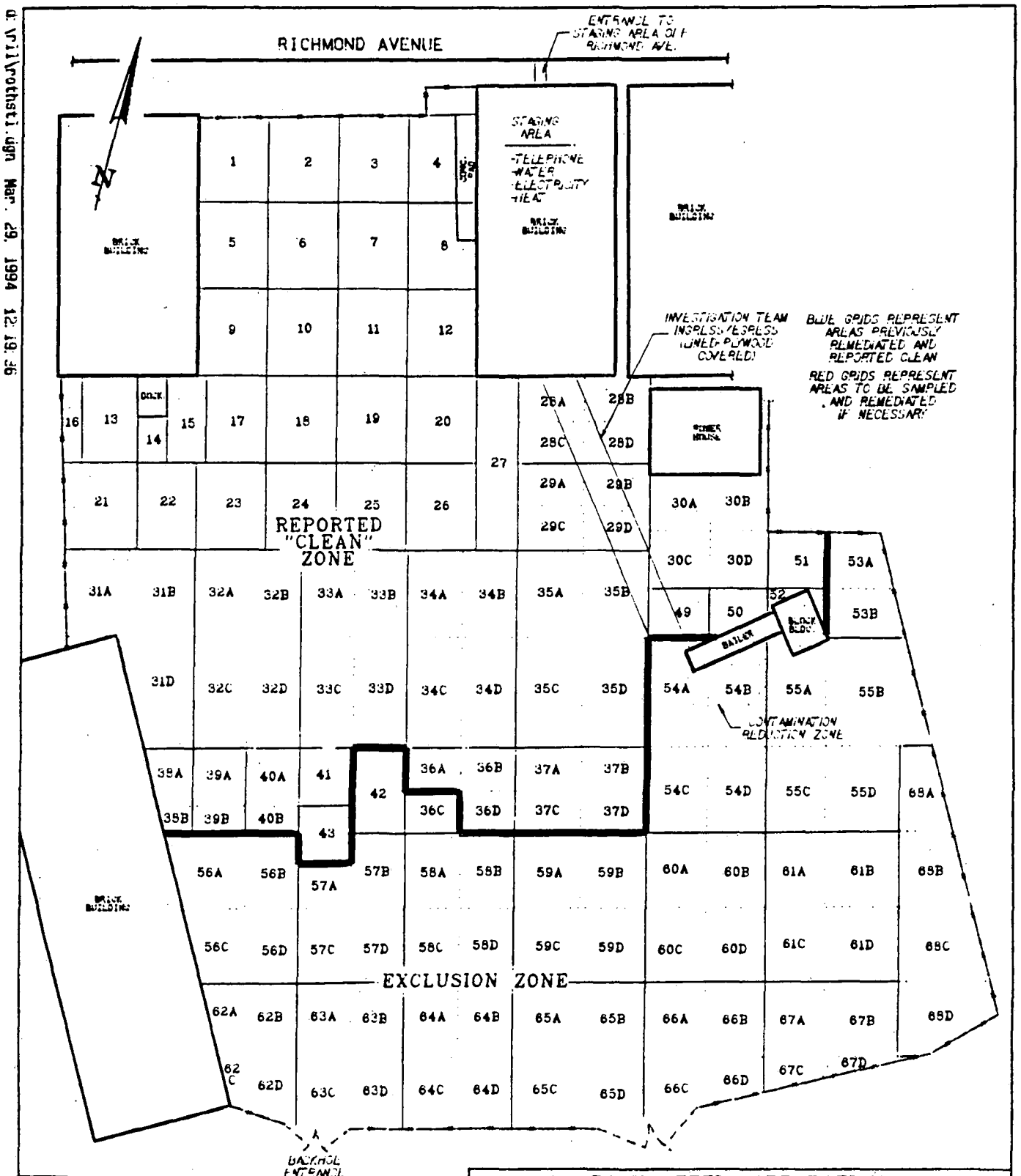


ROTH STEEL CORPORATION

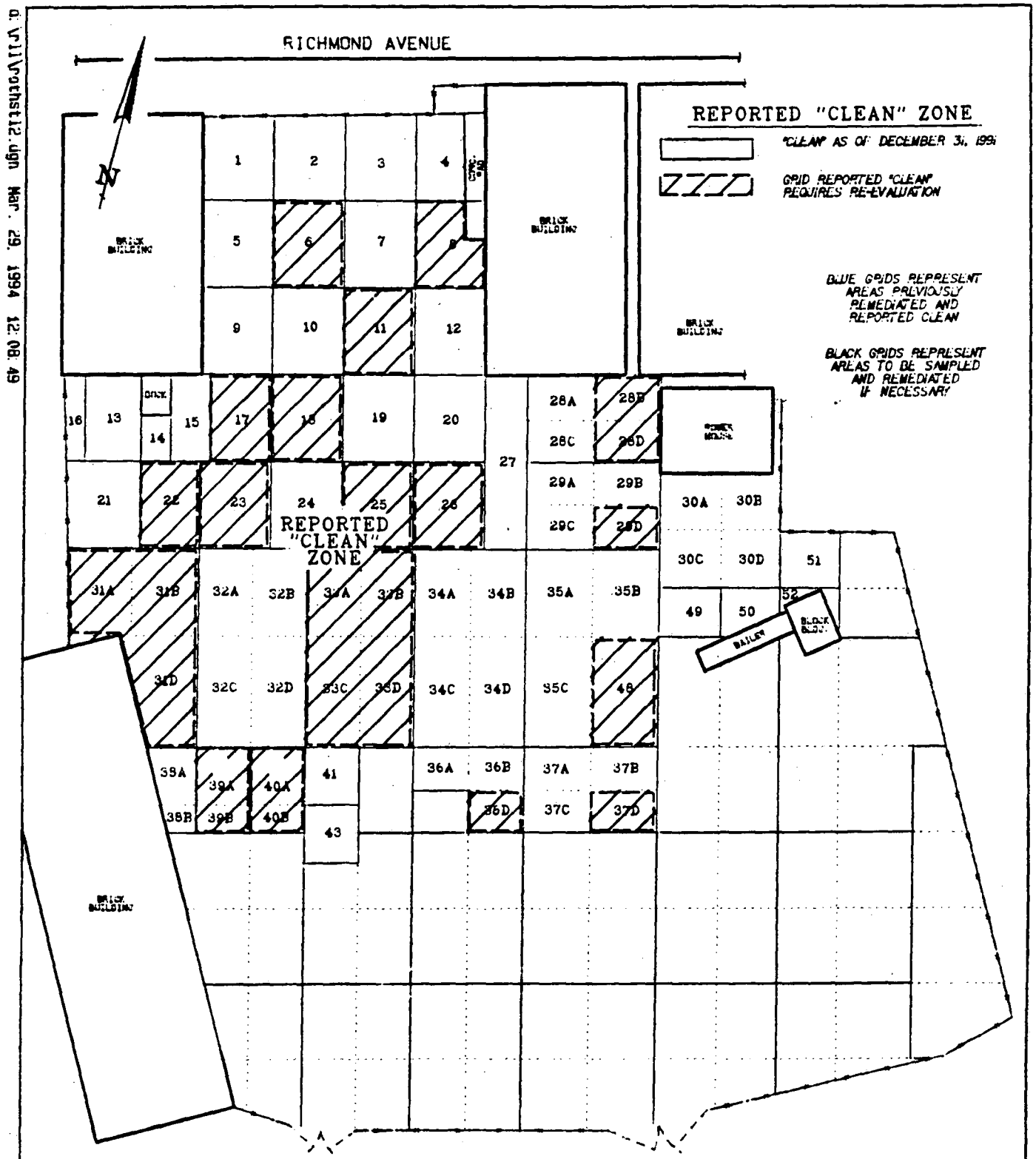
CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: DECEMBER, 1993	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.

3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-6587

FIGURE 1



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ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP
PLUMLEY ENGINEERING, P.C. 3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8587		SHEET 1

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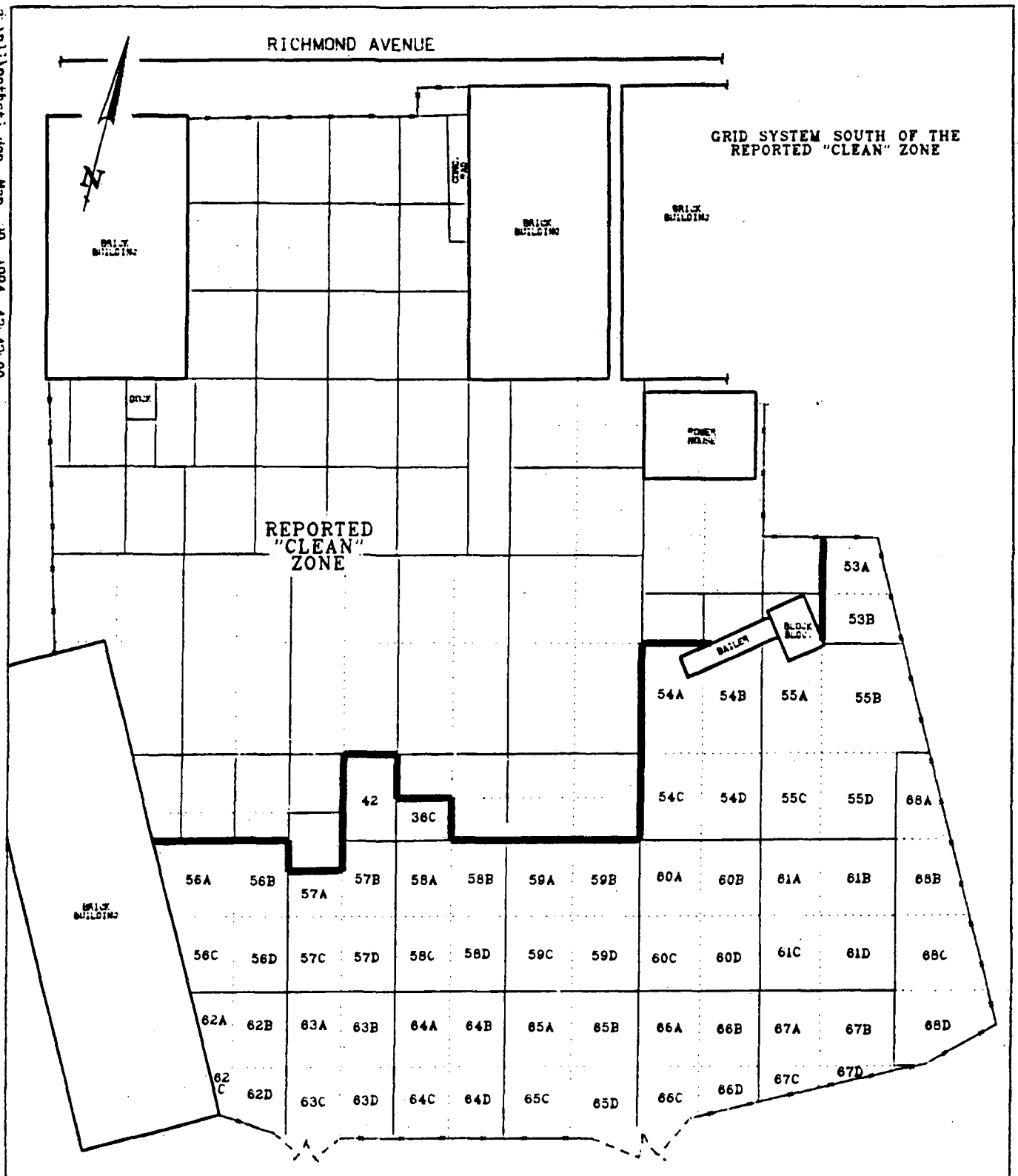


ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: DECEMBER, 1993	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.

3010 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 636-8587

SHEET 2

TABLE 1

Roth Steel Corporation
Clean Directory as of December 31, 1991

SampleType/ Grid No. [1]	Concentration (ppm)	Lab Report Date
OCS-1	1.4	3/13/89
DCS-1-1	0.43	3/13/89
DCS-1-2	1	3/13/89
DCS-1-3	0.68	3/13/89
DCS-1-4	1.4	3/13/89
OCS-2	0.14	3/13/89
OCS-3	0.9	3/13/89
DCS-3-1	0.32	3/13/89
DCS-3-2	<0.2	3/13/89
DCS-3-3	<0.2	3/13/89
DCS-3-4	<0.2	3/13/89
OCS-4	3	3/13/89
DCS-4-1	0.27	3/13/89
DCS-4-2	0.5	3/13/89
DCS-4-3	0.31	3/13/89
DCS-4-4	0.51	3/13/89
OCS-5	0.2	3/13/89
OCS-6	**1.7**	3/13/89
DCS-6-1	<0.2	3/13/89
DCS-6-2	0.97	3/13/89
DCS-6-3	1.2	3/13/89
DCS-6-4	**4.4**	3/13/89
OCS-7	0.2	3/13/89
OCS-8	**0.88**	1/31/90
OCS-9	0.11	3/13/89
OCS-10	<0.2	3/13/89
OCS-11	**0.92**	3/13/89
DCS-11-1	**140**	3/13/89
OCS-12	<0.5	1/30/90
OCS-13	<0.2	3/13/89
OCS-14	<0.2	3/13/89
OCS-15	<0.2	3/13/89
OCS-16	0.7	3/13/89
DCS-16-1	<0.2	3/13/89
DCS-16-2	<0.2	3/13/89
DCS-16-3	<0.2	3/13/89
DCS-16-4	<0.2	3/13/89
OCS-17	**1.9**	3/13/89
DCS-17-1	**3.5**	3/13/89
DCS-17-2	**7.7**	3/13/89
DCS-17-3	**14**	3/13/89
DCS-17-4	<0.2	3/13/89
OCS-18	**2.5**	8/6/91

SampleType/ Grid No. [1]	Concentration (ppm)	Lab Report Date
OCS-19	<0.5	10/10/91
OCS-20	0.07	3/13/89
DCS-20-1	<0.2	3/13/89
DCS-20-2	<0.2	3/13/89
DCS-20-3	<0.2	3/13/89
DCS-20-4	<0.2	3/13/89
OCS-21	<0.5	1/30/90
OCS-22	**0.59**	1/30/90
OCS-23	**1**	1/30/90
OCS-24	<0.5	1/31/90
OCS-25	**2.7**	1/31/90
OCS-26	**<20**	1/31/90
OCS-27	<0.5	1/31/90
OCS-28 [2]	<0.5	1/31/90
OCS-28B	**2.24**	**1/10/91**
OCS-28D	**0.59**	**1/10/91**
OCS-29 [2]	**5.5**	1/31/90
OCS-29B	0.62	12/30/91
ICS-29B-1	2.8	1/10/91
OCS-29D	**5.5**	12/30/91
DCS-30A-1,-2	0.8	1/10/91
ICS-30B-1	1.5	1/10/91
ICS-30C-1	<0.5	1/10/91
ICS-30D-1	1.5	1/10/91
OCS-31	**1.3**	1/31/90
OCS-32	<0.5	1/31/90
OCS-33	**1.14**	1/31/90
OCS-34	<0.5	1/31/90
OCS-35	<0.5	8/6/91
OCS-36 [2]	<0.5	1/31/90
ICS-36D-1	**13.7**	2/13/90
ICS-36D-2	1.1	2/13/90
ICS-36D-3	0.69	2/13/90
ICS-36D-4	6.2	2/13/90
ICS-37A-1	<0.5	1/31/90
ICS-37A-2	<8	1/31/90
ICS-37A-3	<0.5	1/31/90
ICS-37A-4	<0.5	1/31/90
ICS-37B-1	<0.5	1/10/91
ICS-37B-2	<0.5	8/6/91
ICS-37B-3	<0.5	8/6/91
ICS-37B-4	<0.5	8/6/91

SampleType/ Grid No. [1]	Concentration (ppm)	Lab Report Date
ICS-37C-1	5.8	2/13/90
ICS-37C-2	<0.5	2/13/90
ICS-37C-3	<0.5	2/13/90
ICS-37C-4	<1	2/13/90
ICS-37D-1	**12.3**	2/13/90
ICS-37D-2	8	2/13/90
ICS-37D-3	0.5	2/13/90
ICS-37D-4	0.77	2/13/90
DCS-38-1	<0.5	2/13/90
DCS-38-2	<0.5	2/13/90
DCS-38-3	<0.5	2/13/90
DCS-38-4	<0.5	2/13/90
DCS-39-1	**39**	2/13/90
DCS-39-2	**7.8**	2/13/90
DCS-39-3	**37**	2/13/90
DCS-39-4	1.9	2/13/90
DCS-40-1	**44**	2/13/90
DCS-40-2	<1	2/13/90
DCS-40-3	**13.2**	2/13/90
DCS-40-4	<0.5	2/13/90
41-1	<2	12/10/90
DCS-41-2	3.1	2/13/90
DCS-41-3	6.9	2/13/90
DCS-41-4	<0.5	2/13/90
43-1	0.84	8/6/91
43-2	<0.5	8/6/91
43-3	<0.5	8/6/91
43-4	<0.5	8/6/91
OCS-44 [3]	<0.5	8/6/91
48-1	**6.2**	1/10/91
48-2	<0.5	8/6/91
48-3	<0.5	8/6/91
48-4	<1	8/6/91
49-1	<0.5	1/10/91
50-1	2.44	1/10/91
51-1	0.66	1/30/91
51-2	0.83	1/30/91
51-3	<1	1/30/91
51-4	<0.5	1/30/91

[1] DCS or ICS values reported only if necessary to show "trigger" level has been met.

[2] OCS-28 & 29 include only sub-grids A & C and OCS 36 includes only sub-grids A & B as of 1/31/90

[3] OCS-44 refers to Comp. 44B-1 to 44 D-4. There is no reference to this grid any where else.

BOLD - Indicates "clean grids" which need to be re-evaluated

TABLE 2

Roth Steel Corporation
Grids in the "Clean" Zone that do not Meet Clean-up Standards

SampleType/ Grid No. [1]	Concentration (ppm)	Lab Report Date	Comment
OCS-6	1.7	3/13/89	DCS-6-4 was the only DCS above trigger level (of 2.5 ppm). No ICS were analyzed. (See ACEM trigger levels)
DCS-6-4	4.4	3/13/89	
OCS-8	0.88	1/31/90	OCS just above trigger level. No DCSs were analyzed. (See ACEM trigger levels).
OCS-11	0.92	3/13/89	OCS just above trigger level. DCSs were analyzed and all were below trigger level, except for DCS-11-1 which was 140 ppm.
DCS-11-1	140	3/13/89	
OCS-17	1.9	3/13/89	OCS above trigger level. 3 of 4 DCS were above trigger level for DCS. No ICSs were analyzed. (See ACEM trigger levels)
DCS-17-1	3.5	3/13/89	
DCS-17-2	7.7	3/13/89	
DCS-17-3	14	3/13/89	
OCS-18	2.5	8/6/91	OCS just above trigger level. No DCSs were analyzed. (See ACEM trigger levels)
OCS-22	0.59	1/30/90	OCS just above trigger level. No DCSs were analyzed. (See ACEM trigger levels)
OCS-23	1	1/30/90	OCS just above trigger level. No DCSs were analyzed. (See ACEM trigger levels)
OCS-25	2.7	1/31/90	OCS just above trigger level. No DCSs were analyzed. (See ACEM trigger levels)
OCS-26	<20	1/31/90	Originally reported as <2.0; actual detection limit well above trigger level.
OCS-26B	2.24	1/10/91	OCS of sub-grid only; just above trigger level. No DCSs were analyzed.
OCS-26D	0.59	1/10/91	OCS of sub-grid only; just above trigger level. No DCSs were analyzed.
OCS-29 [2]	5.5	1/31/90	OCS just above trigger level. No DCSs were analyzed.
OCS-29D	5.5	12/30/91	OCS of sub-grid only; just above trigger level. No DCSs were analyzed.
OCS-33	1.14	1/31/90	OCS just above trigger level. No DCSs were analyzed.
ICS-36D-1	13.7	2/13/90	ICS above remedial action concentration. (see ACEM trigger levels)
ICS-37D-1	12.3	2/13/90	ICS above remedial action concentration. (see ACEM trigger levels)
DCS-39-1	39	2/13/90	May have been considered ICS due to small size of grid. (See ACEM trigger levels)
DCS-39-2	7.8	2/13/90	May have been considered ICS due to small size of grid. (See ACEM trigger levels)
DCS-39-3	37	2/13/90	May have been considered ICS due to small size of grid. (See ACEM trigger levels)
DCS-40-1	44	2/13/90	May have been considered ICS due to small size of grid. (See ACEM trigger levels)
DCS-40-3	13.2	2/13/90	May have been considered ICS due to small size of grid. (See ACEM trigger levels)
48-1	6.2	1/10/91	Not divided into sub-grids. Could be considered an ICS since total grid is small. In that case, it would be below the 10 ppm remediation concentration.

[1] ICS - Individual Core Sample. Remediation was to be undertaken for all soil found to be over 10 ppm total PCBs
DCS - Overall Composite Sample: Composed of equal-weight aliquots from a given sample depth from each subgrid within a grid
OCS - Overall Composite Sample: Composed of equal-weight aliquots from each of the four DCS from a grid

[2] OCS-29 includes only sub-grids A & C as of 1/31/90

[3] ACEM trigger levels were higher than "Established" levels. See "Trigger Level History", attached

TABLE 3

Roth Steel Corporation Field Investigation
"Trigger Level" History

Sample Type	Trigger Level Concentration (ppm)		
	Proposed Level (MPI -Draft Field Investigation June 1986)	Established Levels (MPI Remediation Plan/Field Investigation Report, August 1988) *	ACEM Levels (Table 1 -Compliance Status Update)
ICS[1]	10	10	50
DCS[2]	12.5	2.5	12.5
OCS[3]	2	0.5	3

[1] ICS - Individual Core Sample. Remediation was to be undertaken for all soil whose concentration was found to be over 10 ppm total PCBs.

[2] DCS - Overall Composite Sample: Composed of equal-weight aliquots from a given sample depth from each subgrid within a grid. Further analysis of ICS was required for samples whose concentrations were found to be above 2.5 ppm.

[3] OCS - Overall Composite Sample: Composed of equal-weight aliquots from each of the four DCS from a grid. Further analysis of DCS was required for samples whose concentration were found to be above ND<0.5 ppm.

* Attachment to the Consent Agreement and Final Order, July 1987.

TABLE 4

Roth Steel Corporation - Tracy Street Property
Soil Removal to Date

Grid No.	Sub-grid	Soil Removed (feet)						
		Malcom Pirnie (9/28/88)	ACEM RP #1 (12/5/88)	ACEM RP #2 (1/16/89)	ACEM RP #3 (5/18/89)	ACEM RP #4 (10/17/89)	ACEM (Post April '90 Report) [2]	TOTAL (to date)
1	A	1	0	0	0	0	0	1
	B	1	0	0	0	0	0	1
	C	1	0.5	0	0	0	0	1.5
	D	1	0.5	0	0	0	0	1.5
2	[1]	0	0	0	0	0	0	0
3	[1]	0	0	0	0	0	0	0
4	A	1	0	0	0	0	0	1
	B	1	0	0	0	0	0	1
	C	1	0	0	0	0	0	1
	D	1	0	0	0	0	0	1
5	A	1	1	0.25	0	0	0	2.25
	B	1	0.5	0.5	0	0	0	2
	C	1	0	0.5	0	0	0	1.5
	D	1	0	0.25	0	0	0	1.25
6	A	1	0	0.5	0	0	0	1.5
	B	1	0.5	0.5	0	0	0	2
	C	1	0	0	0	0	0	1
	D	1	1	0.5	0	0	0	2.5
7	A	1	0.5	0.5	0	0	0	2
	B	1	0.5	0.5	0	0	0	2
	C	1	0.5	0.5	0	0	0	2
	D	1	1	0.25	0	0	0	2.25
8	A	2	1	0.25	0.5	1.25	0	5
	B	Dock	Dock	Dock	Dock	Dock	Dock	Dock
	C	2	1	0.5	0	1	0	4.5
	D	2	0	0	1.5	1.75	0	5.25
9	A	2	1	0.5	0	0	0	3.5
	B	2	0.5	0	0	0	0	2.5
	C	2	1	0.5	0	0	0	3.5
	B	2	0.5	0	0	0	0	2.5
10	A	1	1	0	0	0	0	2
	B	1	2	0	0	0	0	3
	C	1	1	0	0	0	0	2
	D	1	2	0	0	0	0	3
11	A	2	1	0.5	0	0	0	3.5
	B	2	1	0.5	0	0	0	3.5
	C	2	1	0.5	0	0	0	3.5
	D	2	2	0	0	0	0	4
12	A	2	1	0.5	0.25	0.75	0	4.5
	B	2	1	0.5	0.25	1.5	0	5.25
	C	2	1	0.5	1	0.5	0	5
	D	2	2	0.5	1	1.25	0	6.75
13	A	1	0.5	0.25	0	0	0	1.75
	B	1	0.5	0.5	0	0	0	2
	C	1	0.5	0.5	0	0	0	2
	D	1	0.5	0.5	0	0	0	2
14	[1]	2	2	0.75	0	0	0	4.75
15	A	1	1	0.5	0	0	0	2.5
	B	1	1	0.5	0	0	0	2.5
	C	1	2	0.5	0	0	0	3.5
	D	1	2	0.25	0	0	0	3.25

[1] Grid was not subdivided for soil removal

[2] Post April '90 soil shipments were on November 20, 27 & December 3, 1990, unless otherwise noted

TABLE 4

Grid No.	Sub-grid	Soil Removed (feet)						
		Malcom Pirnie (9/28/88)	ACEM RP #1 (12/5/88)	ACEM RP #2 (1/16/89)	ACEM RP #3 (5/18/89)	ACEM RP #4 (10/17/89)	ACEM (Post April '90 Report) [2]	TOTAL (to date)
16	[1]	0	0.5	1	0	0	0	1.5
17	A	0	0	0.5	0	0	0	0.5
	B	0	0	0.5	0	0	0	0.5
	C	0	0	0.5	0	0	0	0.5
	D	0	0	0.5	0	0	0	0.5
18	A	0	0	0	0.25	0	0.5	0.75
	B	0	0	0.5	1	0	0.5	2
	C	0	0	0.5	0.75	0	0.5	1.75
	D	0	0	0.5	1.25	0	0.5	2.25
19	A	0	0	0.5	0	0	1	1.5
	B	0	0	0.5	0	0	1	1.5
	C	0	0	2	0	0	1	3
	D	0	0	2	0.25	0	1	3.25
20	A	0	0	1	0	0	0	1
	B	0	0	2	0	0	0	2
	C	0	0	2	0	0	0	2
	D	0	0	3	0	0	0	3
21	A	0	0	0	0	0.75	0	0.75
	B	0	0	0	0	0.75	0	0.75
	C	0	0	0	0	0	0	0
	D	0	0	0	0	1	0	1
22	A	0	0	0	0	1	0	1
	B	0	0	0	0.5	0.25	0	0.75
	C	0	0	0	0	1	0	1
	D	0	0	0	0	0.75	0	0.75
23	A	0	0	0	0	0	0	0
	B	0	0	0	0	0.25	0	0.25
	C	0	0	0	0	1	0	1
	D	0	0	0	0	0.25	0	0.25
24	A	0	0	0	0	0.5	0	0.5
	B	0	0	0	0	0.75	0	0.75
	C	0	0	0	0	0	0	0
	D	0	0	0	0	0.5	0	0.5
25	A	0	0	0	0	1.5	0	1.5
	B	0	0	0	0	1	0	1
	C	0	0	0	0	1.5	0	1.5
	D	0	0	0	0	1.25	0	1.25
26	A	0	0	0	0	1	0	1
	B	0	0	0	0	1	0	1
	C	0	0	0	0	1	0	1
	D	0	0	0	0	1.5	0	1.5
27	A	0	0	0	0	1.5	0	1.5
	B	0	0	0	0	2	0	2
	C	0	0	0	0	2	0	2
	D	0	0	0	0	1.5	0	1.5
28	A	0	0	0	0	2.5	0	2.5
	B	0	0	0	0	0	2.5	2.5
	C	0	0	0	0	2.5	0	2.5
	D	0	0	0	0	0	2.5	2.5
29	A	0	0	0	0	2	0	2
	B	0	0	0	0	0	1.5	1.5
	C	0	0	0	0	1.5	0	1.5
	D	0	0	0	0	0	1	1
30	A	0	0	0	0	0	1.5	1.5
	B	0	0	0	0	0	1.5	1.5
	C	0	0	0	0	0	1	1
	D	0	0	0	0	0	1	1

[1] Grid was not subdivided for soil removal

[2] Post April '90 soil shipments were on November 20, 27 & December 3, 1990, unless otherwise noted

Bold- 0.5' of soil was removed 11/90 and an additional 0.5' was removed 10/91("Post April '90" - Grid 19)

TABLE 4

Grid No.	Sub-grid	Soil Removed (feet)						
		Malcom Pirnie (9/28/88)	ACEM RP #1 (12/5/88)	ACEM RP #2 (1/16/89)	ACEM RP #3 (5/18/89)	ACEM RP #4 (10/17/89)	ACEM (Post April '90 Report) [2]	TOTAL (to date)
31	A	0	0	0	0	1	0	1
	B	0	0	0	0	2	0	2
	D	0	0	0	0	1	0	1
32	A	0	0	0	0	1	0	1
	B	0	0	0	0	0.5	0	0.5
	C	0	0	0	0	0.75	0	0.75
	D	0	0	0	0	0.75	0	0.75
33	A	0	0	0	0	1	0	1
	B	0	0	0	0	0.75	0	0.75
	C	0	0	0	0	0.5	0	0.5
	D	0	0	0	0	0.5	0	0.5
34	A	0	0	0	0	1.5	0	1.5
	B	0	0	0	0	2	0	2
	C	0	0	0	0	1	0	1
	D	0	0	0	0	1.5	0	1.5
35	A	0	0	0	0	0	2 [3]	2
	B	0	0	0	0	0	0.75	0.75
	C	0	0	0	0	0	0.75	0.75
36	A	0	0	0	0	0.5	0	0.5
	B	0	0	0	0	0.5	0	0.5
	D	0	0	0	0	0	0	0
37	A	0	0	0	0	0	0	0
	B	0	0	0	0	0	0.5	0.5
	C	0	0	0	0	0	0	0
	D	0	0	0	0	0	0	0
38	[1]	0	0	0	0	0	0	0
39	[1]	0	0	0	0	0	0	0
40	[1]	0	0	0	0	0	0	0
41	[1]	0	0	0	0	0	1	1
42	[1]	0	0	0	0	0	0	0
43	[1]	0	0	0	0	0	0	0
48	[1]	0	0	0	0	0	0.5	0.5
49	[1]	0	0	0	0	0	0.75	0.75
50	[1]	0	0	0	0	0	0.75	0.75
51	[1]	0	0	0	0	0	0	0

[1] Grid was not subdivided for soil removal

[2] Post April '90 soil shipments were on November 20, 27 & December 3, 1990, unless otherwise noted

[3] 1' of soil was removed 11/90 and an additional 1' was removed 5/91("Post April '90" - Grid 35A)

TABLE 5

ROTH STEEL CORPORATION

SAMPLE RESULTS OF OVERALL , DEPTH AND INDIVIDUAL COMPOSITE SAMPLES (OCS, DCS & ICS)

SAMPLE[1]	INDIVIDUAL AROCLOR CONCENTRATION (ppm[2])							TOTAL[3] (ppm)
	1016	1221	1232	1242	1248	1254	1260	
36-ICS-1	<0.2	<0.2	<0.2	2.4	<0.2	<0.2	3.9	6.3
36-ICS-2	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0	17	17
36-ICS-3	<0.86	<0.86	<0.86	<0.86	0.86	9.3	<0.86	10.2
36-ICS-4	<0.1	<0.1	<0.1	<0.1	<0.1	0.81	<0.1	0.8
42-ICS-1	<0.97	<0.97	<0.97	<0.97	<0.97	12	<0.97	12
42-ICS-2	<0.97	<0.97	<0.97	21	<0.97	12	<0.97	33
42-ICS-3	<0.10	<0.10	<0.10	4	<0.10	3.9	<0.10	7.9
42-ICS-4	15	<0.10	<0.10	*	<0.10	0.96	<0.10	16.0
53-OCS	<0.01	<0.01	<0.01	<0.01	<0.01	<0.01	0.17	0.17
53-DCS-1	<0.21	<0.21	<0.21	<0.21	0.88	<0.21	0.89	1.8
53-DCS-2	<0.22	<0.22	<0.22	<0.22	<0.22	<0.22	<0.22	<0.22
53-DCS-3	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25	0.63	0.6
53-DCS-4	<0.21	<0.21	<0.21	<0.21	<0.21	<0.21	0.28	0.3
54-OCS	<0.97	<0.97	<0.97	<0.97	24.5	<0.97	<0.97	24.5
54-DCS-1	<10	<10	<10	<10	63.0	<10	34.9	97.9
54-A-1	<0.1	<0.1	<0.1	<0.1	1.26	<0.1	1.07	2.3
54-B-1	<5	<5	<5	<5	52.5	<5	17.3	69.8
54-C-1	<0.1	<0.1	<0.1	<0.1	0.63	<0.1	0.58	1.2
54-D-1	<0.1	<0.1	<0.1	<0.1	1.58	<0.1	1.21	2.8
54-DCS-2	<0.1	<0.1	<0.1	<0.1	1.19	<0.1	1.4	2.6
54-B-2	<0.1	<0.1	<0.1	<0.1	22.5	<0.1	5.77	28.3
54-C-2	<0.1	<0.1	<0.1	<0.1	2.34	<0.1	1.24	3.6
54-D-2	<5	<5	<5	<5	11.8	<5	8.1	19.9
54-DCS-3	<0.1	<0.1	<0.1	<0.1	0.91	<0.1	0.83	1.7
54-B-3	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
54-C-3	<0.1	<0.1	<0.1	<0.1	0.36	<0.1	0.35	0.7
54-D-3	<5	<5	<5	<5	0.23	<5	0.24	0.5
54-DCS-4	<0.1	<0.1	<0.1	<0.1	0.33	<0.1	0.24	0.6
54-B-4	<0.1	<0.1	<0.1	<0.1	0.57	<0.1	0.34	0.9
54-C-4	<0.1	<0.1	<0.1	<0.1	3.93	<0.1	2	5.9
54-D-4	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
55-OCS	<1.0	<1.0	<1.0	<1.0	5.4	<1.0	<1.0	5.4
55-DCS-1	<0.19	<0.19	<0.19	<0.19	14	<0.19	3.9	17.9
55-A-1	<0.77	<0.77	<0.77	<0.77	2.91	<0.08	1.84	4.8
55-B-1	3.54	<0.84	<0.84	*	<0.84	<0.08	1.19	4.7
55-C-1	<0.09	<0.09	<0.09	<0.09	4.26	<0.09	1.7	6.0
55-D-1	<0.09	<0.09	<0.09	<0.09	4.51	<0.09	0.98	5.5
55-DCS-2	<0.21	<0.21	<0.21	<0.21	9.7	<0.21	2.2	11.9
55-A-2	<0.89	<0.89	<0.89	<0.89	4.16	<0.09	2.22	6.4
55-B-2	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	0.12	0.1
55-C-2	<0.09	<0.09	<0.09	<0.09	1.08	<0.09	0.46	1.5
55-D-2	<0.09	<0.09	<0.09	<0.09	3.99	<0.09	0.99	5.0
55-DCS-3	<0.21	<0.21	<0.21	<0.21	<0.21	<0.21	0.5	0.5
55-DCS-4	<0.21	<0.21	<0.21	<0.21	<0.21	<0.21	0.72	0.7

NOTES: SEE LAST PAGE OF SUMMARY SHEET

TABLE 5

ROTH STEEL CORPORATION

SAMPLE RESULTS OF OVERALL , DEPTH AND INDIVIDUAL COMPOSITE SAMPLES (OCS, DCS & ICS)

SAMPLE[1]	INDIVIDUAL AROCLOR CONCENTRATION (ppm[2])							TOTAL[3] (ppm)
	1016	1221	1232	1242	1248	1254	1260	
56-OCS	<0.50	<0.50	<0.50	<0.50	5	<0.50	2.2	**7.2**
56-DCS-1	<1.9	<1.9	<1.9	<1.9	18	<1.9	12.1	**30.1**
56-A-1	0.21	<0.09	<0.09	*	<0.09	<0.09	0.28	0.5
56-B-1	<0.98	<0.98	<0.98	<0.98	4.38	<0.98	3.38	7.8
56-C-1	<0.10	<0.10	<0.10	<0.10	2.5	<0.10	1.49	4.0
56-D-1	0.23	<0.07	<0.07	*	<0.07	<0.07	2.20	2.4
56-DCS-2	<2.2	<2.2	<2.2	<2.2	<2.2	<2.2	2.3	2.3
56-A-2	<0.98	<0.98	<0.98	<0.98	5.72	<0.98	<0.98	5.7
56-B-2	<0.10	<0.10	<0.10	<0.10	6.32	<0.10	6.33	**12.7**
56-C-2	<0.10	<0.10	<0.10	<0.10	6.1	<0.10	1.14	7.2
56-D-2	<1.10	<1.10	<1.10	<1.10	4.8	<1.10	<1.10	4.8
56-DCS-3	2.5	<0.20	<0.20	*	<0.20	<0.20	1.4	**3.9**
56-A-3	5.15	<0.10	<0.10	*	<0.10	<0.10	2.07	7.2
56-B-3	<9.7	<9.7	<9.7	83.1	<9.7	<9.7	133	**216.1**
56-C-3	0.42	<0.10	<0.10	*	<0.10	<0.10	1.18	1.6
56-D-3	<1.0	<1.0	<1.0	24.3	<1.0	<1.0	70.9	**95.2**
56-DCS-4	5.3	<1.9	<1.9	*	<1.9	<1.9	7.9	**13.2**
56-A-4	1.18	<0.10	<0.10	*	<0.10	<0.10	0.66	1.8
56-B-4	1.39	<0.10	<0.10	*	<0.10	<0.10	3.8	5.2
56-C-4	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08
56-D-4	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.8	0.8
57-OCS	17.5	<0.48	<0.48	<0.48	<0.48	<0.48	7.2	**24.7**
57-DCS-1	16	<0.21	<0.21	*	<0.21	<0.21	3.5	**19.5**
57-DCS-2	21	<2.2	<2.2	*	<2.2	<2.2	13	**34**
57-DCS-3	31	<1.9	<1.9	*	<1.9	<1.9	14	**45**
57-DCS-4	48	<2.4	<2.4	*	<2.4	<2.4	18	**66**
58-OCS	0.89	<0.10	<0.10	<0.10	<0.10	<0.10	3.9	**4.8**
58-DCS-1	5.0	<0.46	<0.46	*	<0.46	<0.46	5.5	**10.5**
58-DCS-2	3.4	<0.20	<0.20	*	<0.20	<0.20	259	**262.4**
58-DCS-3	9.7	<0.24	<0.24	*	<0.24	<0.24	3.2	**12.9**
58-A-3	0.3	<0.01	<0.01	*	<0.01	<0.09	1.91	2.2
58-B-3	0.41	<0.09	<0.09	*	<0.09	<0.09	2.57	3.0
58-C-3	7.41	<1.0	<1.0	*	<1.0	<1.0	1.49	8.9
58-D-3	1.42	<0.10	<0.10	*	<0.10	<0.10	1.21	2.6
58-DCS-4	7.6	<0.38	<0.38	*	<0.38	<0.38	4.3	**11.9**
58-A-4	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.89	0.9
58-B-4	<0.09	<0.09	<0.09	<0.09	0.45	<0.09	3.06	3.5
58-C-4	6.32	<0.88	<0.88	*	<0.88	<0.9	7.66	**14.0**
58-D-4	1.06	<0.09	<0.09	*	<0.09	<0.09	1.23	2.3
59-OCS	<0.10	<0.10	<0.10	<0.10	0.29	<0.10	42	**42.3**
59-DCS-1	8.7	<0.42	<0.42	*	<0.42	<0.42	5.8	**14.5**
59-A-1	1.44	<0.08	<0.08	*	<0.08	<0.08	1.48	2.9
59-B-1	2.38	<0.09	<0.09	*	<0.09	<0.09	1.37	3.8
59-C-1	1.47	<0.08	<0.08	*	<0.08	<0.08	1.38	2.9
59-D-1	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	1.21	1.2

NOTES: SEE LAST PAGE OF SUMMARY SHEET

TABLE 5

ROTH STEEL CORPORATION
SAMPLE RESULTS OF OVERALL , DEPTH AND INDIVIDUAL COMPOSITE SAMPLES (OCS, DCS & ICS)

SAMPLE[1]	INDIVIDUAL AROCLOR CONCENTRATION (ppm[2])							TOTAL[3] (ppm)
	1016	1221	1232	1242	1248	1254	1260	
59-DCS-2	<2.2	<2.2	<2.2	<2.2	<2.2	<2.2	14	**14**
59-A-2	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.15	0.2
59-B-2	<0.10	<0.10	<0.10	<0.10	1.6	<0.10	7.99	9.6
59-C-2	<0.10	<0.10	<0.10	<0.10	3.77	<0.02	4.79	8.6
59-D-2	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.42	0.4
59-DCS-3	<2.1	<2.1	<2.1	<2.1	<2.1	<2.1	7.7	**7.7**
59-A-3	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	0.46	0.5
59-B-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	1.08	1.1
59-C-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	1.07	1.1
59-D-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	1.70	1.7
59-DCS-4	1.8	<0.19	<0.19	*	<0.19	<0.19	3.3	**5.1**
59-A-4	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.28	0.3
59-B-4	<0.95	<0.95	<0.95	<0.95	15.7	<0.95	<0.95	**15.7**
59-C-4	<0.01	<0.01	<0.01	<0.01	0.11	<0.01	0.18	0.3
59-D-4	<0.10	<0.10	<0.10	<0.10	0.76	<0.10	2.03	2.8
60-OCS	<0.10	<0.10	<0.10	<0.10	1.6	<0.10	0.7	**2.3**
60-DCS-1	4.1	<0.22	<0.22	*	<0.22	<0.22	2.5	**6.6**
60-A-1	<0.09	<0.09	<0.09	<0.09	2.66	<0.09	1.62	4.3
60-B-1	<0.08	<0.08	<0.08	<0.08	3.72	<0.08	1.74	5.5
60-C-1	<0.08	<0.08	<0.08	<0.08	0.44	<0.08	0.27	0.7
60-D-1	<0.78	<0.78	<0.78	<0.78	2.39	<0.08	1.66	4.1
60-DCS-2	<0.24	<0.24	<0.24	<0.24	<0.24	<0.24	2.9	**2.9**
60-A-2	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09
60-B-2	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08
60-C-2	<0.08	<0.08	<0.08	<0.08	1.96	<0.08	0.58	2.5
60-D-2	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	0.84	0.8
60-DCS-3	<0.23	<0.23	<0.23	<0.23	<0.23	<0.23	<0.23	<0.2
60-DCS-4	<0.22	<0.22	<0.22	<0.22	<0.22	<0.22	<0.22	<0.2
61-OCS	0.63	0.1	0.1	*	0.1	0.1	0.51	**1.1**
61-DCS-1	<0.19	<0.19	<0.19	<0.19	35	<0.19	2.9	**37.9**
61-A-1	<0.10	<0.10	<0.10	<0.10	1.49	<0.10	0.56	2.1
61-B-1	<0.96	<0.96	<0.96	<0.96	3.45	<0.10	2.93	6.4
61-C-1	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	0.24	0.2
61-D-1	<0.99	<1.3	<1.3	<1.3	34.3	23.1	<1.3	**57.4**
61-DCS-2	<0.42	<0.42	<0.42	<0.42	11	<0.42	6.3	**17.3**
61-A-2	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09
61-B-2	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	1.47	1.5
61-C-2	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08
61-D-2	<0.09	<0.09	<0.09	<0.09	0.66	<0.09	0.27	0.9
61-DCS-3	<0.22	<0.22	<0.22	<0.22	2.6	<0.22	1.68	**4.3**
61-A-3	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09
61-B-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10
61-C-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10
61-D-3	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	0.46	0.5

NOTES: SEE LAST PAGE OF SUMMARY SHEET

TABLE 5

ROTH STEEL CORPORATION
SAMPLE RESULTS OF OVERALL , DEPTH AND INDIVIDUAL COMPOSITE SAMPLES (OCS, DCS & ICS)

SAMPLE[1]	INDIVIDUAL AROCLOR CONCENTRATION (ppm[2])							TOTAL[3] (ppm)
	1016	1221	1232	1242	1248	1254	1260	
61-DCS-4	<0.21	<0.21	<0.21	<0.21	1.1	<0.21	2.7	**3.8**
61-A-4	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	0.54	0.5
61-B-4	<0.08	<0.08	<0.08	<0.08	0.06	<0.08	0.39	0.5
61-C-4	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09
61-D-4	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08	<0.08
62-OCS	1.1	<1.1	<1.1	*	<1.1	<40.5	86	**87.1**
62-DCS-1	8.9	<2.1	<2.1	*	<2.1	<2.1	12	**20.9**
62-DCS-2	<20	<20	<20	<20	<20	<20	96	**96**
62-DCS-3	2.4	<1.9	<1.9	*	<1.9	<1.9	28	**30.4**
62-DCS-4	<17	<17	<17	<17	<17	<17	63	**63**
63-OCS	39	<1.0	<1.0	*	<1.0	<1.0	114	**153**
63-DCS-1	18	<1.7	<1.7	*	<1.7	<1.7	11.8	**29.8**
63-DCS-2	29	<17	<17	*	<17	<17	132	**161**
63-DCS-3	191	<21	<21	*	<21	<21	304	**495**
63-DCS-4	<17	<17	<17	<17	<17	<17	100	**100**
64-OCS	11.3	<0.97	<0.97	*	<0.97	<0.97	71.2	**82.5**
64-DCS-1	<18	<18	<18	<18	31	<0.18	3.2	**34.2**
64-DCS-2	34	<2.0	<2.0	*	<2.0	<2.0	25	**59**
64-DCS-3	29	<19	<19	*	<19	<19	84	**113**
64-DCS-4	<23	<23	<23	<23	<23	<23	290	**290**
65-OCS	8.9	<0.49	<0.49	*	<0.49	<0.49	8.7	**17.6**
65-DCS-1	<0.42	<0.42	<0.42	<0.42	18	<0.42	4.3	**22.3**
65-DCS-2	<2.4	<2.4	<2.4	<2.4	27	<2.4	11	**38**
65-DCS-3	24	<2.3	<2.3	*	<2.3	<2.3	15	**39**
65-DCS-4	4.3	<2.2	<2.2	*	<2.2	<2.2	19	**23.3**
66-OCS	<0.09	<0.09	<0.09	<0.09	3.2	<0.09	1.3	**4.5**
66-DCS-1	<0.42	<0.42	<0.42	<0.20	4.3	<0.42	3.1	**7.4**
66-A-1	0.49	<0.08	<0.08	*	<0.08	<0.08	0.19	0.7
66-B-1	<0.10	<0.10	<0.10	<0.10	3.23	<0.10	1.36	4.6
66-C-1	1.12	<0.10	<0.10	*	<0.10	<0.10	1.12	2.2
66-D-1	<0.08	<0.08	<0.08	<0.08	1.78	<0.08	1.89	3.7
66-DCS-2	<0.19	<0.19	<0.19	<0.19	4.4	<0.19	1.8	**6.2**
66-A-2	0.71	<0.08	<0.08	*	<0.08	<0.08	0.28	1.0
66-B-2	<0.08	<0.08	<0.08	<0.08	0.73	<0.08	0.28	1.0
66-C-2	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	0.34	0.3
66-D-2	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.15	0.2
66-DCS-3	<0.23	<0.23	<0.23	<0.23	<0.23	<0.23	2.1	2.1
66-DCS-4	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25	0.75	0.8
67-OCS	<0.10	<0.10	<0.10	<0.10	1.7	<0.10	2.4	**4.1**
67-DCS-1	<0.49	<0.49	<0.49	<0.49	6.8	<0.49	6.3	**13.1**
67-A-1	<0.09	<0.09	<0.09	<0.09	2.87	<0.09	1.37	4.2
67-B-1	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	1.49	1.5
67-C-1	<0.91	<0.91	<0.91	<0.91	5.41	<0.09	3.51	8.9
67-D-1	<0.10	<0.10	<0.10	<0.10	1.99	<0.10	3.00	5.0

NOTES: SEE LAST PAGE OF SUMMARY SHEET

TABLE 5

ROTH STEEL CORPORATION
SAMPLE RESULTS OF OVERALL , DEPTH AND INDIVIDUAL COMPOSITE SAMPLES (OCS, DCS & ICS)

SAMPLE[1]	INDIVIDUAL AROCLOR CONCENTRATION (ppm[2])							TOTAL[3]
	1016	1221	1232	1242	1248	1254	1260	(ppm)
67-DCS-2	<2.4	<2.4	<2.4	<2.4	<2.4	<2.4	3.0	**3.0**
67-A-2	2.54	<0.10	<0.10	*	<0.10	<0.10	2.15	4.7
67-B-2	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.58	0.6
67-C-2	<0.10	<0.10	<0.10	<0.10	1.61	<0.10	4.07	5.7
67-D-2	<0.09	<0.09	<0.09	<0.09	0.05	<0.09	0.76	0.8
67-DCS-3	<0.47	<0.47	<0.47	<0.47	<0.47	<0.47	5.2	**5.2**
67-A-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.98	1.0
67-B-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10
67-C-3	<0.10	<0.10	<0.10	<0.10	<0.10	<0.10	0.30	0.3
67-D-3	<0.10	<0.10	<0.10	<0.10	0.45	<0.10	1.02	1.5
67-DCS-4	<0.21	<0.21	<0.21	<0.21	<0.21	<0.21	2.5	2.5
68-OCS	<0.93	<0.93	<0.93	<0.93	20	<0.93	5.4	**25.4**
68-DCS-1	<0.48	<0.48	<0.48	<0.48	26	<0.48	7.7	**33.7**
68-A-1	<0.93	<0.93	<0.93	<0.93	5.78	<0.09	2.70	8.5
68-B-1	<0.87	<0.87	<0.87	<0.87	7.57	<0.09	3.46	**11.0**
68-C-1	<0.83	<0.83	<0.83	<0.83	5.02	<0.08	2.09	7.1
68-D-1	<0.09	<0.09	<0.09	<0.09	1.67	<0.09	1.07	2.7
68-DCS-2	<2.1	<2.1	<2.1	<2.1	<2.1	<2.1	12	**12**
68-A-2	<0.94	<0.94	<0.94	<0.94	3.91	<0.94	<0.94	3.9
68-B-2	<0.10	<0.10	<0.10	<0.10	0.08	<0.10	<0.10	0.1
68-C-2	<0.85	<0.85	<0.85	<0.85	3.18	<0.09	1.67	4.9
68-D-2	<0.08	<0.08	<0.08	<0.08	<0.08	<0.83	5.47	5.5
68-DCS-3	<2.1	<2.1	<2.1	<2.1	15	<2.1	7.7	**22.7**
68-A-3	<0.08	<0.08	<0.08	<0.08	1.56	<0.08	2.11	3.7
68-B-3	<0.98	<0.98	<0.98	<0.98	<0.98	<0.98	<0.98	<1
68-C-3	<0.09	<0.09	<0.09	<0.09	2.89	<0.09	0.83	3.7
68-D-3	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	2.66	2.7
68-DCS-4	3.0	<0.21	<0.21	*	<0.21	<0.21	2.8	**5.8**
68-A-4	<0.09	<0.09	<0.09	<0.09	1.76	<0.09	2.84	4.6
68-B-4	<0.80	<0.80	<0.80	<0.80	8.07	<0.08	2.76	**10.8**
68-C-4	<0.95	<0.95	<0.95	<0.95	2.34	<0.95	<0.95	2.3
68-D-4	<0.09	<0.09	<0.09	<0.09	<0.09	<0.09	1.11	1.1

NOTES:

[1] Samples: OCS - Overall Composite Sample (soxhelet extraction)
DCS - Depth Composite Samples; sample depths as follows: 1- 0-6" 3 - 12-18"
2 - 6-12" 4 - 18-24"
ICS - Individual Core Sample; also designated by grid number, subgrid letter and depth (example: 55-A-1)

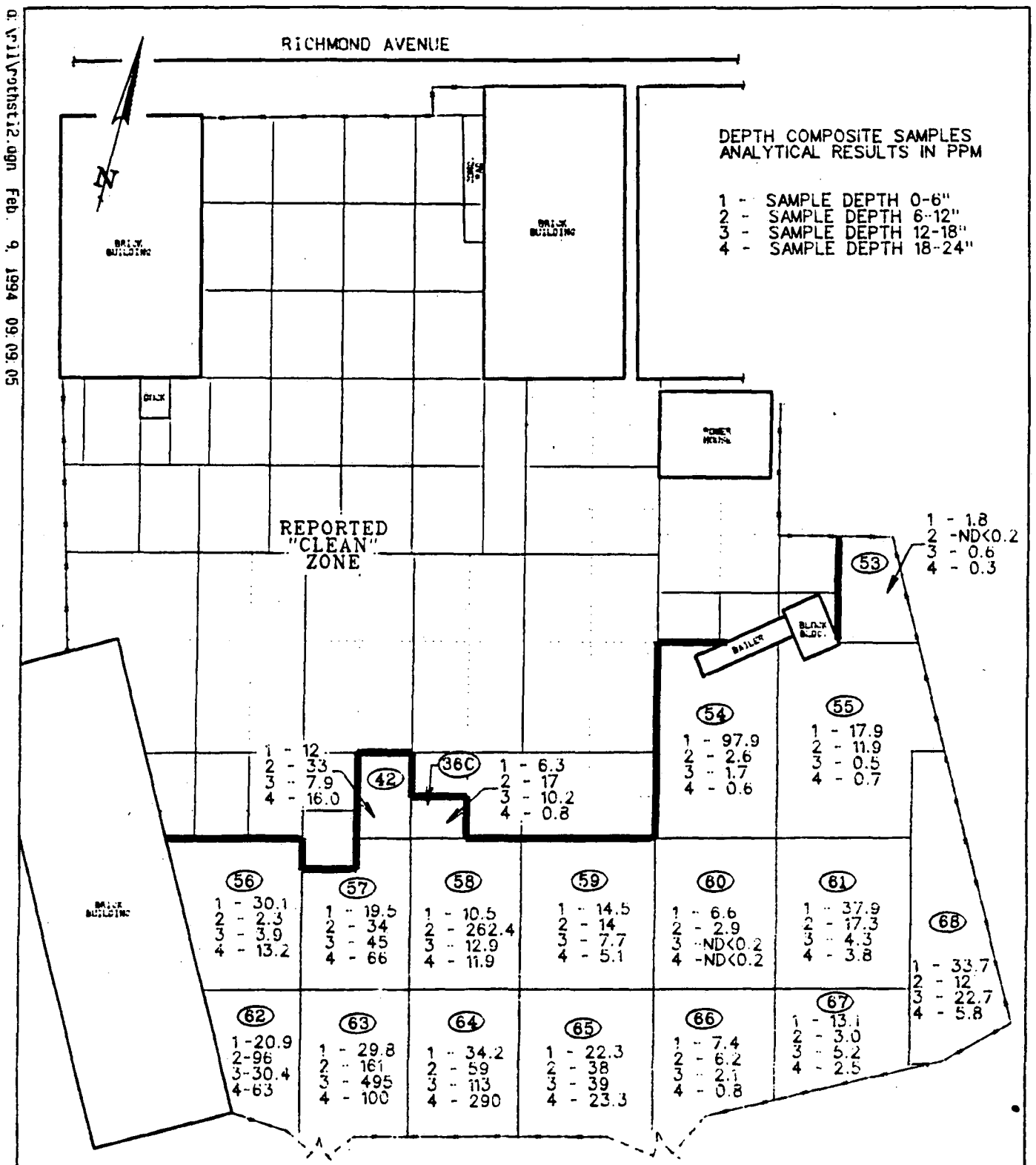
[2] ppm - parts per million

[3] Total - sum of the individual Aroclor concentrations (reported to the nearest tenth)

BOLD - Indicates OCS above ND
Indicates DCS above 2.5 ppm
Indicates ICS above 10 ppm

<- Not detected at detection limit shown

* Aroclor 1016 & 1242 could not be resolved in this sample. The reported concentration can be attributed to to aroclor 1016, 1242, or a combination of both



ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

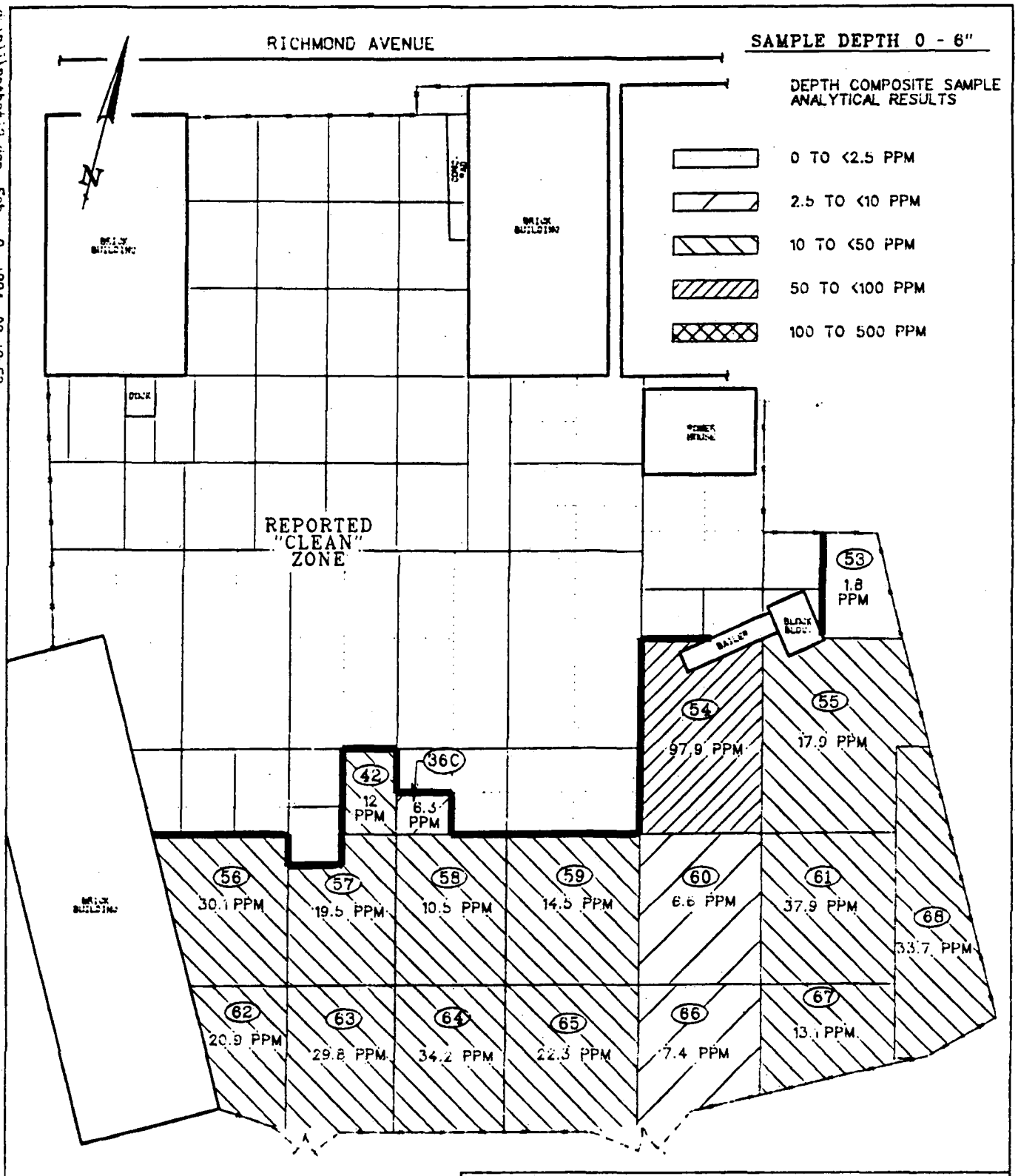
SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.

3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8587

FIGURE 1

d:\rll\rothsti2.dgn Feb. 9, 1994 09:09:05



ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1 - 50	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

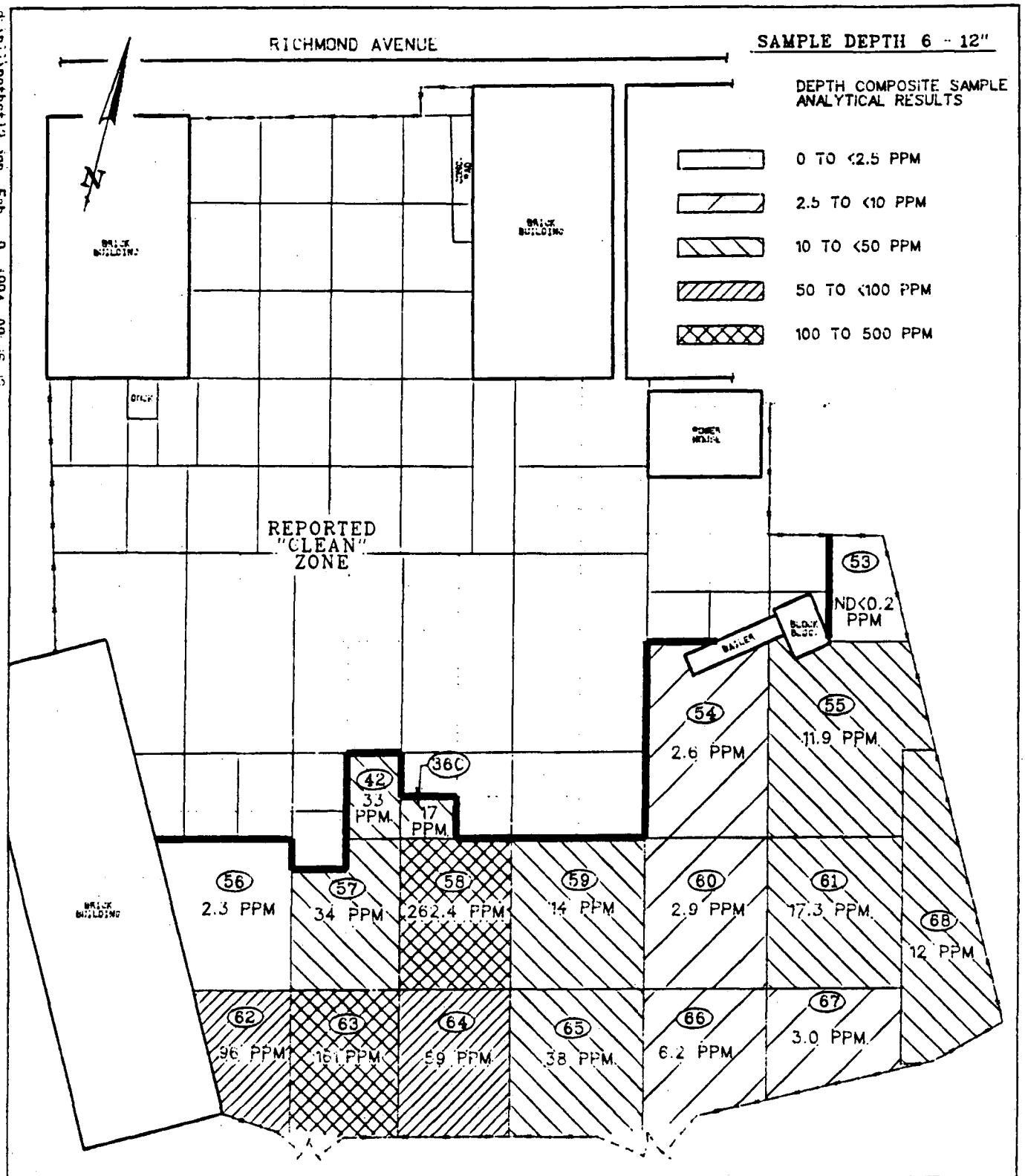
PLUMLEY ENGINEERING, P.C.

3010 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 635-8587

FIGURE 2

d:\rll\rothst12.dgn Feb. 9, 1994 09:19:53

d:\r1\roths12.dgn Feb. 9, 1994 09:26:22



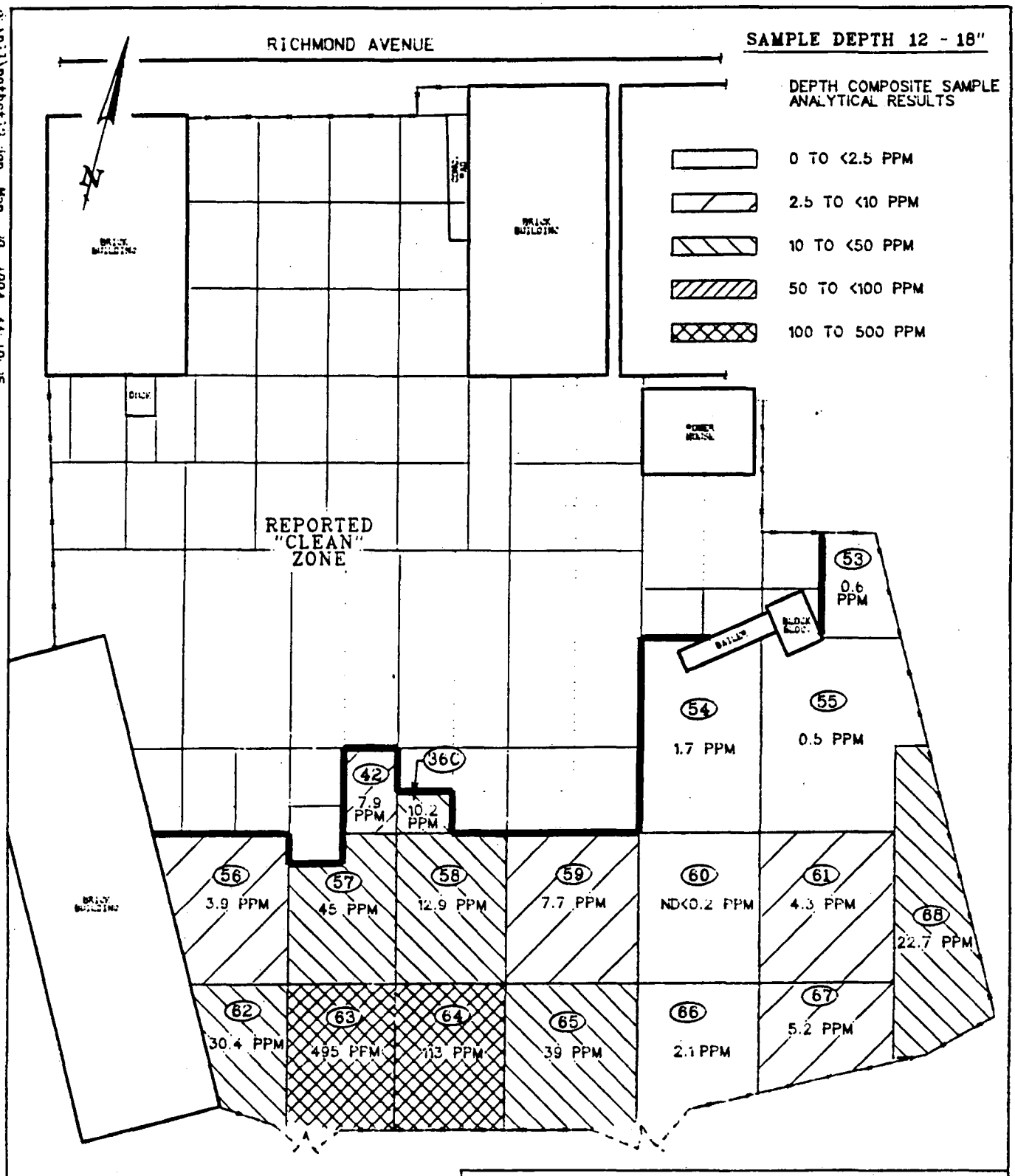
ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1" = 50'	FOR: GREEN & SLIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920560	DESIGNED BY: RJL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.
3010 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8567

FIGURE 3



ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

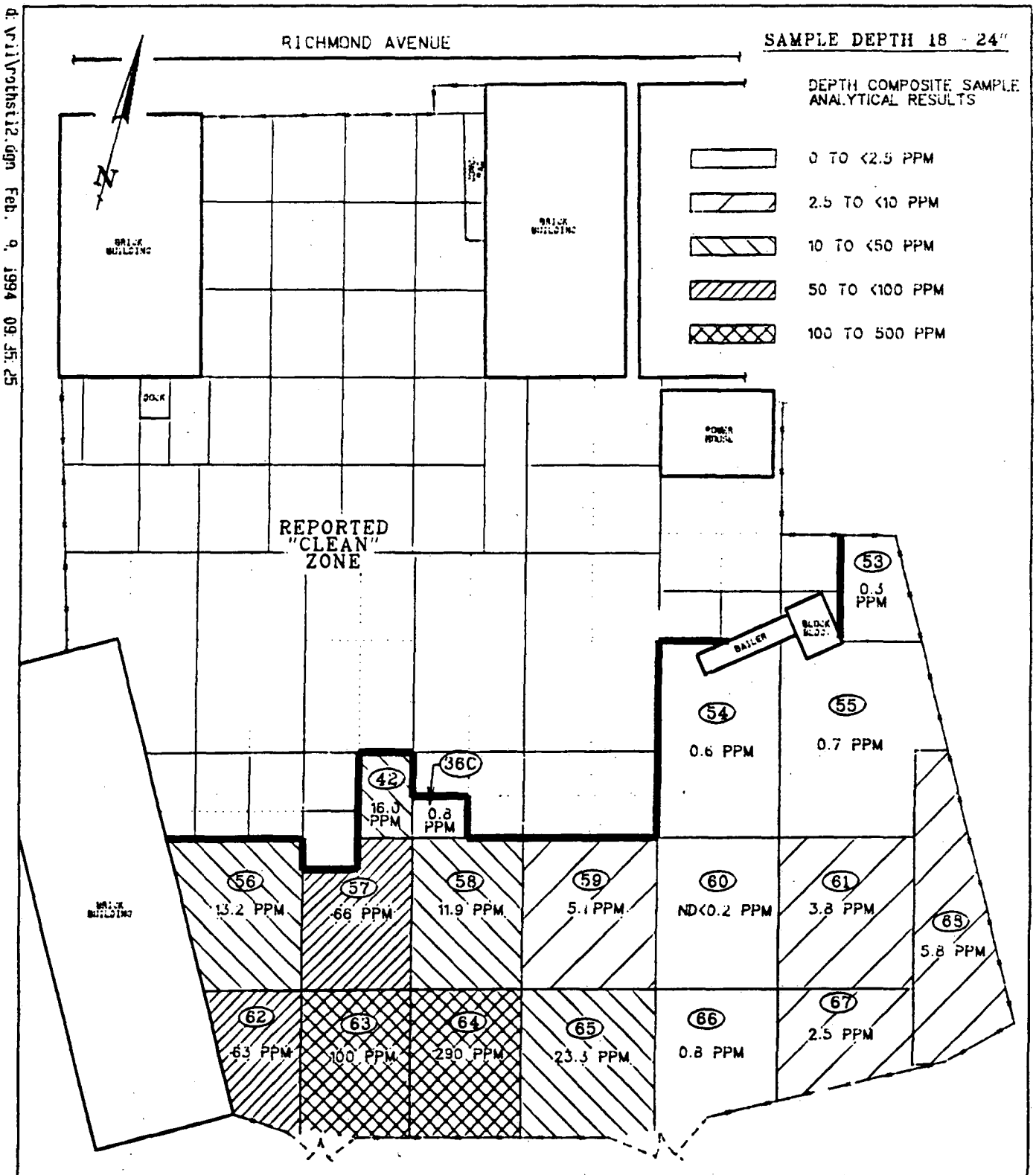
SCALE: 1" = 50'	FOR: GREEN & SUTTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 932562	DESIGNED BY: RJL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.

3370 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8567

FIGURE 4

d:\rill\roths12.dgn Feb. 9, 1994 09:35:25



ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

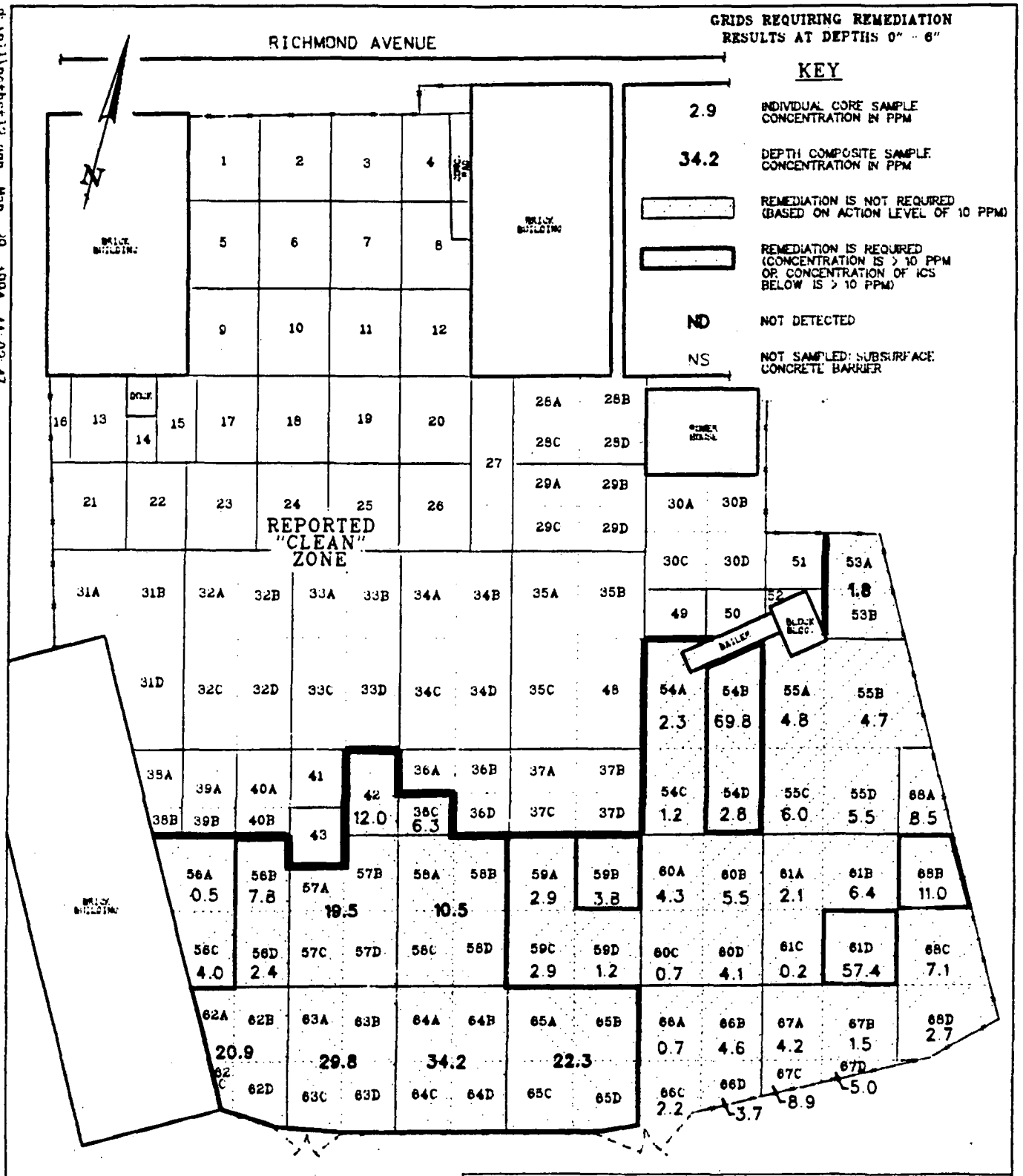
SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.
3370 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8561

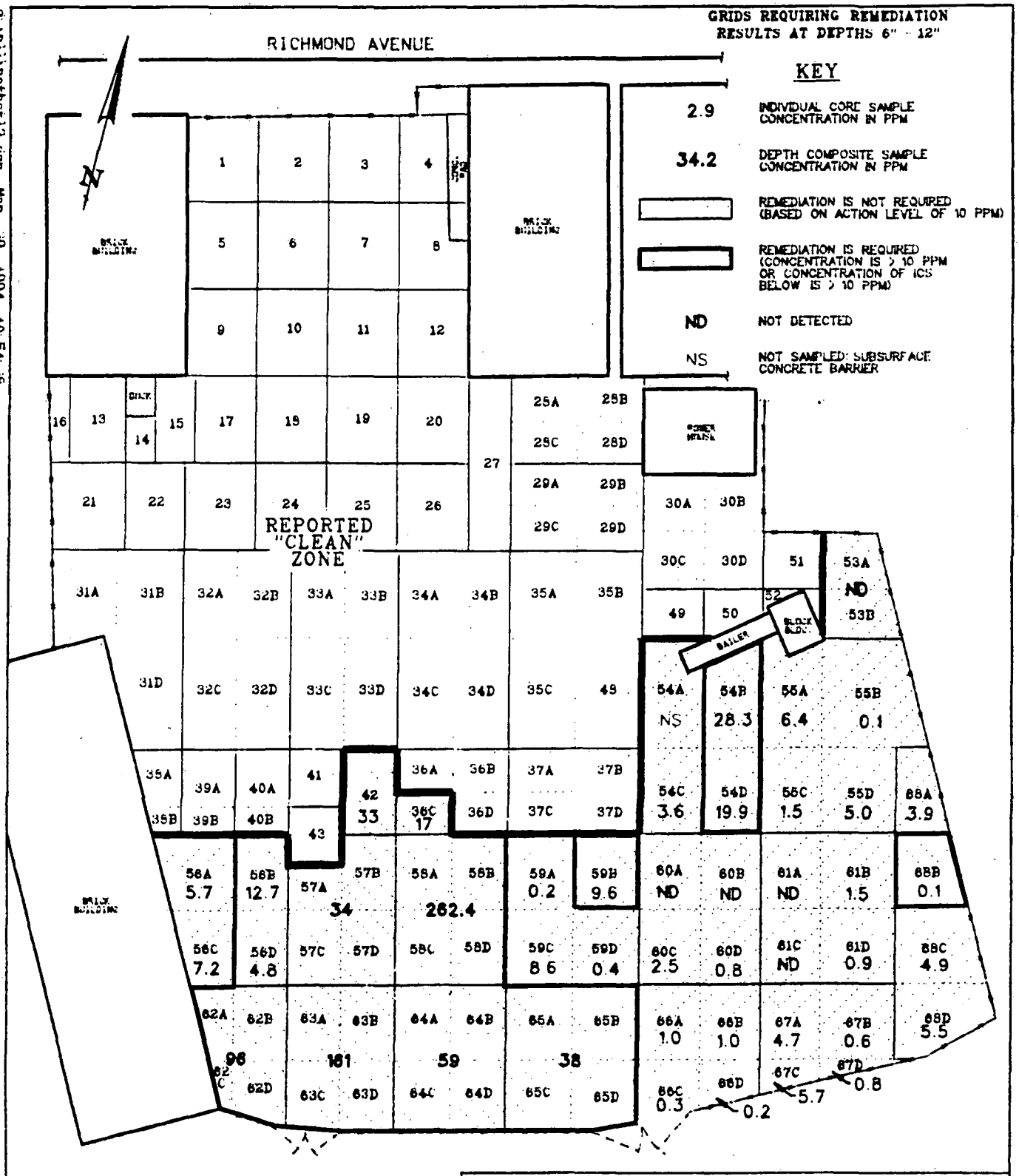
FIGURE 5

FIGURES A THROUGH D

d:\rll\rothst12.dgn Mar. 29, 1994 11:02:47



ROTH STEEL CORPORATION CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK		
SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP
PLUMLEY ENGINEERING, P.C. 3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8587		FIGURE A



ROTH STEEL CORPORATION
CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

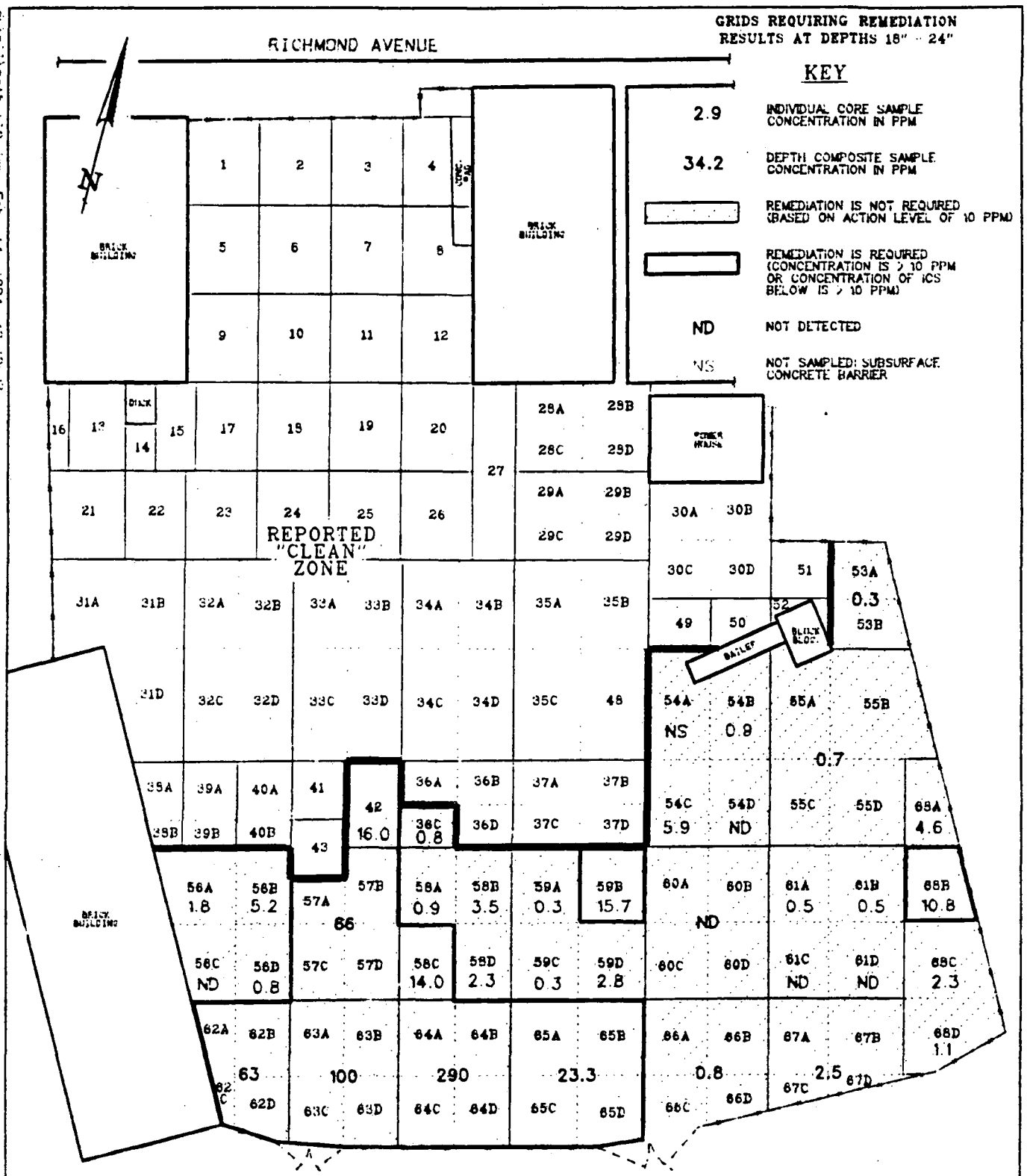
SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.
3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8567

FIGURE B

d:\rll\rothst12.dgn Mar. 29, 1994 10:54:28

GRIDS REQUIRING REMEDIATION
RESULTS AT DEPTHS 12" - 18"
KEY
2.9 INDIVIDUAL CORE SAMPLE CONCENTRATION IN PPM
34.2 DEPTH COMPOSITE SAMPLE CONCENTRATION IN PPM
REMEDIATION IS NOT REQUIRED (BASED ON ACTION LEVEL OF 10 PPM)
REMEDIATION IS REQUIRED (CONCENTRATION IS > 10 PPM OR CONCENTRATION OF ICS BELOW IS > 10 PPM)
ND NOT DETECTED
NS NOT SAMPLED: SUBSURFACE CONCRETE BARRIER
RICHMOND AVENUE
TRACY STREET
N
REPORTED "CLEAN" ZONE
ROTH STEEL CORPORATION
CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK
SCALE: 1" = 50'
FOR: GREEN & SEIFTER
DATE: FEBRUARY, 1994
PROJECT NUMBER: 900562
DRAWN BY: RJH
DESIGNED BY: RJJ
CHECKED BY: JDP
PLUMLEY ENGINEERING, P.C.
3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8587
FIGURE C



ROTH STEEL CORPORATION

CITY OF SYRACUSE, ONONDAGA COUNTY, NEW YORK

SCALE: 1" = 50'	FOR: GREEN & SEIFTER	DRAWN BY: RDH
DATE: FEBRUARY, 1994	PROJECT NUMBER: 920562	DESIGNED BY: RLL
		CHECKED BY: JDP

PLUMLEY ENGINEERING, P.C.

3070 BELGIUM ROAD, BALDWINSVILLE, N.Y. 13027 (315) 638-8567

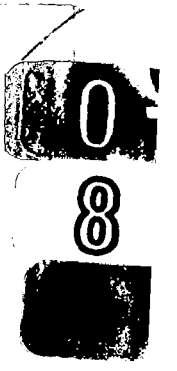
FIGURE D

d:\rll\rothst12.dgn Feb. 14, 1994 13:13:37

ONONDAGA LAKE SEDIMENTS
NYD986913580
8.0 GENERAL ENFORCEMENT

OU: 0

No. 51



ONONDAGA LAKE
NYD986913580 OU: 00
8.0 GENERAL ENFORCEMENT
8.1.2 PRP Specific Info and Correspondence
Roth Steel Corporation No. 3
0000026016

REDI-NOTE

DATE April 30, 1990

TO Albert M. Ferlo, Jr., Esq.

SUBJECT Roth Steel Corp. - Compliance Status Update

Enclosed material will be sent to Dan Kraft to satisfy his verbal inquiry for status of project as well as secure permission to fill in excavated areas.

Any questions, please call. (NOTE: new phone number - 478-4194).

SIGNED J.M. Antczak J.M.A.

REDIFORM 4S462
POLY PAK (50 SETS) 4P462
carbonless

☐ NO REPLY NECESSARY ☐ REPLY REQUESTED - USE REVERSE SIDE

ROTH STEEL CORP. - PCB SPILL SOIL REMEDIATION PROJECT

COMPLIANCE STATUS UPDATE

EPA/TSCA Final Order	Docket No. II TSCA-PCB-82-0208
EPA Identification No.	NYD982183840

Owner's
Name: Roth Steel Corporation, Headquarters
Address: 800 West Hiawatha Blvd.
Syracuse, NY 13204

Facility
Name: Roth Steel Scrap Metal Yard
Address: 700 Erie Blvd.
Syracuse, NY 13204

Prepared
For: Mr. Daniel J. Kraft
Chief Toxic Substances Inspection Section
Address: United States Environmental Protection Agency
Region II
Edison, New Jersey 08817

Prepared
By: Am Can Environmental Management Inc.

April 19, 1990

EXECUTIVE STATEMENT

The documentation and discussion presented herein was compiled for two purposes. First, it is a project progress report intended to update EPA/TSCA Agency Officers in accordance with the Final Order, Compliance Program and Schedule(1). The second purpose is to request that a **MEMO TO FILE** be approved by the agency concerning a **PARTIAL SITE RESTORATION.**

This progress report covers a 17 month remediation period, from September 1988 through February 1990. Throughout this period, remediation efforts have been hampered by numerous factors contributing to delay circumstances beyond the control of Roth Steel Corp. Project delays have been caused by typical factors such as; inclement weather, excessive laboratory sample turnaround time, unexpected sample interferences, increased project financial factors, inevitable delays in excavation, sampling and transport/disposal schedules, and the discovery of numerous surface and subsurface obstacles to performing field related tasks. This discussion presented herein attempts to explain the actions taken, beginning in November 1988, to minimize any further project delays.

The areal extent of contamination is more than twice the area originally estimated and to date, approximately 85% of this area has been remediated. Approximately 75% of the southerly "hotline" has been established. A best estimate of a project (full remediation) completion date is July 1990.

Roth Steel Corp. has a pressing need for scrap metal storage area. The deepest soil excavations have occurred along building foundations below the footer elevation. Structural damage due to the combination of foundation weathering and loss of footing(s) bearing capacity may be significant if allowed to continue.

Agency permission (Memo to File) to restore the "clean area" is needed. The "clean area" restoration method will be a simple soil (approved material) backfill to original grade with onsite access allowed only through the established "hotline". Considering the urgency of this request, a timely response would be greatly appreciated.

Dr. Keith A. Schimel, P.E.

April 19, 1990

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Transport Manifests	

Roth Steel Corp. - PCB Spill Soil Remediation Project

Compliance Status Update

I. Project Parameters

Table I is a summary of the important technical parameters and constraints mandated in the Final Consent Order, Compliance Program and Schedule(1) and established in the Field Investigation Program(2), and Draft Remediation Plan (3). The Field Investigation Program (2) and the initial Remediation Plan(3) delineated a fifteen (15) grid, "area of potential concern", design shown in Figure I.

II. Assessment Methodology

The original Field Investigation Program(2) and Remediation Plan(3) were developed by Malcolm Pirnie Inc.(MPI) as summarized in Table I. The plan adopted a decision tree approach based on strict magnitude comparisons of grid composite data results with straight line dilution target values. Furthermore, assessments were based on several assumptions; assumes a 15 grid contamination zone (area, Fig. I), assumes that the sample collection/composite/analytical train is error free, assumes a maximum sampling depth (2 feet below grade), assumes a fixed sampling interval of six (6) inches, and assumes a fixed grid size or sizing based on "perception or judgement". All of the above implies that adopted concept was that both the vertical and areal contamination levels are uniformly distributed across the site.

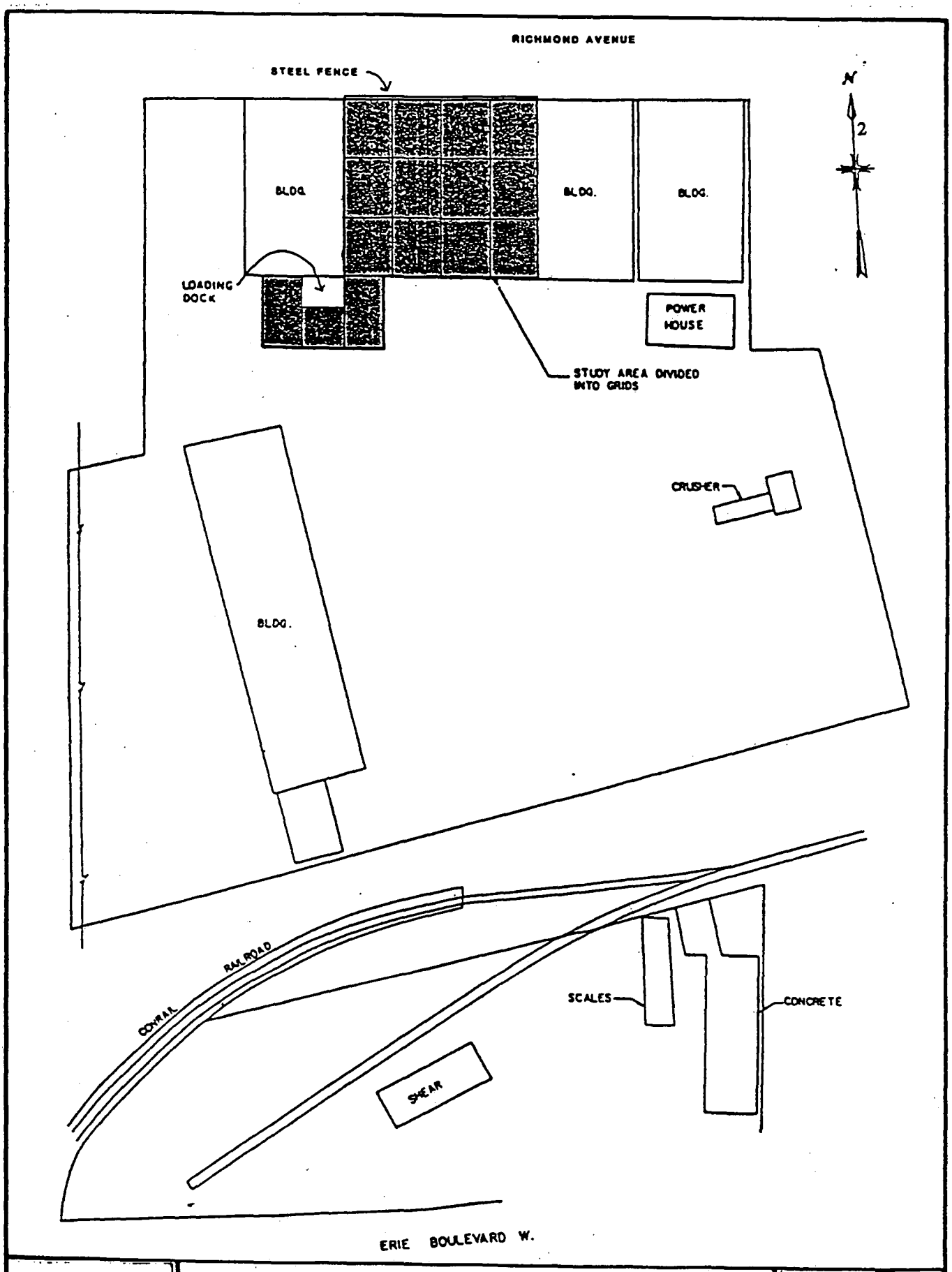
Implementation of the first Site Remediation Work Plan(3) by Waste Technologies Inc.(WTS) began on September 28, 1988. See Table II. Remediation Update Directory for specifics. Subsequent review of Post-Cleanup verification sample analytical results showed that all grids, except grids 2 and 3, failed the decontamination target levels. As a result, MPI recommended the removal of an additional foot of overburden and the expansion of the contamination zone (beyond the original 15 grids) to south.

III. Remediation Team Update

In November 1988, Roth Steel Corp. changed remediation personnel by engaging the following organizations and/or individuals to complete the remediation project in compliance with the EPA Final Order and in accordance with the MPI conceptual Remediation Plan(3):

Remediation Contractor: Am Can Environmental Management Inc. (ACEM)
Project Engineer: Dr. Keith A. Schimel, P.E. (KAS)
Legal Counsel: Albert M. Ferlo, Esq. (Lombardi Law Firm)
Analytical Laboratory: Syracuse Research Corp.(SRC)

Please note, that the new remediation team was engaged a month after the established project deadline of September 30, 1988 (EPA Final Order).



ROTH STEEL FACILITY PLAN

Figure I.

Table I. Project Parameters

Parameter	Description	Reference
Time Frame	April - September 1988	Consent Order
Project Duration	6 months	Consent Order
Project Deadline	September 30, 1988	Consent Order
Contamination Area	15 Grids*	Field Investigation Program
Grid Sizing Method	Fixed or Assumed	Field Investigation Program
OCS Target Level	"Background Level" or 3 milligrams PCB/kilogram Soil	Field Investigation Program
DCS Target Level	12.5 milligrams PCB/kilogram Soil	Field Investigation Program
ICS Target Level	50 milligrams PCB/kilogram Soil	Field Investigation Program
Composite Target Method	ICS Straight Line Dilution Method	Field Investigation Program
Grid Composite Strategy	Equal weight subrid/depth aliquots	Field Investigation Program
Sample Collection	3 foot backhoe test pit per subgrid	Field Investigation Program
Sampling Interval	Each 6 inch soil interval below grade	Field Investigation Program
Maximum Sampling Depth	2 foot below grade	Field Investigation Program
Sampling Protocol	Standard EPA Field QA/QC	Field Investigation Program
Worker Onsite Protective Gear	EPA Level C (non SCBA)	Field Investigation Program
Equipment Decontamination	Double Wash/Rinse	NS - 40 CFR Part 761 TSCA/PCB Regulations
PCB Analytical Method	EPA-SW-846/8080	Field Investigation Program
Lab QA/QC Protocol	Standard EPA/DOH QA/QC	Field Investigation Program
Data Interpretation	Decision Tree Method	Field Investigation Program (Fig. 4)
PCB Soil Disposal Method	HW Transport Manifest to Secure HW Landfill	Remediation Plan

Definitions: * Assumed contamination Zone (area)
QA/QC means Quality Assurance/Quality Control Protocol
ICS means Individual Composite Sample (pit wall grab sample)
DCS means Depth Composite Sample
OCS means Overall Composite Sample

IV. Remediation Program Review

The first task was to reevaluate the data generated by the Field Investigation Program and remediation verification sampling results(Appendix A). The primary goal was to identify parameter(s) which could be enhanced and improve project cost effectiveness. A minimal resampling and reanalysis program was conducted in the contamination area to check MPI observations and recommendations. The data review focused on the following observations:

(1) Exploratory statistical data analysis showed that the areal distribution of "hot spots" to be anisotropic. Vertical contamination profiles showed that many "hot spots" had experienced multiple spills and spillage amounts (volume and concentration) were highly variable and spillage events often lag many years. The areal and vertical extent of contamination is greater than previously estimated.

(2) By limiting the site investigation to the 15 grid area ("area of potential concern") essentially prevented the implemented Field Investigation Program from determining the areal extent of contamination and the location of the zone "hotline". As a result, any contamination zone expansion beyond the assumed 15 grid area would require multiple field investigations, staged grid row by grid row, until insitu contamination levels fall below remediation target levels.

(3) The sites overburden is composed of at least three, and in some locations four, distinctly different fill soils, presumably sequentially deposited in the recent past. Each fill soil layer exhibits a uniquely different spill history. These surficial fill soils overlay an indigenous, thin band (approximately 4 foot thick) clay layer. The band of clay is underlain by Lacustrine silts and sand. The prescence of a clay layer will slow the vertical mobility while increasing the lateral movement at the matrix interface.

(4) The combination of assumed or fixed grid sizing, fixed sampling interval, and the use of a nonstatistical data interpretation method was contributing to over sampling and analysis of "hot spots".

(5) MPI recommendation for expansion of the assumed 15 grid zone of contamination was justified because statistical projection analysis supports the likelihood of elevated contamination levels in the southerly direction.

(6) Basing major decisions solely on data (soil composites) prone to large errors would most likely continue to produce inadequate remediation results. Yet, preparing a statistically based Field Investigation Program and Assesment methodologies would require additional expenditures and site cleanup delay.

V. Methods and Procedures Update

Based on the above review observations, the following conclusions were derived;

(1) **Data Interpretation:**

The Data Interpretation/Decision making process will be greatly enhanced (augmented) by a geostatistical treatment of existing and future developed data. SPILL, ver. 2.1 (4), a geostatistical computer software program will be used to resolve spatial contamination distributions and local depth profiles. The combination of statistically derived spill patterns, errors maps, and profile projections is a rapid and powerful method of characterizing a contaminant's spatial correlation structure. The goal is to optimize the results of field remediation efforts. At sites which exhibit scattered contamination and multiple spill characteristics, remediation design parameters based on derived spatial correlation structure is a more preferable approach.

(2) **Contamination Zone Expansion:**

The gradual (grid row by grid row) approach to expanding of the contamination area must be temporarily adopted since not enough data currently exists upon which to base a more optimum approach. This expansion zone data development strategy will temporarily adopt the standard grid/subgrid/fixed sampling design set forth in the original Site Investigation Program(2). Eventually, however, the expansion investigations will produce a sufficient spatial correlation structure to estimate the contamination zone "hotline". The statistical criteria being used to test (accept or reject) a hypothetical "hotline" location is a double conditional criteria. First, all in-situ sample (4 depths) concentrations must fall below the ICS allowable limit (50 ppm). Secondly, the "hotline hypothesis" can be accepted only if statistical (calculated OCS & DCS) composites with neighboring sample horizons meet or exceed allowable composite target levels with 95% statistical confidence. This conservative criteria was necessary because of the contamination variability observed at this site.

(3) **Standard Methods and Procedures:**

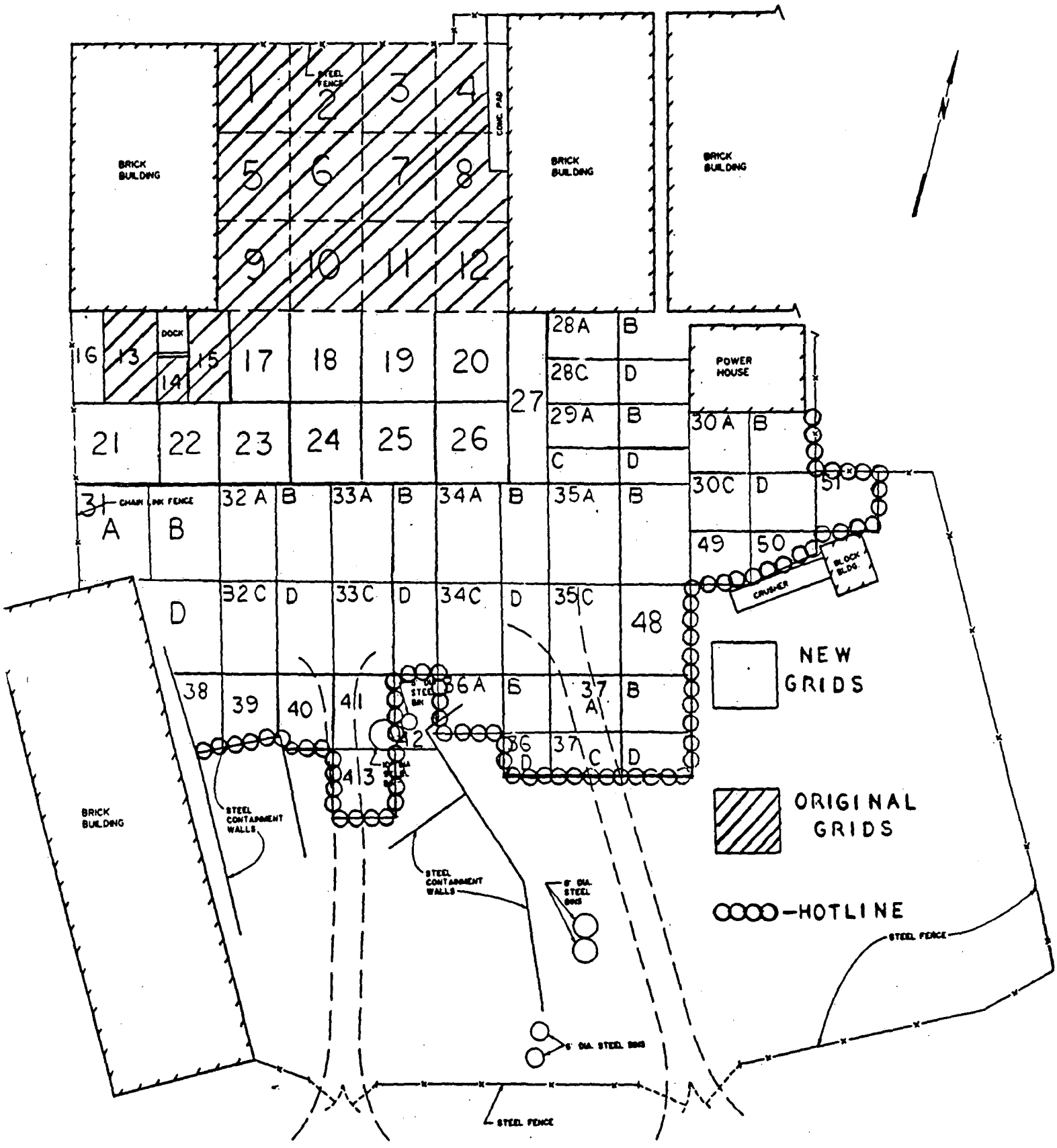
In general, site remediation will proceed in accordance with all other parameters, methods, and protocols established in the Field Investigation Program(2), Draft Remediation Plan(3) and summarized in Table I.

VI. Remediation Update

Figure II. delineates the current remediation area, and locates the relative position grids, subgrids and hotline. The contamination zone has grown from the original 15 grids (1/2 acre) to more than forty grids (1.1 acres).

Table II. Remediation Update Directory, is a referenced (appendices) chronological listing of the remediation work plans and actual soil tonnage removed through November 1989. Consecutive ACEM field remediation work plans are directly related to the southward expansion of the site's contamination zone.

FIGURE II



LOCATION PLOT
ROTH STEEL CORP.
CITY OF SYRACUSE, ONONDAGA COUNTY, N.Y.

DATE 3-1-89 | DRAWN BY JH

AM-CAN ENVIRONMENTAL MANAGEMENT CO.
EAST SYRACUSE, N.Y.

PLUMLEY ENGINEERING P.C. | 1 of 1

Table II. Remediation Update Directory

Work Plan	Start Date	Tonnage Removed	Appendix Reference
M P I / W T S Remediation	Sept. 28, 1988	646.37	Appendix A
ACEM Remed. Plan #1	Dec. 7, 1988	502.00	Appendix B
ACEM Remed. Plan #2	Jan. 16, 1989	311.62	Appendix C
ACEM Remed. Plan #3	May 18, 1989	142.08	Appendix D
ACEM Remed. Plan #4	Oct. 17, 1989	1,589.98	Appendix E
Totals: 5 Work Plans	15 months	3,192.05	----------

VII. Clean Area Update

Figure III shows the portion of contamination zone (area) delineated in Figure II which has been remediated to target level specifications and the estimated area requiring additional soil removal.

Table III Clean Area Directory, is a referenced (appendices) chronological listing of all grid areas which have surpassed the applicable target level specifications (given in Table I), and hence have been designated as "clean" areas.

VIII. Project Status Summary

The areal extent of contamination is more than twice the area originally (Sept. 1988) estimated. Anisotropic and multiple spill distribution(s), which was characteristic of the 15 grid contamination area, continues to characterize the expansion area shown in Figure II. Remediation Area Update. Surficial soils along building foundations have shown the most subsurface contaminate penetration.

Approximately, 85% of the areal contamination area (including expansion area) has been remediated to target level specifications (Table I.). The remaining portion of the remediation area, shown in Figure III, requires approximately 636 tons of soil removal(ACEM Remed Plan #5). Figure III also shows the location of the continuous "hotline". Approximately, 75% of this estimated "hotline" has been verified. July 1990 is the current remediation completion date.

IX. References

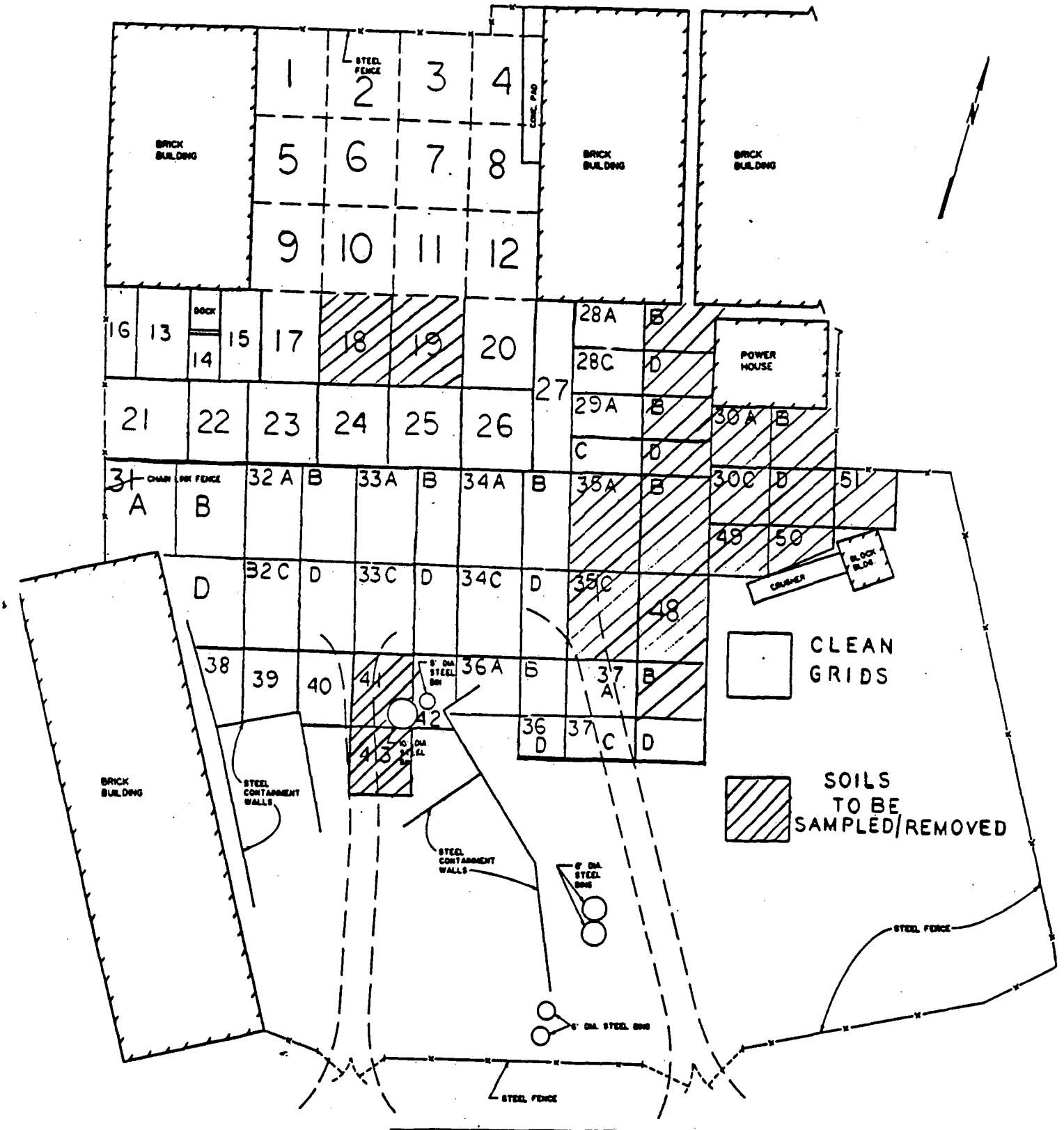
(1) USEPA, Region 2, *Consent Agreement and Final Order, Docket No. II TSCA-PCB-82-0208,* **June 2, 1987.**

(2) Malcolm Pirnie Inc., *Draft Field Investigation Program,* **June 1986.**

(3) Malcolm Pirnie Inc., *Draft Remedial Action Plan,* **August 1988.**

(4) Keith A. Schimel, *SPILL: A three Dimensional, Geostatistical, Vadose Zone, Software Program,* **(C)opyright Technology Matrix Corporation, 1984, 1986, 1988.**

FIGURE III



LOCATION PLOT
ROTH STEEL CORP.
CITY OF SYRACUSE, ONONDAGA COUNTY, N.Y.

date 3-1-89		

AM-CAN ENVIRONMENTAL MANAGEMENT CO.
EAST SYRACUSE, N.Y.

PLUMLEY ENGINEERING P.C. | 1 of 1

Table III. Clean Area Directory

Sample Type - Grid Number	Concentration	Lab Rept. Date	Appendix Ref.
OCS - 1	1.40	Mar. 13, 1989	Appendix C
OCS - 2	<0.50	Sept. 2, 1987	Appendix A
OCS - 3	<0.50	Sept. 2, 1987	Appendix A
OCS - 4	3.00	Mar. 13, 1989	Appendix C
OCS - 5	0.20	Mar. 13, 1989	Appendix C
OCS - 6	1.70	Mar. 13, 1989	Appendix C
OCS - 7	0.20	Mar. 13, 1989	Appendix C
OCS - 8**	0.88	Jan. 31, 1990	Appendix E
OCS - 9	0.11	Mar. 13, 1989	Appendix C
OCS - 10	<0.20	Mar. 13, 1989	Appendix C
OCS - 11	0.92	Mar. 13, 1989	Appendix C
OCS - 12	<0.50	Jan. 30, 1990	Appendix E
OCS - 13	<0.02	Mar. 13, 1989	Appendix C
OCS - 14	<0.02	Mar. 13, 1989	Appendix C
OCS - 15	<0.02	Mar. 13, 1989	Appendix C
OCS - 16	0.07	Mar. 13, 1989	Appendix C
OCS - 17	1.90	Mar. 13, 1989	Appendix C
OCS - 20	<0.70	Mar. 13, 1989	Appendix C
OCS - 21	<0.50	Jan. 30, 1990	Appendix E
OCS - 22	0.59	Jan. 30, 1990	Appendix E
OCS - 23	1.00	Jan. 30, 1990	Appendix E

Table III. Clean Area Directory Continued

Sample Type - Grid Number	Concentration	Lab Rept. Date	Appendix Ref.
OCS - 24	<0.50	Jan. 31, 1990	Appendix E
OCS - 25	2.70	Jan. 31, 1990	Appendix E
OCS - 26	<2.00	Jan. 31, 1990	Appendix E
OCS - 27	<0.50	Jan. 31, 1990	Appendix E
OCS - 28*	<0.50*	Jan. 31, 1990	Appendix E
OCS - 29*	5.50*	Jan. 31, 1990	Appendix E
OCS - 31**	1.30	Jan. 31, 1990	Appendix E
OCS - 32	<0.50	Jan. 31, 1990	Appendix E
OCS - 33	1.14	Jan. 31, 1990	Appendix E
OCS - 34	<0.50	Jan. 31, 1990	Appendix E
OCS - 36*	<0.50*	Jan. 31, 1990	Appendix E
HOTLINE ICS SAMPLES			
36D - 1	13.70	Feb. 13, 1990	Appendix E
36D - 2	1.10	Feb. 13, 1990	Appendix E
36D - 3	0.69	Feb. 13, 1990	Appendix E
36D - 4	6.20	Feb. 13, 1990	Appendix E
37A - 1	<0.50	Jan. 31, 1990	Appendix E
37A - 2	8.00	Jan. 31, 1990	Appendix E
37A - 3	<0.50	Jan. 31, 1990	Appendix E
37A - 4	<0.50	Jan. 31, 1990	Appendix E

Table III. Clean Area Directory Continued

Sample Type - Grid Number	Concentration	Lab Rept. Date	Appendix Ref.
HOTLINE ICS SAMPLES CONT.			
37C - 1	5.80	Feb. 13, 1990	Appendix E
37C - 2	<0.50	Feb. 13, 1990	Appendix E
37C - 3	<0.50	Feb. 13, 1990	Appendix E
37C - 4	<1.00	Feb. 13, 1990	Appendix E
37D - 1	12.30	Feb. 13, 1990	Appendix E
37D - 2	8.00	Feb. 13, 1990	Appendix E
37D - 3	0.50	Feb. 13, 1990	Appendix E
37D - 4	0.77	Feb. 13, 1990	Appendix E
38 - 1	<0.50	Feb. 13, 1990	Appendix E
38 - 2	<0.50	Feb. 13, 1990	Appendix E
38 - 3	<0.50	Feb. 13, 1990	Appendix E
38 - 4	<0.50	Feb. 13, 1990	Appendix E
39 - 1	39.00	Feb. 13, 1990	Appendix E
39 - 2	7.80	Feb. 13, 1990	Appendix E
39 - 3	37.00	Feb. 13, 1990	Appendix E
39 - 4	1.90	Feb. 13, 1990	Appendix E

Table III. Clean Area Directory Continued

Sample Type - Grid Number	Concentration	Lab Rept. Date	Appendix Ref.
HOTLINE ICS SAMPLES CONT.			
40 - 1	44.00	Feb. 13, 1990	Appendix E
40 - 2	<1.00	Feb. 13, 1990	Appendix E
40 - 3	13.20	Feb. 13, 1990	Appendix E
40 - 4	<0.50	Feb. 13, 1990	Appendix E

Notes: * 2 subgrid composite (OCS Target = 6.3 ppm)
** 3 subgrid composite (OCS Target = 4.3 ppm)
All other OCS composites are 4 subgrid composites

Appendix A

MPI Site Investigation Data Report
MPI Remediation Work Plan
Verification Data Report/ACEM Reanalysis
Transport Manifests

MALCOLM PIRNIE

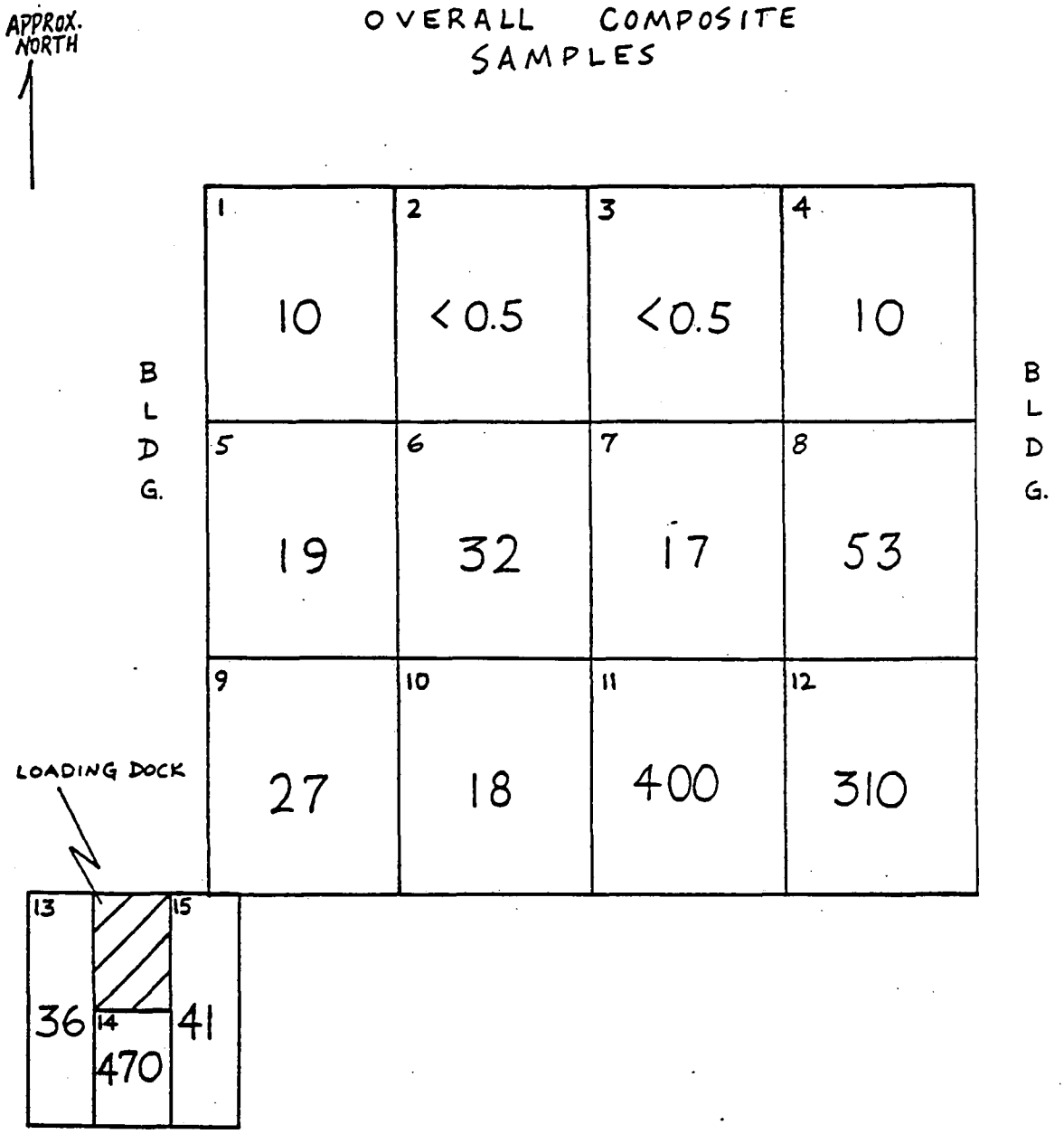
MALCOLM PIRNIE, INC.

BY MDW DATE 9/4/87 SHEET NO. ..... OF .....

CHKD. BY ..... DATE ..... JOB NO. .....

SUBJECT ROTHSTEEL PCB ANALYSIS

OVERALL COMPOSITE SAMPLES



NOT TO SCALE

PCB CONCENTRATIONS IN PPM

TABLE 1

ROTH STEEL SITE
PCB CONCENTRATIONS
OVERALL COMPOSITE SAMPLES

GRID NO.	PCB CONTENT
1	10
2	LT 0.5
3	LT 0.5
4	10
5	19
6	32
7	17
8	53
9	27
10	18
11	400
12	310
13	36
14	470
15	41

All results in mg/kg dry weight.

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 090287001
Date: September 2, 1987

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D.	ULI CODE	PCB CONCENTRATION						TOTAL
		1221	1016	1242	1248	1254	1260	
OCS-1 8/5/87	22487039			6			4	10
OCS-2 8/5/87	22487040							<0.5
OCS-3 8/5/87	22487041							<0.5
OCS-4 8/5/87, 8/6/87	22487042			5		3	2	10
OCS-5 8/5/87	22487043						19	19
OCS-6 8/5/87	22487044					20	12	32
OCS-7 8/6/87	22487045			6		7	4	17
OCS-8 8/6/87	22487046						53	53
OCS-9 8/6/87	22487047			8		8	11	27
OCS-10 8/6/87	22487048			4			14	18
OCS-11 8/6/87	22487049						400	400
OCS-12 8/6/87	22487050						310	310

All results are expressed as mg/kg.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: [signature]
9/02/87

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 090287001
Date: September 2, 1987

UPSTATE LABORATORIES, INC.

PCB Analysis

CLIENT I.D.	ULI CODE	PCB CONCENTRATION 1221	1016	1242	1248	1254	1260	TOTAL
OCS-13 8/7/87	22487051			5			31	36
OCS-14 8/7/87	22487052						470	470
OCS-15 8/7/87	22487053			29			12	41

All results are expressed as mg/kg.
NYS DOH I.D.: 10170

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: [signature]
9/02/87

MALCOLM PIRNIE

MALCOLM PIRNIE, INC.

BY TAB DATE 10/21/87 SHEET NO. ..... OF .....

CHKD. BY ..... DATE ..... JOB NO. .....

SUBJECT Roth Steel - PCB Analyses

1/4 grid x 2 feet deep = 114 yds³

Depth Composite Samples

1 5.1 17.5 6.2 2.1	2 N.A.	3 N.A.	4 5.6 <0.3 <0.3 <0.3
5 12.2 3.8 2.2 <0.3	6 17. 70. 18. <0.3	7 29. 17. <0.3 <0.3	8 (X) 3.8 23. 256. 5.9
9 (X) 1.0 13.8 5.9 2.7	10 74. 145. 79. 1.0	11 (X) 240. 4,300. 1,000. 32.	12 (X) 200. 2,200. 2,800. 720.

(X) = Needs deeper samples

BLDG

BLDG

Loading Dock

13 120. 8.0 1.6 1.0	14 (X) 5,300. 120. 7.5 3.6	15 202. 4.5 3.5 2.3

LEGEND

5.1 = 0-6" below surface
17.5 = 6-12" " "
6.2 = 12-18" " "
2.1 = 18-24" " "

All results in mg/kg (dry weight)

MALCOLM PIRNIE

ROTH STEEL SITE

PCB CONCENTRATIONS
DEPTH COMPOSITE SAMPLES

GRID NO.	DEPTH OF SAMPLES 0-6"	6-12"	12-18"	18-24"
1	5.1	17.5	6.2	2.1
4	5.6	LT 0.3	LT 0.3	LT 0.3
5	12.2	3.8	2.2	LT 0.3
6	17	70	18	LT 0.3
7	29	17	LT 0.3	LT 0.3
8	3.8	23	256	5.9
9	1.0	13.8	5.9	2.7
10	74	145	79	1.0
11	240	4,300	1,000	32
12	900	2,200	2,800	720
13	120	8.0	1.6	1.0
14	5,300	120	7.5	3.6
15	202	4.5	3.5	2.3

All data in mg/kg dry weight.

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 102187002
Date: October 21, 1987

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. - September 8, 1987	ULI CODE	PCB CONCENTRATION						
		1221	1016	1242	1248	1254	1260	TOTAL
DCS-1-1	25787095			2.6		2.5		5.1
DCS-1-2	25787096			13		4.5		17.5
DCS-1-3	25787097			3.1		3.1		6.2
DCS-1-4	25787098			2.1				2.1
DCS-4-1	25787099			2.0			3.6	5.6
DCS-4-2	25787100							<0.3
DCS-4-3	25787101							<0.3
DCS-4-4	25787102							<0.3
DCS-5-1	25787103			4.4			7.8	12.2
DCS-5-2	25787104			1.6			2.2	3.8
DCS-5-3	25787105			1.1			1.1	2.2
DCS-5-4	25787106							<0.3

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer

Approved: MC

10/21/87

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 102187002
Date: October 21, 1987

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. - September 8, 1987	ULI CODE	PCB CONCENTRATION						TOTAL
		1221	1016	1242	1248	1254	1260	
DCS-6-1	25787107			7.4			9.6	17
DCS-6-2	25787108						70	70
DCS-6-3	25787109					14	4	18
DCS-6-4	25787110							<0.3
DCS-7-1	25787111					21	8	29
DCS-7-2	25787112					14	3	17
DCS-7-3	25787113							<0.3
DCS-7-4	25787114							<0.3
DCS-8-1	25787115					3.0	0.8	3.8
DCS-8-2	25787116					10	13	23
DCS-8-3	25787117					16	240	256
DCS-8-4	25787118					1.4	4.5	5.9

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer ... liquidated damages.

Approved: mc

10/21/87

Client: Malcolm Pirnie, Inc
(Roth Steel-Project #0483-02-1)
Report #: 102187002
Date: October 21, 1987

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. - September 8, 1987	ULI CODE	PCB CONCENTRATION						TOTAL
		1221	1016	1242	1248	1254	1260	
DCS-9-1	25787119					0.7	0.3	1.0
DCS-9-2	25787120					5.8	8	13.8
DCS-9-3	25787121					2.2	3.7	5.9
DCS-9-4	25787122					2.0	0.7	2.7
DCS-10-1	25787123					47	27	74
DCS-10-2	25787124			35			110	145
DCS-10-3	25787125			30			49	79
DCS-10-4	25787126						1.0	1.0
DCS-11-1	25787127						240	240
DCS-11-2	25787128						4300	4300
DCS-11-3	25787129						1000	1000
DCS-11-4	25787130						32	32

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: mc

10/21/87

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0438-02-1)
Report #: 102187002
Date: October 21, 1987

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. - September 8, 1987	ULI CODE	PCB CONCENTRATION						
		1221	1016	1242	1248	1254	1260	TOTAL
DCS-12-1	25787131						900	900
DCS-12-2	25787132						2200	2200
DCS-12-3	25787133						2800	2800
DCS-12-4	25787134						720	720
DCS-13-1	25787135						120	120
DCS-13-2	25787136					8.0		8.0
DCS-13-3	25787137						1.6	1.6
DCS-13-4	25787138						1.0	1.0
DCS-14-1	25787139						5300	5300
DCS-14-2	25787140						120	120
DCS-14-3	25787141						7.5	7.5
DCS-14-4	25787142						3.6	3.6

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: MC

10/21/87

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0438-02-1)
Report #: 102187002
Date: October 21, 1987

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. - September 8, 1987	ULI CODE	PCB CONCENTRATION						
		1221	1016	1242	1248	1254	1260	TOTAL
DCS-15-1	25787143			150			52	202
DCS-15-2	25787144					4.5		4.5
DCS-15-3	25787145					2.6	0.9	3.5
DCS-15-4	25787146					2.3		2.3
Duplicate #1	25787147						2.7	2.7
Duplicate #2	25787148						370	370
Duplicate #3	25787149						130	130
Duplicate #4	25787150						2400	2400

All results are expressed as mg/kg dry weight.
NYS DOH I.D.: 10170

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer

Approved: MC

10/21/87

ROTH STEEL, INC.

SITE LOCATION MAP

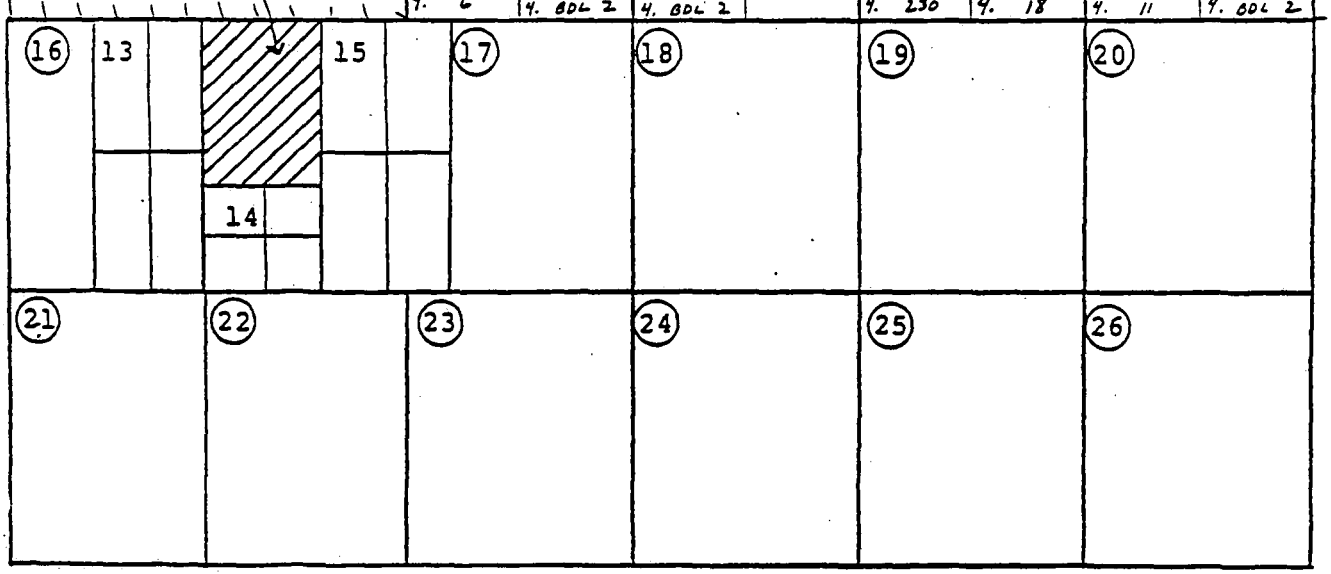
12 - Current grid

(18) - New grid

1-A 1. BDL 2 2. BDL 2 3. BDL 2 4. BDL 2	B 1. 6 2. 5 3. 6 4. 10	2-A	B	3-A	B	4-A 1. 9 2. 2 3. BDL 2 4. 2	B 1. 8.7
C 1. BDL 2 2. BDL 2 3. 13 4. BDL 2	D 1. 5.7 2. 15.8 3. BDL 0.3	C	D	C	D	C 1. 10	D 1. 9.1
5-A 1. 27 2. 46 3. 5 4. BDL 2	B 1. 18 2. BDL 2 3. BDL 2 4. BDL 2	6-A 1. 59 2. 31 3. BDL 2 4. BDL 2	B 1. 29 2. 3 3. 29 4. BDL 2	7-A 1. 13 2. 13 3. BDL 2 4. BDL 2	B 1. 21 2. BDL 2 3. BDL 2 4. BDL 2	8-A 1. 14 2. 2 3. BDL 2 4. BDL 2	B 1. 2 2. 6 3. 8 4. 10
C 1. 5.4 2. BDL 0.3	D 1. 9.7 2. BDL 0.3	C 1. 29 2. 32 3. BDL 2 4. BDL 2	D 1. 18.8 2. 110 3. 78	C 1. 42 2. 36	D 1. 16 2. 1	C 1. BDL 2 2. 235 3. 9 4. BDL 2	D 1. BDL 2 2. 130 3. 870 4. 47
9-A 1. 21.6 2. 8.2 3. BDL 0.3	B 1. 32 2. 91 3. 69 4. BDL 2	10-A 1. 92 2. 87 3. 114 4. BDL 2	B 1. 139 2. 300 3. 270 4. 10	11-A 1. 37 2. 575 3. 28 4. 5	B 1. 34 2. 54 3. 182 4. 8	12-A 1. 40 2. 31 3. 29 4. 21	B 1. 7,600 2. 1,400 3. 2,600 4. 3,900
C 1. 55 2. 149 3. 4 4. 6	D 1. 65 2. 64 3. 22 4. BDL 2	C 1. 20 2. 137 3. 55 4. BDL 2	D 1. 160 2. 560 3. 11	C 1. 150 2. 8,000 3. 2,000 4. 230	D 1. 570 2. 1,380 3. 3,900 4. 18	C 1. 350 2. 291 3. 164 4. 11	D 1. 328 2. 9,900 3. 1,300 4. BDL 2

BUILDING

LOADING DOCK



BDL - Below Detection Limit

TABLE 3
ROTH STEEL - HIAWATHA BOULEVARD SITE
PCB ANALYSES - INDIVIDUAL SAMPLES

GRID	TEST PIT A				TEST PIT B				TEST PIT C				TEST PIT D			
	0-6	6-12	12-18	18-24	0-6	6-12	12-18	18-24	0-6	6-12	12-18	18-24	0-6	6-12	12-18	18-24
1	<2	<2	<2	<2	6	5	6	10	<2	<2	13	<2	5.7	15.8	<0.3	NA
4	9	2	<2	2	8.7	NA	NA	NA	10	NA	NA	NA	9.1	NA	NA	NA
5	27	46	5	<2	18	<2	<2	<2	5.4	<0.3	NA	NA	9.7	<0.3	NA	NA
6	59	31	<2	<2	29	3	24	<2	29	32	<2	<2	18.8	110	78	NA
7	13	13	<2	<2	21	<2	<2	<2	42	36	NA	NA	16	1	<2	<2
8	14	2	<2	<2	2	6	8	10	<2	235	9	<2	<2	130	870	47
9	NA	21.6	8.2	<0.3	32	91	69	<2	55	149	4	6	65	64	22	<2
10	92	87	114	<2	139	300	270	10	20	137	55	<2	160	560	11	NA
11	37	575	28	5	34	54	182	8	150	11000	2000	230	570	1800	3900	18
12	40	31	29	28	7600	1400	2600	3900	390	291	164	11	328	9900	1300	<2
13	5	<2	<2	<2	147	<2	4	<2	160	<0.3	NA	NA	190	150	NA	NA
14	9200	44	36	27	157	390	55	20	190	11	14	5	83	12	5	<2
15	120	<2	6	<2	94	21	13	<2	19	4	<2	11	48	2.4	10	NA

NOTE: All results in mg/kg dry weight.

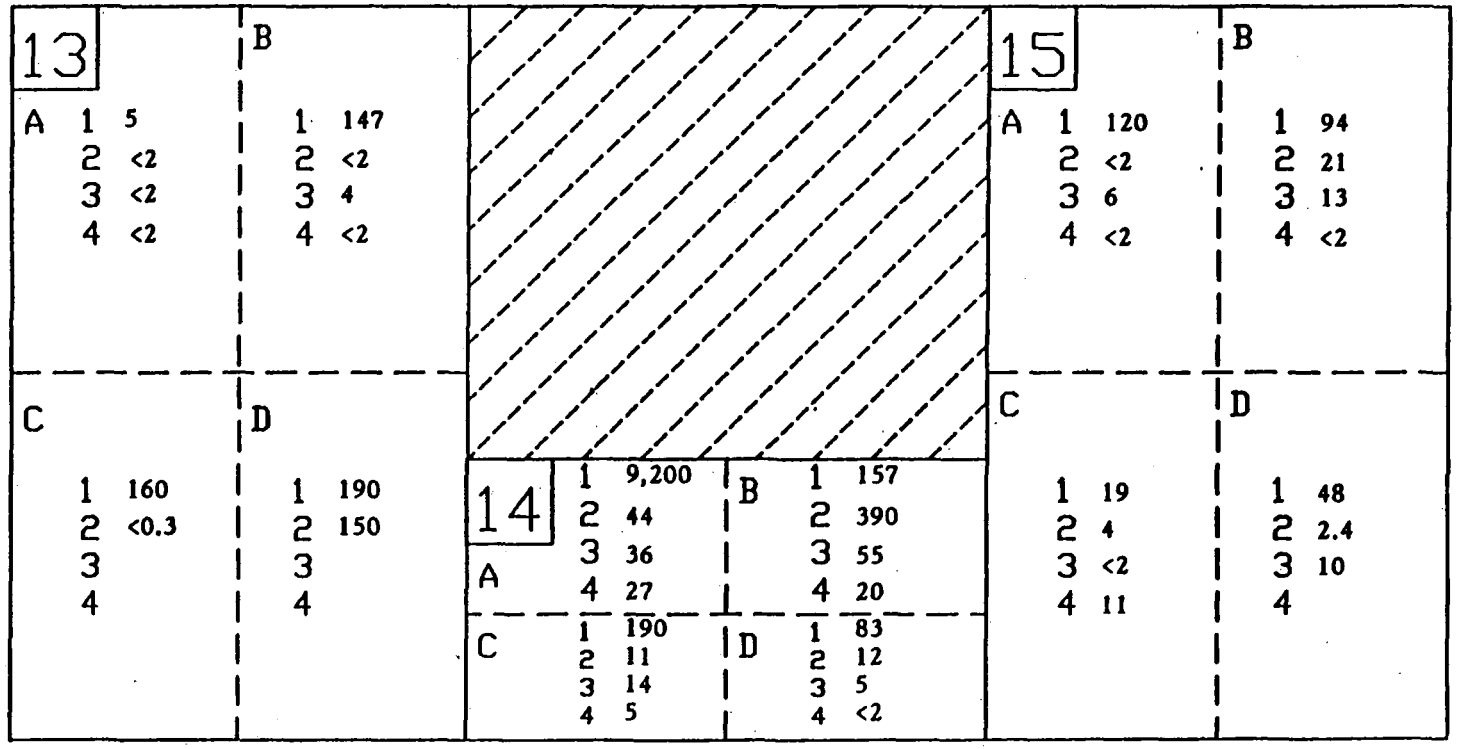
FIGURE 3a

INDIVIDUAL SAMPLE RESULTS GRIDS 1 - 12

1			2			3			4		
A	1 <2	B 1 6	A 1	B 1	A 1	B 1	A 1 9	B 1 8.7
	2 <2	2 5	2	2	2	2	2 2	2 na
	3 <2	3 6	3	3	3	3	3 <2	3 na
	4 <2	4 10	4	4	4	4	4 2	4 na
C	1 <2	D 1 5.7	C 1	D 1	C 1	D 1	C 1 10	D 1 9.1
	2 <2	2 15.8	2	2	2	2	2	2
	3 13	3 <0.3	3	3	3	3	3	3
	4 <2	4	4	4	4	4	4	4
5			6		7		8			
A	1 27	B 1 18	A 1 59	B 1 29	A 1 13	B 1 21	A 1 14	B 1 2
	2 46	2 <2	2 31	2 3	2 13	2 <2	2 2	2 6
	3 5	3 <2	3 <2	3 24	3 <2	3 <2	3 <2	3 8
	4 <2	4 <2	4 <2	4 <2	4 <2	4 <2	4 <2	4 10
							5	
							6	
C	1 5.4	D 1 9.7	C 1 29	D 1 18.8	C 1 42	D 1 16	C 1 <2	D 1 <2
	2 <0.3	2 <0.3	2 32	2 110	2 36	2 1	2 235	2 130
	3	3	3 <2	3 78	3	3	3 9	3 870
	4	4	4 <2	4 78	4	4	4 <2	4 47
								5 <0.5
								6 <0.5
9			10		11		12			
A	1 21.6	B 1 32	A 1 92	B 1 139	A 1 37	B 1 34	A 1 40	B 1 7,600
	2 8.2	2 91	2 87	2 300	2 575	2 54	2 31	2 1,400
	3 <0.3	3 69	3 114	3 270	3 28	3 182	3 29	3 2,600
	4	4 <2	4 <2	4 10	4 5	4 8	4 28	4 3,900
							5 <0.5	5 <0.5
							6 <0.5	6 <0.5
C	1 55	D 1 65	C 1 20	D 1 160	C 1 150	D 1 570	C 1 390	D 1 328
	2 149	2 64	2 137	2 560	2 11,000	2 1,800	2 291	2 9,900
	3 4	3 22	3 55	3 11	3 2,000	3 3,900	3 164	3 1,300
	4 6	4 <2	4 <2	4	4 230	4 18	4 11	4 <2
					5 6.8	5 490	5 <0.5	5 <0.5
					6 <0.5	6 7.2	6 <0.5	6 <0.5

FIGURE 3b

INDIVIDUAL SAMPLE RESULTS GRIDS 13 - 15



MALCOLM PIRNIE, INC.

INTEROFFICE CORRESPONDENCE

To: File

From: Keith A. White, SYR KAW

Date: June 24, 1988

Re: TEST PITTING AND SOIL SAMPLING ACTIVITIES AT ROTH STEEL

On Thursday, June 9, 1988, a total of seven (7) test pits were excavated by a backhoe to a total depth of four feet for the purpose of collecting soil samples.

Information regarding sampling depth, as well as the number of samples collected and analyzed, appears on Table 1. The backhoe was decontaminated by means of a hose wash between excavations. Samples were collected by Keith White utilizing clean stainless steel spoons to fill 1 liter glass containers. Aluminum foil was used as a cap liner. Safety equipment worn included rubber boots, tyvek coveralls, and disposable plastic glove liners. A new pair of gloves was used for each sample collected. Fourteen samples were delivered to Upstate Laboratories for PCB analysis on the same day. The remaining 14 samples were held by MPI.

cc: TAB

0483-02-1

ROTH STEEL SAMPLES COLLECTED

GRID NUMBER (SEE ATTACHED FIGURE)	NO. OF TEST PITS	DEPTHS TO SAMPLE (INCHES BELOW SURFACE)	SAMPLES TO ANALYZE	SAMPLES TO HOLD
8	1 (D)	24-30, 30-36, 36-42, 42-48	24-30, 30-36	36-42, 42-48
11	2 (C,D)	24-30, 30-36, 36-42, 42-48	24-30, 30-36	36-42, 42-48
12	4 (A,B,C,D)	24-30, 30-36, 36-42, 42-48	24-30, 30-36	36-42, 42-48

TOTALS: 7 Test Pits

28 Samples Taken

14 Samples Analyzed

14 Samples Held

FIGURE 3a
INDIVIDUAL SAMPLE RESULTS GRIDS 1 - 12

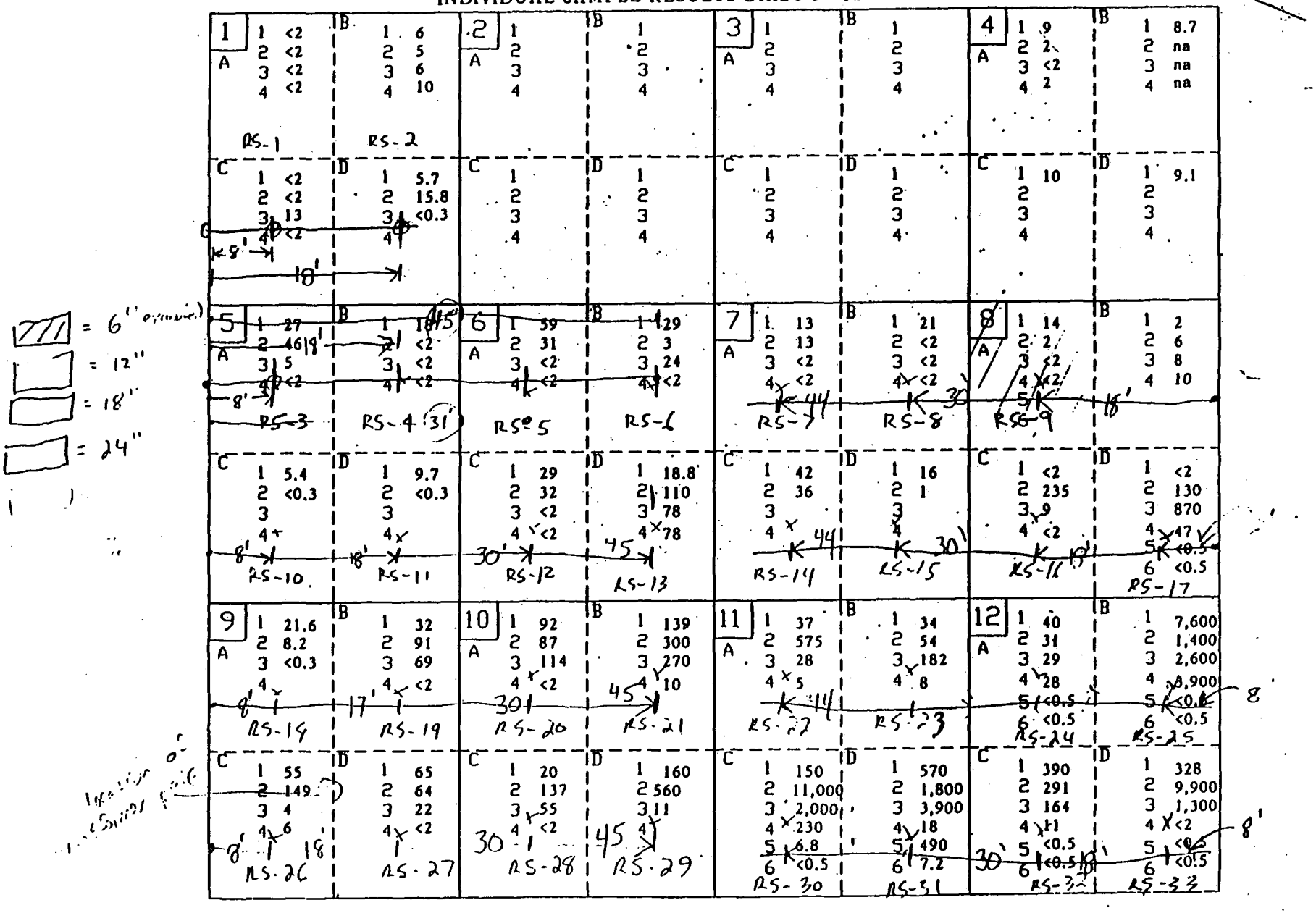
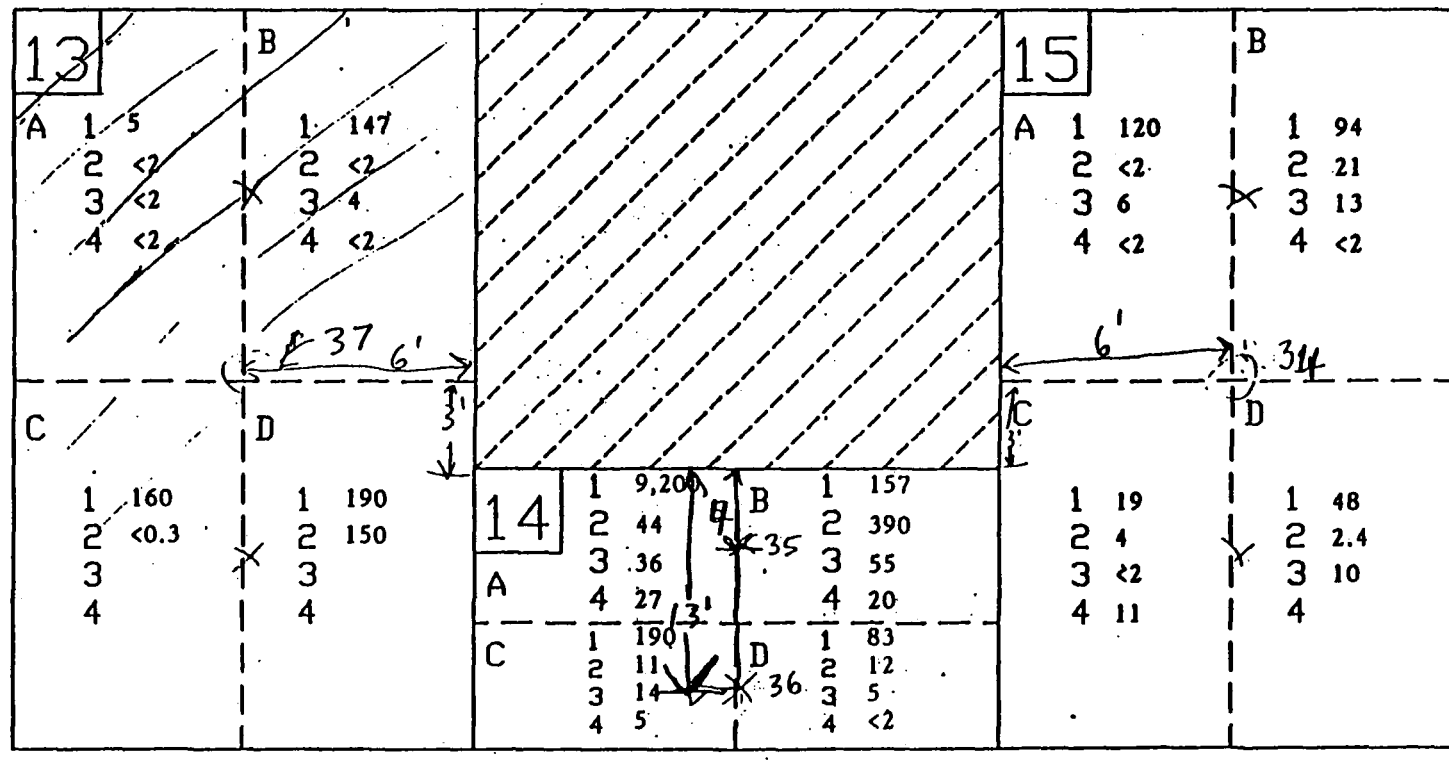


FIGURE 3b

INDIVIDUAL SAMPLE RESULTS GRIDS 13 - 15

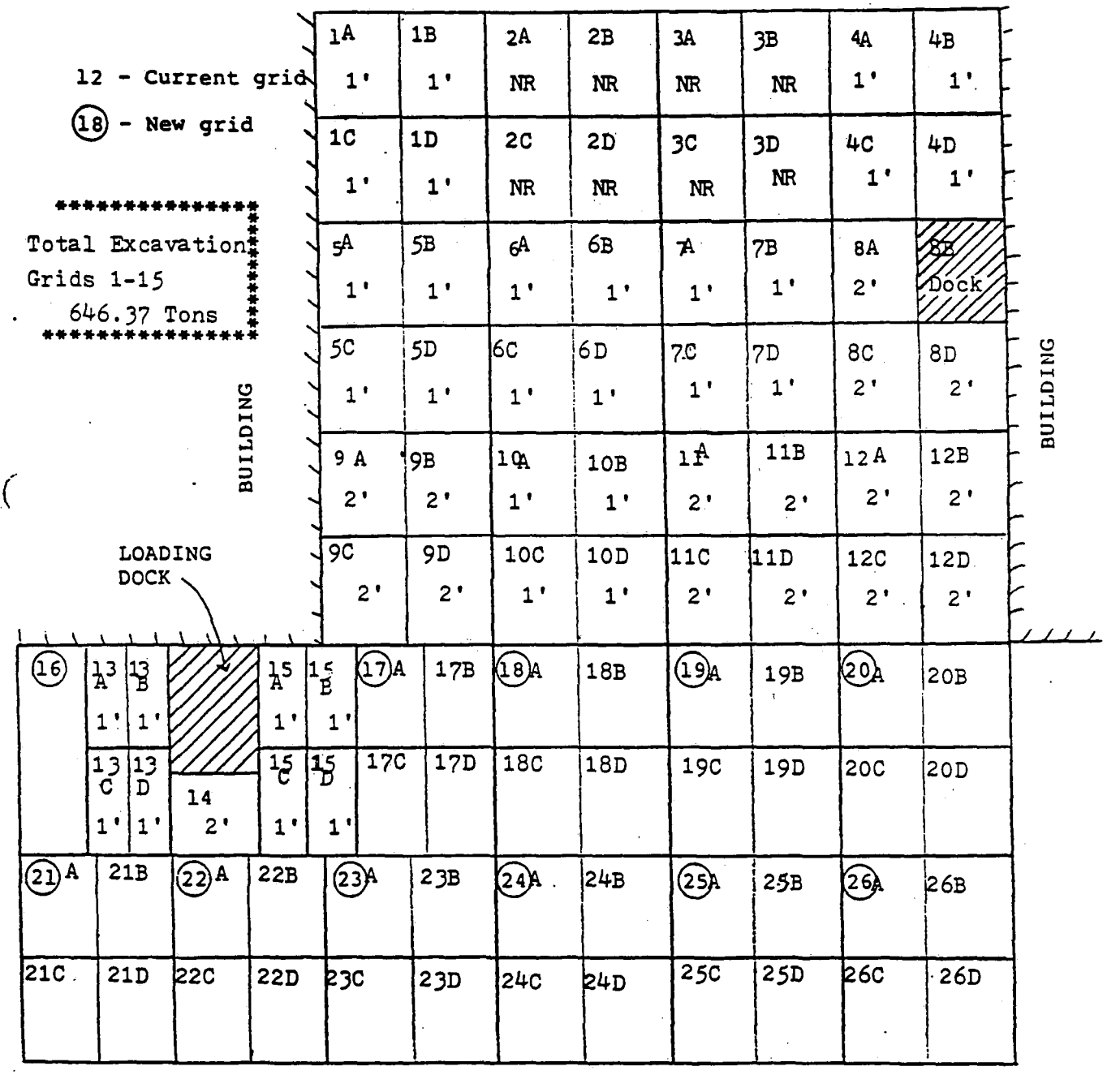


ROTH STEEL, INC.

SITE LOCATION MAP

Post Site Investigation Remediation Plan - MPI/WTS 9/28/88

* (Idealized Removals Shown) *



MALCOLM PIRNIE

MALCOLM PIRNIE, INC.
ENVIRONMENTAL ENGINEERS, SCIENTISTS & PLANNERS

October 25, 1988

Mr. Bernard Reiben
Roth Steel Corporation
800 W. Hiawatha Boulevard
Syracuse, New York 13204

Dear Mr. Reiben:

As required by the agreement between Roth Steel and the USEPA, samples were taken after the recent soil removal at Roth Steel's Erie Boulevard facility. The attached drawing and analytical report show that the clean-up activities were not complete in removing the contaminated soils.

Based on this information, we recommend excavating a depth of one foot of soil from each of the sub grids that showed PCB levels greater than 10 ppm. Based on the previous soil removal costs, we estimate that this second phase will cost approximately $100,000.

We trust that this information has been helpful. Please feel free to contact us if there are any questions.

Very truly yours,

MALCOLM PIRNIE, INC.

Thomas A. Barba
Senior Project Scientist

mp

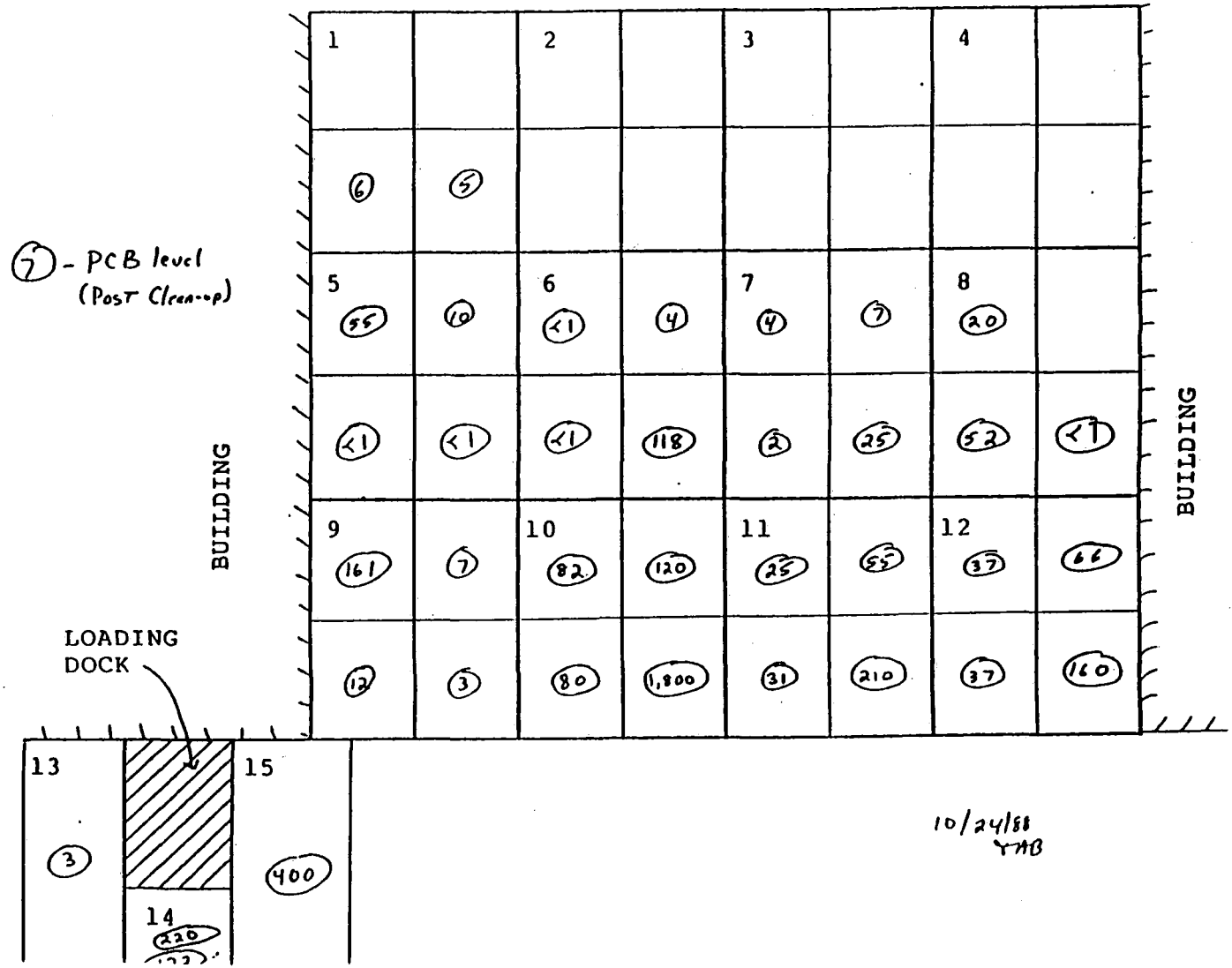
Enclosure

0483-01-1

[illegible] SEVENTH NORTH ST LIVERPOOL, NEW YORK 13088 315 457 4105 TELEX 137364

ROTH STEEL, INC.

SITE LOCATION MAP



10/24/88
TMB

Upstate Laboratories inc.

143 Midler Park Drive • Box 289 • Syracuse, New York 13206 • (315) 437-0255
Southern Region (607) 272-2708 ext. 1
Western Region (716) 244-8760

October 18, 1988

Mr. Tom Barba
Malcolm Pirnie, Inc.
890 Seventh North Street
Liverpool, New York 13088

Re: Analysis Report #101888008 - Roth Steel
(Project #0483-02-1)

Dear Mr. Barba:

Please find enclosed the PCB results for your samples which were received on September 30, 1988.

If you have any questions about this report, or if we can be of any further service to you, please do not hesitate to call.

Very truly yours,

UPSTATE LABORATORIES, INC.

Daniel J. Pastuf
Manager

DJP/alg

Enclosures: report, copy chain of custody, invoice

cc/encs: N. Scala, ULI
file

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 101888008
Date: October 18, 1988

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. (9/30/88)	ULI CODE	PCB CONCENTRATION						
		1221	1016	1242	1248	1254	1260	TOTAL
RS-1, 1035 hrs.	27788016						6	6
RS-2, 1040 hrs.	27788017						5	5
RS-3, 1047 hrs.	27788018					55		55
RS-4, 1052 hrs.	27788019						10	10
RS-5, 1057 hrs.	27788020							<1
RS-6, 1103 hrs.	27788021						4	4
RS-7, 1353 hrs.	27788022						4	4
RS-8, 1349 hrs.	27788023						7	7
RS-9, 1344 hrs.	27788024						20	20
RS-10, 1111 hrs.	27788025							<1
RS-11, 1117 hrs.	27788026							<1
RS-12, 1122 hrs.	27788027							<1

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: [signature]
10/18/88

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 101888008
Date: October 18, 1988

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. (9/30/88)	ULI CODE	PCB CONCENTRATION						TOTAL
		1221	1016	1242	1248	1254	1260	
RS-13, 1126 hrs.	27788028			16		75	27	118
RS-14, 1413 hrs.	27788029						2	2
RS-15, 1407 hrs.	27788030						25	25
RS-16, 1403 hrs.	27788031					52		52
RS-17, 1358 hrs.	27788032							<1
RS-18, 1135 hrs.	27788033			94		44	23	161
RS-19, 1141 hrs.	27788034					7		7
RS-20, 1148 hrs.	27788035			55		27		82
RS-21, 1152 hrs.	27788036					120		120
RS-22, 1432 hrs.	27788037						25	25
RS-23, 1428 hrs.	27788038						55	55
RS-24, 1425 hrs.	27788039					31	6	37

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: [signature]

10/18/88

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 101888008
Date: October 18, 1988

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. (9/30/88)	ULI CODE	PCB CONCENTRATION						
		1221	1016	1242	1248	1254	1260	TOTAL
RS-25, 1419 hrs.	27788040						66	66
RS-26, 1158 hrs.	27788041					12		12
RS-27, 1201 hrs.	27788042			3				3
RS-28, 1333 hrs.	27788043						80	80
RS-29, 1336 hrs.	27788044						1800	1800
RS-30, 1449 hrs.	27788045						31	31
RS-31, 1444 hrs.	27788046						210	210
RS-32, 1442 hrs.	27788047					7	30	37
RS-33, 1437 hrs.	27788048						160	160
RS-34, 1500 hrs.	27788049			330			70	400
RS-35, 1506 hrs.	27788050						220	220
RS-36, 1510 hrs.	27788051					73	49	122

All results are expressed as mg/kg dry weight.

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer for the services as liquidated damages.

Approved: [signature]
10/18/88

Client: Malcolm Pirnie, Inc.
(Roth Steel-Project #0483-02-1)
Report #: 101888008
Date: October 18, 1988

UPSTATE LABORATORIES, INC.
PCB Analysis

CLIENT I.D. (9/30/88)	ULI CODE	PCB CONCENTRATION						TOTAL
		1221	1016	1242	1248	1254	1260	
RS-37, 1516 hrs. ISA	27788052						3	3

All results are expressed as mg/kg dry weight.
NYS DOH I.D.: 10170

Disclaimer: The test results and procedures utilized, and laboratory interpretations of data obtained by ULI as contained in this report are believed by ULI to be accurate and reliable for sample(s) tested. In accepting this report, the customer agrees that the full extent of any and all liability for actual and consequential damages of ULI for the services performed shall be equal to the fee charged to the customer

Approved

10/18/88

MALCOLM PIRNIE
SYRACUSE OFFICE

CHAIN of CUSTODY
SUMMARY FORM

27788016-0[illegible]

OILS
Due 10-14 per Tony

890 SEVENTH NORTH STREET
LIVERPOOL, NEW YORK 13088
(315)467-4105

CLIENT/LOCATION: ROTH STEEL
ERIE BLVD. WEST

PROJECT NO.:

ANALYSIS: PCB

PRESERVATION

SAMPLE I.D.	DATE SAMPLED	TIME SAMPLED	CONTAINERS NO.	CONTAINERS SIZE/TYPE	DATE ANALYSIS NEEDED	PRESERVATION
RS-1	9/30/88	see logbook for times	37	1 pint glass	10/14/88	all brown soils
RS-2						
⋮						
RS-37						✓

37 samples total

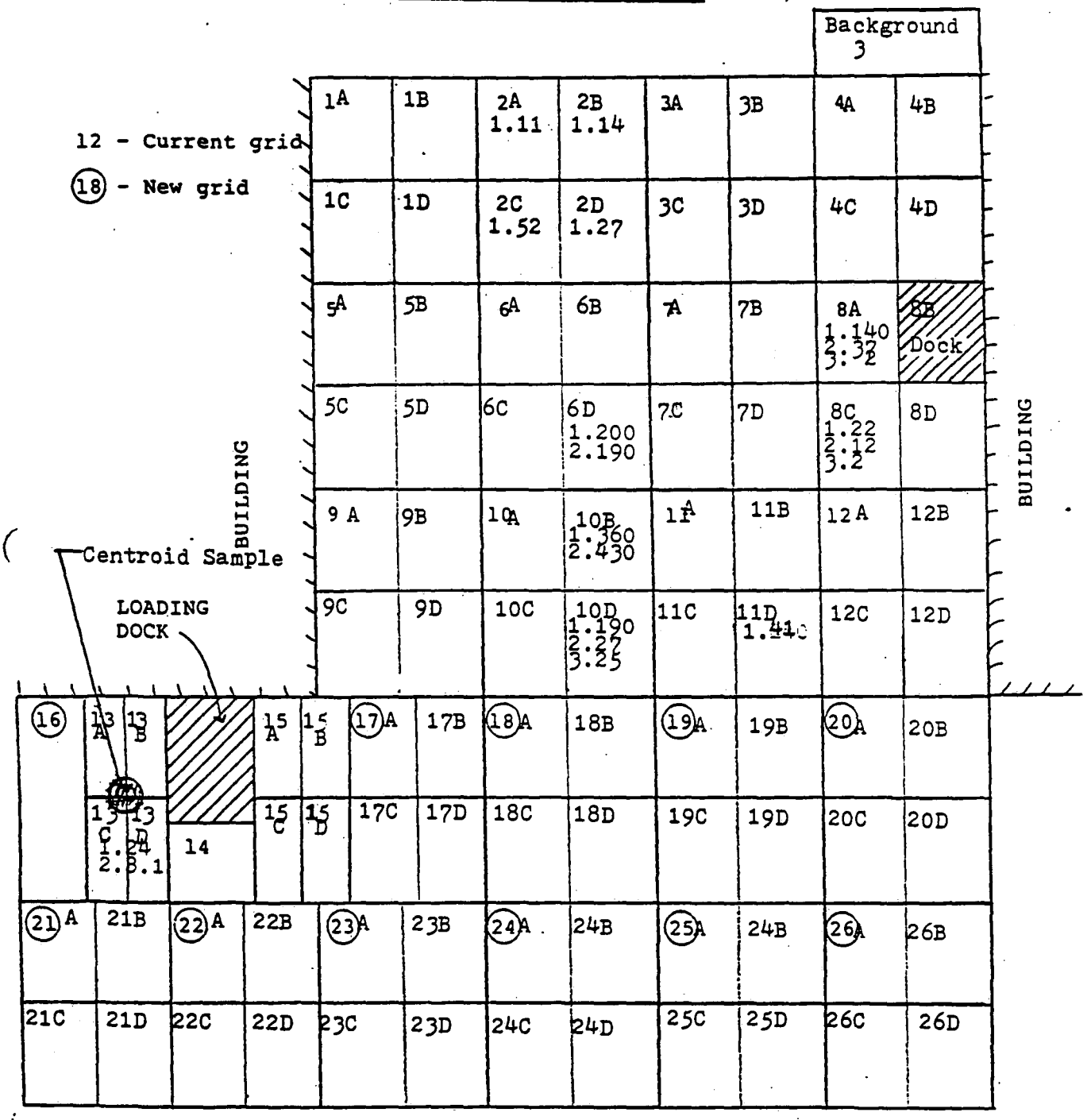
RELINQUISHED BY:	DATE/TIME	RECEIVED BY:	DATE/TIME	NOTES:
Keith A. White	9/30 15:54	Tammy Miller	9/30/88 1554 hrs	dropped off
RELINQUISHED BY:	DATE/TIME	RECEIVED FOR LAB. BY:	DATE/TIME	

ROTH STEEL, INC.

SITE LOCATION MAP

November 30, 1988

Results of MPI Post-Cleanup Reanalysis - KAS/ACEM



Legend: Depth 1=3", Depth 2=9", Depth 3=15" below grade
Units are milligrams total PCB/Kilogram of soil

Appendix F. Verification of Sept 1988 MPI Cleanup

Lab	Grid#	Sample*	Depth**	Concentration***
ULI+	1C	GBS	3.0	6.0
ULI	1D	GBS	3.0	5.0
ULI	2	OCS	ALL	0.5
SRC+	2A	GBS	3.0	11.0
SRC	2B	GBS	3.0	14.0
SRC	2C	GBS	3.0	52.0
SRC	2D	GBS	3.0	27.0
ULI	5A	GBS	3.0	55.0
ULI	5B	GBS	3.0	10.0
ULI	5C	GBS	3.0	1.0
ULI	5D	GBS	3.0	1.0
ULI	6A	GBS	3.0	1.0
ULI	6B	GBS	3.0	4.0
ULI	6C	GBS	3.0	1.0
ULI	6D	GBS	3.0	118.0
SRC	6D	GBS	3.0	200.0
SRC	6D	GBS	9.0	190.0
ULI	7A	GBS	3.0	4.0
ULI	7B	GBS	3.0	7.0
ULI	7C	GBS	3.0	2.0
ULI	7D	GBS	3.0	25.0
ULI	8A	GBS	3.0	20.0
ULI	8C	GBS	3.0	52.0
ULI	8D	GBS	3.0	1.0
SRC	8A	GBS	3.0	140.0
SRC	8A	GBS	9.0	37.0
SRC	8A	GBS	15.0	26.0
SRC	8C	GBS	3.0	22.0
SRC	8C	GBS	9.0	12.0
SRC	8C	GBS	15.0	8.2
ULI	9A	GBS	3.0	161.0
ULI	9B	GBS	3.0	7.0
ULI	9C	GBS	3.0	12.0
ULI	9D	GBS	3.0	3.0
ULI	10A	GBS	3.0	82.0
ULI	10B	GBS	3.0	120.0
ULI	10C	GBS	3.0	80.0
ULI	10D	GBS	3.0	1800.0
SRC	10B	GBS	3.0	360.0
SRC	10B	GBS	9.0	430.0
SRC	10D	GBS	3.0	190.0
SRC	10D	GBS	9.0	27.0
SRC	10D	GBS	15.0	25.0
ULI	11A	GBS	3.0	25.0
ULI	11B	GBS	3.0	55.0
ULI	11C	GBS	3.0	31.0
ULI	11D	GBS	3.0	210.0

SRC	11D	GBS	3.0	41.0
ULI	12A	GBS	3.0	37.0
ULI	12B	GBS	3.0	66.0
ULI	12C	GBS	3.0	37.0
ULI	12D	GBS	3.0	160.0
ULI	13	GBS	3.0	3.0
SRC	13	GBS	3.0	24.0
SRC	13	GBS	9.0	8.1
ULI	14A	GBS	3.0	220.0
ULI	14B	GBS	3.0	122.0
ULI	15	GBS	3.0	400.0
SRC	BKGD*	GBS	6.0	3.0

* Definitions: GBS = Grab SampleOCS = Overall Composite SampleBKGD=Background

** Depth Dimension = inches below grade (below ground surface)

*** Concentration = Total PCB Concentration in milligrams PCB/kilogram of soil

\+ Independent Contract Analytical Laboratories; Upstate Laboratories Inc. = ULI
Syracuse Research Corp. = SRC

JAN 03 1989

ANALYSIS REPORT

Prepared For:

Am Can Environmental Management, Inc.
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206
Attn: Mr. John M. Antczak

Prepared by:

Syracuse Research Corporation
Life Sciences Laboratories
Dr. Alison Carter, Manager
NYS DOH Lab ID No. 10248
SRC Project No. L1959-01a
Customer Authorization - Verbal
ACEM Project No. 172-88

Date of Report: December 29, 1988

Analysis Performed by: Craig B. Turner, Research Associate

Report Approved by: Quality Assurance Unit

Work Performed: Twenty-four samples (twenty-one soil and three water), received 12/7/88, were analyzed for PCBs. (SRC ID Nos. 812-3449 to 812-3472).

The test results and procedures utilized and laboratory interpretations of the data obtained by Syracuse Research Corporation as contained in this report are believed by Syracuse Research Corporation to be accurate and reliable. In accepting this report, the client agrees that the full extent of any errors or liability will be limited to an amount equal to the fee charged to the client.

The information contained herein is for the exclusive use of the client to whom it is addressed and its communication to any others, or the use of the name of Syracuse Research Corporation, must receive prior written approval. The information and the name of the Syracuse Research Corporation or its seal or insignia are not to be used under any circumstances in advertising to the general public.

WATER SAMPLE RESULTS

SRC ID No. ACEM ID No.	812-3449 Hexane Blank	812-3450 Wash Water Blank Field Blk
Total PCBs, µg/l	1.3	<0.7

WATER SAMPLE RESULTS

SRC ID No. ACEM ID No.	812-3449 Hexane Blank	812-3450 Wash Water Blank Field Blk	812-3451 Ponded Water Sample
Total PCBs, µg/l	1.3	<0.7	30

SOIL SAMPLE RESULTS

SRC ID No. ACEM ID No.	812-3452 Background Sample	812-3453 2-A-1	812-3454 2-B-1	812-3455 2-C-1	812-3456 6-D-1
Total PCBs, µg/g	3	11*	14	52	200

SRC ID No. ACEM ID No.	812-3457 6-D-2	812-3458 8-A-3	812-3459 8-C-1	812-3460 8-C-2	812-3461 8-C-3
Total PCBs, µg/g	190	26	22	12	8.2

SRC ID No. ACEM ID No.	812-3462 10-B-1	812-3463 10-B-2	812-2364 10-D-1	812-3465 10-D-2	812-3466 10-D-3
Total PCBs, µg/g	360	430	190	27	25

*Originally reported 1 µg/g. Re-ran in duplicate for QC data which resulted with 12 and 10 µg/g.

SOIL SAMPLE RESULTS (Cont.)

SRC ID No.	812-3467	812-3468	812-3469	812-3470	812-3471
ACEM ID No.	11-D-1	13-1	13-2	2-D-1	8-A-1
Total PCBs, µg/g	41	24	8.1	27	140

SRC ID No.	812-3472
ACEM ID No.	8-A-2
Total PCBs, µg/g	37

Quality Control Data

1260 Reference Standard 0.301/0.338 µg/ml = 89%

Spike -- 0.107/0.10 = 107%
0.106/0.1 = 106%

Duplicates: 812-3458 -- 26 µg/g
27 µg/g

Duplicates: 812-3453 -- 12 µg/g
10 µg/g

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000012
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788875 2
B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (716) 773-7421
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: 716 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051709752
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	[illegible]	P	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: a. PCB Contaminated Soil L & G; b; c; d.

K. Handling Codes for Wastes Listed Above: a; b; c; d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 09-30-88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: L. VAN BASKIRK — Signature: L. Van Baskirk — Mo. Day Year: 09 30 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Kathy Villeneuve — Signature: Kathy Villeneuve — Mo. Day Year: 09 30 88

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2060-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982138840 / 00012

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Lech Steel Corp.
800 W. Elizabeth Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A 788874 3

B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): [illegible]

6. US EPA ID Number: [illegible]

C. State Transporter's ID: 44613CNY

D. Transporter's Phone: (716) 773-1521

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, NA 9188 (Polychlorinated Biphenyls)	001	DM	42120	P	9087
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil
c.

K. Handling Codes for Wastes Listed Above
a. T
c.

b.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17369
PTS #6123 SCA W.O. # 111107
Rec'd 7/25/88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
[illegible]	[signature]	07	21	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
PETER Interdonato	Peter Interdonato	09	29	88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year
Kathi Villeneuve	Kathi Villeneuve	09	30	88

NY A 788874 3

EPA Form 8700-22 (Rev. 9-85) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00011
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A804251 7
B. Generator's ID: 732 Erie Blvd. E. Syracuse, NY 13204

5. Transporter 1 (Company Name): [illegible] Steel Corp
6. US EPA ID Number: NYD051809552

C. State Transporter's ID: 772722 NY
D. Transporter's Phone (715) 773-[illegible]

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OKM-E, IA 9188 (Polychlorinated Biphenyls)	001	DT	39500	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 4 8
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. 1
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]
[illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: JAMES A. GANTT — Signature: James A. Gantt — Mo. Day Year: 092988

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Kath. Villeneuve — Signature: Kath Villeneuve — Mo. Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183400 Manifest Document No. 000094
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 N. Kiamesha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A804253 5
B. Generator's ID 800 N. Kiamesha Blvd., Syracuse, NY 13204

5. Transporter 1 (Company Name) R.E. Lee Corp
6. US EPA ID Number NYD091195852
C. State Transporter's ID 753726
D. Transporter's Phone (716) 773-7921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number NYD049836579
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, NA 9188 (Polychlorinated Biphenyls)	001	DT	40000	P	9082
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1,4,8
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 1-527
Acc. Date 1/21/87

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: T. J. Hess — Signature: [signature] — Mo. 01 Day 21 Year 87

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: ROBERT DUNN — Signature: Robert Dunn — Mo. 01 Day 22 Year 87

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Donna Ames — Signature: Donna Ames — Mo. 01 Day 30 Year 87

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000008
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Kinnaths Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY-A804254 4
B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: 770162 NY
D. Transporter's Phone: (716) 775-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone: ( )

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	39720	P	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: a. PCB Contaminated Soil 140 c. b. d.

K. Handling Codes for Wastes Listed Above: a. [X] c. b. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 15772
[illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: Tracy Hess — Signature: Tracy Hess — Mo. Day Year: 09 [illegible] 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: William Johnston — Signature: [illegible] — Mo. Day Year: 09 [illegible] 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Donna Ames — Signature: Donna Ames — Mo. Day Year: 09 30 88

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00007
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A804255 3
B. Generator's ID: 732 Erie Blvd. E. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809552
C. State Transporter's ID: 772072 N.Y.
D. Transporter's Phone (716) 773-9921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OKN-Z, NA 9188 (Polychlorinated Biphenyls)	001	DT	57480	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1.4 D
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. I
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]
[illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: Tracy Hess — Signature: [signature] — Mo. Day Year: 09 [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Bruce Chamberlain — Signature: [signature] — Mo. Day Year: 09 27 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Donna Ames — Signature: Donna Ames — Mo. Day Year: 09 30 88

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982183848 / 0002

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Bath Steel Corp.
800 N. Kimmetha Blvd., Syracuse, NY 13204

4. Generator's Phone (315 475-8431

A. State Manifest Document No.: NY A804260 7

B. Generator's ID: [illegible] Syracuse, NY 13204

5. Transporter 1 (Company Name): Clean Tank & Tr

6. US EPA ID Number: MAD 980 [illegible]

C. State Transporter's ID: 375192 NY

D. Transporter's Phone: [illegible]

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
GENERATOR a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA 9158 (Polychlorinated Biphenyls)	001		12660	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 4 0 c
b d

K. Handling Codes for Wastes Listed Above
a c
b d

15. Special Handling Instructions and Additional Information
SCA Code J17369
WTS #6323 SCA W.O. # [illegible]
A.R. Ent 11/7/87

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] Signature: [illegible] Mo. 09 Day 24 Year 87

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Paul Van Den Bosch Signature: [illegible] Mo. 09 Day 24 Year 87

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: Signature: Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Keith Villeneuve Signature: [illegible] Mo. 09 Day 28

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00000
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A804256 2
B. Generator's ID: 752 Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID: 331703
D. Transporter's Phone (416) 772-4821
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone (718) 754-8231

5. Transporter 1 (Company Name): Griffin Fuel Corp
6. US EPA ID Number: NYDD 1809952
7. Transporter 2 (Company Name)
8. US EPA ID Number
9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. GEN-E, NA 9188 (Polychlorinated Biphenyls)	011	D	12210	P	D003
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 148
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. 1
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 0 1 9 0 6

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Kenneth A Obstarczyk — Signature: Kenneth A Obstarczyk — Mo. Day Year: 09 27 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Lynn Piechowski — Signature: Lynn Piechowski — Mo. Day Year: 09 29 88

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183540 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp., 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY-A788853 6
B. Generator's ID: 752 Erie Blvd. W., Syracuse, NY 13204
C. State Transporter's ID: 795192 NY
D. Transporter's Phone (716) 773-9200
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name): CeCos International Inc
6. US EPA ID Number: NYD070336241
7. Transporter 2 (Company Name):
8. US EPA ID Number:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc., 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	41540	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: PCB Contaminated Soil 140

K. Handling Codes for Wastes Listed Above: a. Z; b.; c.; d.

15. Special Handling Instructions and Additional Information: SCA Code J17569; WTS #6323; SCA W.O. # 135745; 7/28/88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: — Signature: — Mo. Day Year:

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Rich Carden — Signature: Rich Carden — Mo. Day Year: 09 28 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Joseph P. McGahan — Signature: Joseph P. McGahan — Mo. Day Year: 09 28 88

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No. | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

NYD982138348 | 00105

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-6431

A. State Manifest Document No. NY 804257 1
B. Generator's ID 732 Hiawatha Blvd. W. Syracuse, NY 13204
C. State Transporter's ID 77302
D. Transporter's Phone (716) 773-944
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name) Gibb Ind Corp | 6. US EPA ID Number NYD 9 8 2 1 8 7 7 5 2
7. Transporter 2 (Company Name) | 8. US EPA ID Number
9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number NYD 0 4 9 8 3 6 6 7 9

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substances, Solid, n.o.s. CERCLA, 9 188 (Polychlorinated Biphenyls)	001	DT	55980	P	9081
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 of 1 | c.
b. | d.

K. Handling Codes for Wastes Listed Above
a. T | c.
b. | d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #4323 SCA W.O. # 12 [illegible]
Acc Cntr Pickup

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name	Signature	Mo.	Day	Year
Ray Hess	[signature]	04	25	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
Bill Semple	Bill Semple	04	21	88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year
Lynn Piechowski	Lynn Piechowski	04	27	88

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

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NY 804257 1

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00609
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Kiamatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A804258 9
B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID: 951178 NY
D. Transporter's Phone (716) 773-1921
E. State Transporter's ID:
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone (716) 754-8232

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051407952
7. Transporter 2 (Company Name):
8. US EPA ID Number:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1350 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	9410	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: a. PCB Contaminated Soil 148 c. b. d.

K. Handling Codes for Wastes Listed Above: a. 1 c. b. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 135768
Rec'd Date 7/4/88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Bernard L Clark — Signature: Bernard J Clark — Mo. Day Year: 09 29 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Joseph P. McGahan — Signature: Joseph P. McGahan — Mo. Day Year: 09 29 88

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982138340 / 100103

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Kinnaha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-0431

A. State Manifest Document No. NY A 804259 8

B. Generator's ID [illegible] Syracuse, NY 13204

5. Transporter 1 (Company Name) [illegible]

6. US EPA ID Number: NYD070056114

C. State Transporter's ID: F509 2 NY

D. Transporter's Phone: 716 877-1200

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	EPA/State Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, NA 9188 (Polychlorinated Biphenyls)	001	DT	11	20 P	9007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 4 0 c.
b. d.

K. Handling Codes for Wastes Listed Above
a. T c. b. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WIS #6323, SCA W.O. # 12[illegible]7
Exp. Date 7/28/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
T. J. H.		09	27	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
MARK WACHAUSER	Mark Wachauser	09	27	88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year
Ann Piechowski	Ann Piechowski	09	29	88

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

NY A 804259 8

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982183840 / 00001
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Bath Steel Corp.
800 W. Kirkwood Blvd., Syracuse, NY 13204
4. Generator's Phone 315) 475-8431

A. State Manifest Document No.: NY A804251 6
B. Generator's ID: 732 Kirkwood Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): Cecos International Inc.
6. US EPA ID Number: NYD049836779
C. State Transporter's ID: 7451420
D. Transporter's Phone: (716) 773-9300

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( ) -

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836779
G. State Facility's ID
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, NA 9188 (Polychlorinated Biphenyls)	001	DT	40600	P	9907
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. T
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 17565
Rec. at Spill

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] Signature: [illegible] Mo. 09 Day 29 Year 88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: THOMAS SCOTT Signature: Thomas Scott Mo. 09 Day 29 Year 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name Signature Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOSEPH P. McGAHAN Signature: Joseph P. McGahan Mo. 09 Day 29 Year 88

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Kirkwatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY-A804262 5
B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID: 793156-104
D. Transporter's Phone: (716) 773-1921
E. State Transporter's ID:
F. Transporter's Phone: ( )
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
7. Transporter 2 (Company Name):
8. US EPA ID Number:

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	40260	P	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 4 4
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 125714
Acc Date 9/28/88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: E Wilson — Signature: E Wilson — Mo. Day Year: 09 29 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Lynn Piechowski — Signature: Lynn Piechowski — Mo. Day Year: 09 29 88

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Fiumetta Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY-A804264 3
B. Generator's ID: [illegible] Syracuse, NY 13204
C. State Transporter's ID: [illegible]
D. Transporter's Phone (716) 773-7621
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051149952
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OHM-R, NA 9188. (Polychlorinated Biphenyls)	001	DT	39010	P	3087
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1.4 8
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]
Rec. Date 9/18/88

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: MARVIN DYE — Signature: Marvin Dye — Mo. Day Year: 092988

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Kathi Villeneuve — Signature: Kath Villeneuve — Mo. Day Year: 092988

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A 788852 7
B. Generator's ID: [illegible] Syracuse, NY 13204
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (716) 773-1921
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fire Corp
6. US EPA ID Number: MND0[illegible]
7. Transporter 2 (Company Name):
8. US EPA ID Number:

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	91220	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 140
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]
Arc Cat 9/2/88

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Kevin Geer — Signature: [illegible] — Mo. Day Year: 09 29 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Joseph P. MacGahan — Signature: [illegible] — Mo. Day Year: 09 29 88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Kiewatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A804263 4

B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): [illegible]

6. US EPA ID Number: NYD051109752

C. State Transporter's ID: [illegible]

D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	041	DT	15500.	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1.4 0
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]
[illegible]

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 09 [illegible] 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: GRANT WILLIAMS — Signature: Grant Williams — Mo. Day Year: 09 29 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: JOSEPH P. McGAHAN — Signature: Joseph P. McGahan — Mo. Day Year: 09 29 88

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA No. / Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.
	NYD982183460		

GENERATOR

3. Generator's Name and Mailing Address
Koch Steel Corp.
800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY-A788872 5
B. Generator's ID 731 Hiawatha Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name) — 6. US EPA ID Number
P. Hall Corp — NYD[illegible]
C. State Transporter's ID
D. Transporter's Phone

7. Transporter 2 (Company Name) — 8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address — 10. US EPA ID Number
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107 — NYD049836679
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)		DT	[illegible]	P	8007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 of 1 — c.
b. — d.

K. Handling Codes for Wastes Listed Above
a. T — c.
b. — d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA P.O. # [illegible]

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Printed/Typed Name	Signature	Mo.	Day	Year
[illegible]	[illegible]	09	17	86

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
Harold E. Hall	Harold E. Hall	09	19	86

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space Section C-77245 Z (NY)

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year
Joseph P. McGahan	[illegible]	09	24	86

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

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... SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY-A788871 6

B. Generator's ID: 732 Erie Blvd. E. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp

6. US EPA ID Number: MYD051609952

C. State Transporter's ID: [illegible]

D. Transporter's Phone: (716) 773-1521

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OHM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	[illegible]	P	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: PCB Contaminated Soil 1 4 0

K. Handling Codes for Wastes Listed Above: a. 1 b. c. d.

15. Special Handling Instructions and Additional Information: SCA Code J17569 WIS #6323 SCA W.O. # [illegible]

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Printed/Typed Name: [illegible] Signature: [illegible] Mo. Day Year: 09 [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: [illegible] Signature: [illegible] Mo. Day Year: 09 [illegible]

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: Signature: Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Ruth Villeneuve Signature: Ruth Villeneuve Mo. Day Year: 09 29 88

GENERATOR — TRANSPORTER — FACILITY

NY A 788871 6

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982138409

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Kinnaine Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788865 3
B. Generator's ID: 731 Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID: 4454 29 4 NJ
D. Transporter's Phone: 716 [illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

5. Transporter 1 (Company Name): C. J. Corp
6. US EPA ID Number: NYD 1 1 4 [illegible] 5 2
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD 0 4 9 8 3 6 6 7 9

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, HA 9188 (Polychlorinated Biphenyls)	001	DT	[illegible]	P	9907
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 5 4 8
b.

K. Handling Codes for Wastes Listed Above
a. T
b.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTE #4323 SCA P.O. # [illegible]

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Printed/Typed Name: T. [illegible] | Signature: [illegible] | Mo. Day Year

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Russell L. Bullock | Signature: [illegible] | Mo. 09 Day 12 Year 87

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: | Signature: | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Kath. Villeneuve | Signature: [illegible] | Mo. 09 Day 29 Year 87

NY A 788865 3

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 982 183 840 / [illegible]

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Bath Steel Corp.
300 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY-A 788866 2
B. Generator's ID [illegible] Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID [illegible]
D. Transporter's Phone (716) 773-1571
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (716) 754-8232

5. Transporter 1 (Company Name): Buffalo Fuel Corp. — 6. US EPA ID Number: NYD 051 805 787
7. Transporter 2 (Company Name) — 8. US EPA ID Number

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD 049 836 779

GENERATOR

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. (PCBs, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10)	001	BT	1 1 10	P	9007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil
b. [illegible]
c. [illegible]
d. [illegible]

K. Handling Codes for Wastes Listed Above
a. T — c. [illegible]
b. [illegible] — d. [illegible]

15. Special Handling Instructions and Additional Information
SCA Code J17569
VTS #6323. SCA W.O. # [illegible]
Ace Cartage 9/27/88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Seth A. McClymonds — Signature: [illegible] — Mo. Day Year: 09 28 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Kathi Villeneuve — Signature: [illegible] — Mo. Day Year: 09 29 88

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 982153840

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-6431

A. State Manifest Document No.: NY A788867 1

B. Generator's ID: 72 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp

6. US EPA ID Number: NYD 013 109 952

C. State Transporter's ID: 73-5458-M7

D. Transporter's Phone: 716 773-1721

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD 049 836 679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, NA 9188 (Polychlorinated Biphenyls)	001	DT	01100	P	9887
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PCB Contaminated Soil I 4 0

K. Handling Codes for Wastes Listed Above
a. T

15. Special Handling Instructions and Additional Information
SCA Code J17369
WIR #6323 SCA P.O. # 133756
All-Inclusive 4/24/98

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] | Signature | Mo. Day Year

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Pat Dillon | Signature: Pat Dillon | Mo. 09 Day 28 Year 98

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOSEPH P. McGAHAN | Signature: Joseph P. McGahan | Mo. 09 Day 29 Year 98

NY A 788867 1

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7933.

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA No. / Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal Law.
	NYD982183849		

GENERATOR

3. Generator's Name and Mailing Address
Koch Steel Corp.
800 N. Wiemaha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY-A788870 7
B. Generator's ID
C. State Transporter's ID
D. Transporter's Phone
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name) — 6. US EPA ID Number
7. Transporter 2 (Company Name) — 8. US EPA ID Number
9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OEM-E, NA 9188 (Polychlorinated Biphenyls)	001	DM	010100	P	3087
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a. PCB Contaminated Soil
b.

K. Handling Codes for Wastes Listed Above
a. T
b.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. #
Ref. # 7111

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name — Signature — Mo. Day Year

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: L. VANDASK. PK — Signature — Mo. 09 Day 25 Year 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Kathi Villeneuve — Signature — Mo. 09 Day 29 Year 88

NY A 788870 7

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788856 3
B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204
C. State Transporter's ID: [illegible]
D. Transporter's Phone (716) 773-[illegible]
E. State Transporter's ID:
F. Transporter's Phone:
G. State Facility's ID:
H. Facility's Phone: (716) 754-[illegible]

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	5115 00	P	[illegible]
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: PCB Contaminated Soil 140
K. Handling Codes for Wastes Listed Above: a. 1 b. c. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]
Acc Date 7/[illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 0[illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Lloyd Gordon — Signature: [illegible] — Mo. Day Year: 0[illegible]

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Donna Ames — Signature: Donna Ames — 09 29 88

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

6621

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp. 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788858 1
B. Generator's ID: 731 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: 772402 NY
D. Transporter's Phone: (716) 773-7714

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc. 1550 Balmer Road Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	06720	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: a. PCB Contaminated Soil 1.4 G; b; c; d

K. Handling Codes for Wastes Listed Above: a. L; b; c; d

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 135751
Ave Date 9/28/88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: Tracy Hess — Signature: [signature] — Mo. Day Year: 9 29 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Joe Meyers — Signature: Joe Meyers — Mo. Day Year: 09 28 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOSEPH P. McGAHAN — Signature: Joseph P. McGahan — Mo. Day Year: 09 28 88

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
600 W. Kinnaths Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-0431

A. State Manifest Document No.: NY-A788859 9

B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NY0051809952

C. State Transporter's ID: 77245-2

D. Transporter's Phone: (716) 773-1521

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1350 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)		DT	42540	P	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. DCS Contaminated Soil 1 4 6
b.

K. Handling Codes for Wastes Listed Above
a. [X] c.
b. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 13750
Ave Date 9/ /88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 9 [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: HAROLD E HALL — Signature: Harold E. Hall — Mo. Day Year: 09 28 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOSEPH P. McGAHAN — Signature: Joseph P. McGahan — Mo. Day Year: 09 28 88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 788859 9

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

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STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-86

6662

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp., 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788862 6
B. Generator's ID: 732 Erie Blvd. W., Syracuse, NY 13204

5. Transporter 1 (Company Name): [illegible]
6. US EPA ID Number: NYD0[illegible]
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (716) 772-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc., 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8232

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OHM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	39780	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: PCB Contaminated Soil 1 4 0
K. Handling Codes for Wastes Listed Above: a. 1 b. c. d.

15. Special Handling Instructions and Additional Information: SCA Code J17569; WTS #6323; SCA W.O. # 125714; [illegible] Date 9/2/88

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Printed/Typed Name: Tracy Hess — Signature: [signature] — Mo. Day Year: 09 [illegible] 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Bernard L Clark — Signature: Bernard L Clark — Mo. Day Year: 09 29 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space:

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Joseph P. McGahan — Signature: Joseph P. McGahan — Mo. Day Year: 09 28 88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788883 5
B. Generator's ID: 732 Erie Bldg. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: 742150-PY
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 734-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	43900	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 140
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. 1
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 125747
Ans. Date [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 9 [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: MARVIN DYE — Signature: Marvin Dye — Mo. Day Year: 9 28 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: JOSEPH P. McGAHAN — Signature: Joseph P. McGahan — Mo. Day Year: 09 28 88

NY A 788883 5

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

625

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: NYD 9 8 2 3 6 2 8 4 9 | 0

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Rock Steel Corp.
800 W. Kinnedy Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY-A78885?2
B. Generator's ID [illegible] Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD 9 8 1 1 0 9 9 5 2
C. State Transporter's ID [illegible]
D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD 0 4 9 8 3 6 6 7 9
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, NA 9188 (Polychlorinated Biphenyls)	001	DM	2 1.6 10	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil
b.

K. Handling Codes for Wastes Listed Above
a. T
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17369
WIS #6323 SCA W.O. # [illegible]
Air Dist. Sizable

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: Tracy Hess | Signature: [signature] | Mo. 09 Day 23 Year 88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Michael Fournier | Signature: [signature] | Mo. 09 Day 23 Year 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Patti Villeneuve | Signature: [signature] | Mo. 09 Day 29 Year 88

EPA Form 8700-22 (Rev. 9-85) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7932.

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: N Y D 9 8 2 1 8 3 8 4 0

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Both Steel Corp.
800 W. Kirkpatrick Blvd., Syracuse, NY 13204

4. Generator's Phone 315) 475-6431

A. State Manifest Document No. NY A 788860 8

B. Generator's ID 732 Kirkpatrick Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name) Eastern Fuel Corp.

6. US EPA ID Number: A Y D 0 5 1 4 9 6 5 2

C. State Transporter's ID 25706

D. Transporter's Phone (716) 773-5421

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: N Y D 0 6 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone (716) 754-8251

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
GENERATOR a. RQ Waste Hazardous Substance, Solid, n.o.s. CERCLA, HA 9188 (Polychlorinated Biphenyls)	001	DT	37000	P	9007
b.					
c.					
d.					

I. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1 of 1
b.
c.
d.

K. Handling Codes for Wastes Listed Above
a. L
b.
c. final
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WIS #4323 SCA W.O. # [illegible]
Acc. # 5. Gladow

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
Ricky Hess	[signature]	12	18	85

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
Kevin Geer	[signature]	12	19	85

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year
Donna Ames	Donna Ames	12	23	85

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corp., 800 W. Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A788861 7
B. Generator's ID: 732 Erie Blvd. W. Syracuse, NY 13204

5. Transporter 1 (Company Name): LeCos International Inc.
6. US EPA ID Number: NYD080536241
C. State Transporter's ID: 79574Z NY
D. Transporter's Phone: (716) 473-3200

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: SCA Chemical Services, Inc., 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. ORM-E, NA 9188 (Polychlorinated Biphenyls)	001	DT	55000	P	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: PCB Contaminated Soil 140
K. Handling Codes for Wastes Listed Above: a. L c. b. d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # 125769
Acc. Date 9/28/88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 09 28 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Bob MacDougall — Signature: B.B. MacDougall — Mo. Day Year: 09 28 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Joseph P. McCahan — Signature: Joseph P. McCahan — Mo. Day Year: 09 28 88

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 5—Generator-mailed by TSD facility

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corp.
800 W. Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A788864 4

B. Generator's ID [illegible] Syracuse, NY 13204

5. Transporter 1 (Company Name): [illegible]

6. US EPA ID Number: NYD049836241

C. State Transporter's ID: 795042 NY

D. Transporter's Phone: (716) 873-4200

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9. Designated Facility Name and Site Address
SCA Chemical Services, Inc.
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ Waste Hazardous Substance, Solid, n.o.s. OEM-E, HA 9188 (Polychlorinated Biphenyls)		DT	64800	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. PCB Contaminated Soil 1.40
b.

K. Handling Codes for Wastes Listed Above
a. 1
b.
c.
d.

15. Special Handling Instructions and Additional Information
SCA Code J17569
WTS #6323 SCA W.O. # [illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: [illegible]

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space: Container No - 001
gross weight in section 13. Actual Received 26880 lb

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Donna Ames — Signature: Donna Ames — Mo. Day Year: 092888

NY A 788864 4

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 5 – Generator-mailed by TSD facility

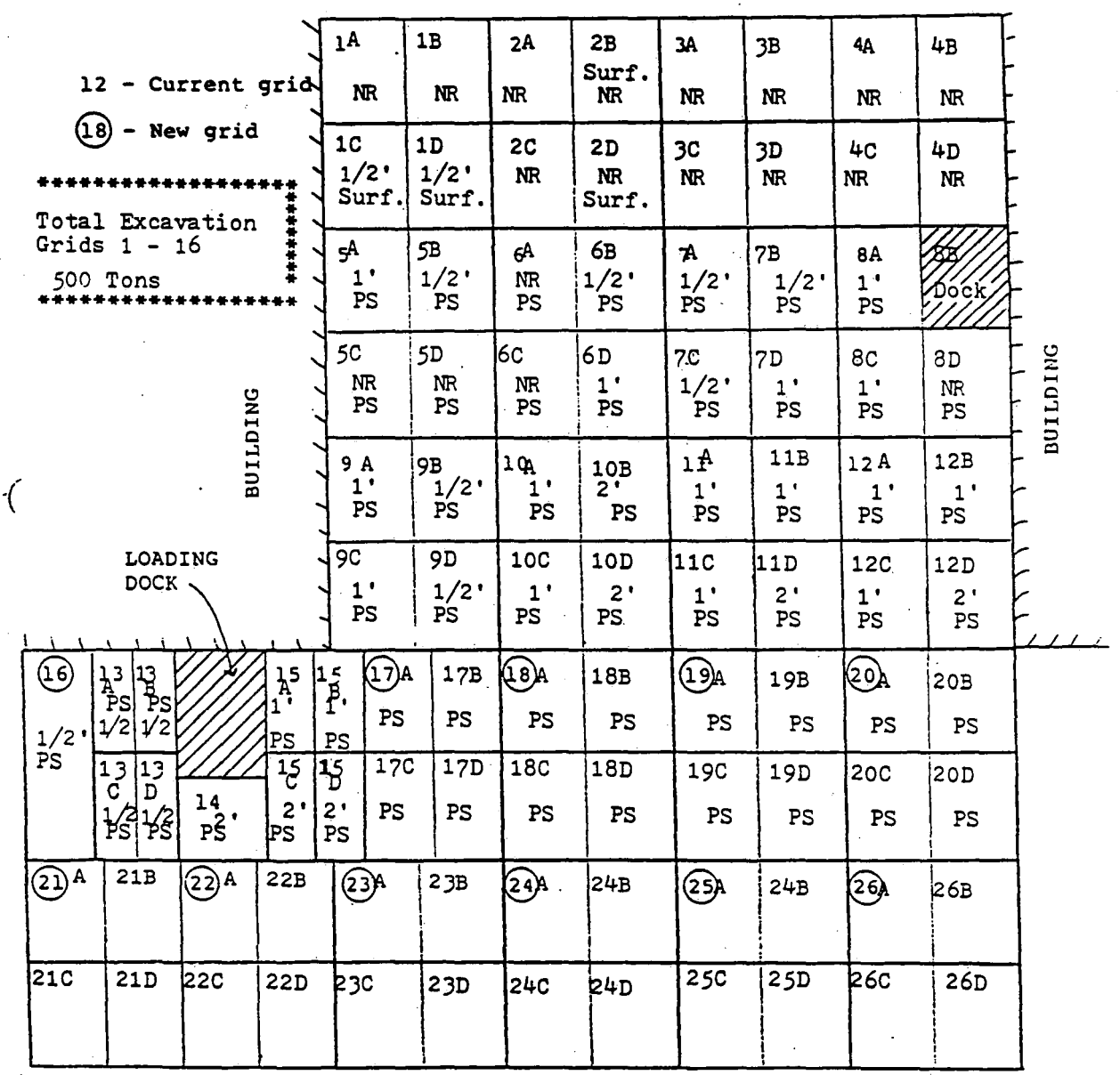
Appendix B

ACEM Remediation Work Plan #1
Transport Manifests

ROTH STEEL, INC.

SITE LOCATION MAP

Supplemental Remediation Plan #1 - KAS/ACEM December 5, 1988



Legend: NR= No Removal
PS= Profile Sample @ Depths 6",12",24" and for new grids 18-20 Depth 4=36" below current grade
Surf.= 4-6" (surface) sample
Depth of Removal = feet of excavation required (EG. 1')

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST	Generator's US EPA No. NYD982183840 — Manifest Document No. 00001	2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.
3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204		A. State Manifest Document No. NY A732726 9
4. Generator's Phone (315) 475-8451		B. Generator's ID 708 Erie Blvd. West, Syracuse, New York 13204
5. Transporter 1 (Company Name): CECOS International Inc.	6. US EPA ID Number: NYD049836679	C. State Transporter's ID: LIC#[illegible]
		D. Transporter's Phone (716) 873-4200
7. Transporter 2 (Company Name)	8. US EPA ID Number	E. State Transporter's ID
		F. Transporter's Phone ( )
9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107	10. US EPA ID Number: NYD049836679	G. State Facility's ID
		H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	43700	P	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

W.O.# 140774 Project#172-88

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Printed/Typed Name	Signature	Mo. Day Year
X [illegible]	X [illegible]	12 09 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo. Day Year
X Bob MacDowell	X Bob MacDowell	12 09 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo. Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7

NY A 732726 9

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12210

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183469 Manifest Document No. 000002
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd. Syracuse, New York 13204
A. State Manifest Document No. NY A732725 1
B. Generator's ID 700 Erie Blvd. West Syracuse, New York 13204
4. Generator's Phone (315) 475-8431
5. Transporter 1 (Company Name): CECOS International Inc.
6. US EPA ID Number: NYD 013 136 247
C. State Transporter's ID: NYA 732725
D. Transporter's Phone (716) 873-4200
7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone
9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	1.5	T	8007
b.					
c.					
d.					

GENERATOR

J. Additional Descriptions for Materials listed Above
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
P.O.# 140775 Project#172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] Signature: [illegible] Mo. 12 Day 04 Year 88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Paul Van Den Bosch Signature: Paul Van Den Bosch Mo. 12 Day 04 Year 88
18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: Signature: Mo. Day Year

FACILITY

19. Discrepancy Indication Space
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Signature: Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362

NY A 732725 1

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA No. N Y D 9 8 2 1 8 3 8 4 0

Manifest Document No. 0 0 0 0 3

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Kimiatha Blvd.
Syracuse, New York 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A 732728 7

B. Generator's ID 700 Erie Blvd. West Syracuse, New York 13204

5. Transporter 1 (Company Name) CROS International Inc.

6. US EPA ID Number N Y D [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone (716) 873-4200

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone (716) 754-8 2 3 1

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s. ORM-E NA9188 (polychlorinated biphenyls), ~~ORM-E NA9188~~	0 0 1	D T	2 1 0 7	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above
a. [illegible] c.
b. d.

15. Special Handling Instructions and Additional Information
P.O. # 140776 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
X Christopher Kidder	X [signature]	1 2	1 2	8 8

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X Larry Hill	X [signature]	1 2	1 2	8 8

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732728 7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00004
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 700 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A732729 6
B. Generator's ID: 700 Erie Blvd. West, Syracuse, New York 13204

5. Transporter 1 (Company Name): CECOS International Inc.
6. US EPA ID Number: NYD 089936241
C. State Transporter's ID: LIC# 795093
D. Transporter's Phone (716) 673-4200

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: HM Chemical Services, 550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s. ORM-GNA 9188 (polychlorinated biphenyls), ~~ORM-E, NA9188~~	001	DT	1787	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [X] c. [ ]
b. [ ] d. [ ]

15. Special Handling Instructions and Additional Information
P.O. # 140777 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [signature] Signature: X [signature] Mo. Day Year: 12 12 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X THOMAS SCOTT Signature: X Thomas Scott Mo. Day Year: 12 12 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Signature: Mo. Day Year:

19. Discrepancy Indication Space
[illegible]

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Signature: Mo. Day Year:

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732729 6

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: NYD982183460 | 00003

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Wiswatha Blvd.
Syracuse, New York 13204

4. Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY A732731 4

B. Generator's ID: 700 Erie Blvd. West Syracuse, New York 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp

6. US EPA ID Number: NYD053180992

C. State Transporter's ID: 1169553240

D. Transporter's Phone: 716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ~~ORM-E, NA9188~~ ORM-E NA9188	0 0 1	DT	2 1 . 0 3	T	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. T; c.; b.; d.

15. Special Handling Instructions and Additional Information

W.O. # 140863 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X	X	12	28	88

TRANSPORTER

17. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	Day	Year
X Hartley R Kroening	X Hartley R Kroening	12	28	88

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732731 4

COPY 4 - Generator State - mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039: Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183840 — Manifest Document No. 000006

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Hiawatha Blvd.
Syracuse, New York 13204

4. Generator's Phone 315 475-8431

A. State Manifest Document No. NY A732733 2

B. Generator's ID 700 Erie Blvd.West Syracuse, New York 13204

5. Transporter 1 (Company Name) — Buffalo Fuel Corporation

6. US EPA ID Number — NYD051809952

C. State Transporter's ID 1200 38951B

D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number — NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	21.73	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above
a. T — c.
b. — d.

15. Special Handling Instructions and Additional Information
W.O. # 140864 Project # 172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
Christopher Kidder		12	16	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
CAROL KROENING	Daryl Kroening	12	16	88

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732733 2

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183846 — Manifest Document No.: 000007
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone: (315) 475-8431

A. State Manifest Document No.: NY A732734 1
B. Generator's ID: 700 Erie Blvd. West, Syracuse, New York 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corporation
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: LIC# 16784-A
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	[illegible]	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
W.O. # 140865 Project # 172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X Christopher Kidder — Signature: X [signature] — Mo. Day Year: 12 1 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X E Wilson — Signature: X E Wilson — Mo. Day Year: 12 1 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name: — Signature: — Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732734 1

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 - Generator State – mailed by Generator

48-14-1 (5/87)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000009
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone: (315) 475-8431

A. State Manifest Document No.: NY A732739 5
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): CECOS International Inc.
6. US EPA ID Number: NYD080336241

C. State Transporter's ID: LICENY74574E
D. Transporter's Phone: (716) 873-4200

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
W.O.# 141013 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X — Signature: X — Mo. 12 Day 4 Year 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Paul Van Dag Paul — Signature: X [signature] — Mo. 12 Day 4 Year 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year

NY A 732739 5

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000010
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone: (315) 475-8431

A. State Manifest Document No.: NY A732741 3
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): CECOS International Inc.
6. US EPA ID Number: NYD080336241

C. State Transporter's ID: LICP NY 795142
D. Transporter's Phone: (716) 873-4200

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone: ( )

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., OEM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	21	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L; b.; c.; d.

15. Special Handling Instructions and Additional Information

W.O.# 141014 — Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X — Signature: X — Mo. Day Year: 12 / 1 / 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X Rich Gordon — Signature: X Rich Gordon — Mo. Day Year: 12 / 1 / 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: — Signature: — Mo. Day Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732741 3

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: N Y D 9 8 2 1 8 3 4 0 6 5 0 0 1 1
2. Page 1 of: 1
Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone 315) 475-8431

A. State Manifest Document No.: NY A 732742 2
B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204
C. State Transporter's ID
D. Transporter's Phone 716) 875-4300

5. Transporter 1 (Company Name): CHEMS International Inc.
6. US EPA ID Number: N Y D 9 8 6 3 3 6 2 4 1
7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CMS Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9
G. State Facility's ID
H. Facility's Phone 716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a. RQ, Waste Hazardous Substances, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	0 0 1	D T	2 0 . 5	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
E.P.A. # 141015 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
X	X	1 2	1 7	8 8

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X Larry Hill	X	1 2	1 7	8 8

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732742 2

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00008
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Bismuth Blvd., Syracuse, New York 13204
4. Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY A723751 2
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: LIC[illegible]
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	21.5	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
W.O.# 141017 — Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X — Signature: X — Mo. Day Year: 12 / 1 / 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Robert M. Gem — Signature: X [signature] — Mo. Day Year: 12 / 1 / 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723751 2

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000014
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723752 1
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NY D051809952
C. State Transporter's ID: LIC# NY40162C
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., OHM-S, NA9188, (Polychlorinated Biphenyls)	001	DT		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L; b.; c.; d.

15. Special Handling Instructions and Additional Information: W.O.# 141018 — Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X — Signature: X — Mo. Day Year: 12 / 4 / 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X GARY CHAMPERLAIN — Signature: [signature] — Mo. Day Year: 12 / 4 / 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

NY A 723752 1

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA No. / Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal Law.
	NYD982183840 / 0 0 0 0 0 1 3	1	

GENERATOR

3. Generator's Name and Mailing Address
Koch Steel Corporation
800 Kinnear Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723753 9
B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 Company Name: Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
C. State Transporter's ID 108NY55
D. Transporter's Phone (716) 773-1921

7. Transporter 2 Company Name:
8. US EPA ID Number:
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number: NYD049836791
G. State Facility's ID
H. Facility's Phone 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., CWM-2, NA9188, (Polychlorinated Biphenyls)	0 0 1	DT	20.5	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
K. Handling Codes for Wastes Listed Above
a. [L]
b.
c.
d.

15. Special Handling Instructions and Additional Information
W.O.# 141019
Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X	X	12	14	88

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	Day	Year
X Hartley Kiesing	X Hartley Kiesing	12	14	88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

NY A 723753 9

EPA Form 8700-22 (Rev. 3-88) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000016
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Rieweths Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723754 8
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LIC#NY467[illegible]A
D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	[illegible]	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a.
b.
d.

K. Handling Codes for Wastes Listed Above
a. X
b.
c.
d.

15. Special Handling Instructions and Additional Information
W.O.# 141020 — Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X — Signature: X — Mo. 12 Day 1 Year 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. 12 Day 1 Year 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year

NY A 723754 8

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 1 - Generator [illegible]

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No 2050-0039 Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No. | 2. Page 1 of | Information in the shaded areas is not required by Federal Law

NYD982183840 | 000017 | 1

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone 315) 475-8431

A. State Manifest Document No. NY A723755 7
B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204
C. State Transporter's ID LIC NY72372
D. Transporter's Phone (716) 773-1921

5. Transporter 1 (Company Name) Buffalo Fuel Corp.
6. US EPA ID Number NYD051809952

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number NYD049836679

G. State Facility's ID
H. Facility's Phone 716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a. RQ, Waste Hazardous Substance, Solid, n.o.s., CWM-5, HA9188, (Polychlorinated Biphenyls)	001	DT	20	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
W.O.# 141021 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
X	X	12	1	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X KEITH A. GANTT	X Keith A Gantt	12	1	88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

NY A 723755 7

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by Generator

46-14-1 (5/87)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000018
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723757 5
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LIC[illegible]13C
D. Transporter's Phone: 716 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., CHM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	20.[illegible]	Y	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a.
b.

K. Handling Codes for Wastes Listed Above
a. L
b.
c.
d.

15. Special Handling Instructions and Additional Information
W.O.# 141022 — Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 12 14 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 12 14 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723757 5

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

48-14-1 (8/87)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 0000[illegible]19
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A732735 9

B. Generator's ID: 700 Erie Blvd. West, Syracuse, New York 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LICS467X4AN1

D. Transporter's Phone: (716) 773 1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), OEM-E HA9188	001	DT	20.35	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

W.O. # [illegible] 141154 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
X [illegible]	X [illegible]	12	16	88

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X [illegible]	X [illegible]	12	16	88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 732735 9

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal Law.
	NYD982183640	000020	1	

GENERATOR

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723758 4
B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051189952
C. State Transporter's ID: LIC# 344746
D. Transporter's Phone: 716 775-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone: 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. NA, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	21.01	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above: a. L; b.; c.; d.

15. Special Handling Instructions and Additional Information
W.O.# [redacted] 141155 Project #172-88

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
	X	12	16	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X HAROLD E. HALL	X Harold E Hall	12	16	88

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

NYA 723758 4

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 - C[illegible] State - mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No: NYD982183840 — Manifest Document No.: 000021
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY A723759 3
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: DIC# 772397 NY
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	T	206	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L c. b. d.

15. Special Handling Instructions and Additional Information

W.O.# 141156 Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X — Signature: X — Mo. Day Year: 12 16 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X KEITH A. GANTT X — Signature: Keith A. Gantt — Mo. Day Year: 12 16 88

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: — Signature: — Mo. Day Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723759 3

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY - Generator State - [illegible]

48-14-1 (3/87)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183640 — Manifest Document No. 00022 1
2. Page 1 of — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone 315 475-8431

A. State Manifest Document No. NY A 723760 2

B. Generator's ID [illegible] Blvd West
Syracuse, NY 13204 553260

5. Transporter 1 (Company Name) Buffalo Fuel Corp
6. US EPA ID Number NYD 051809952

C. State Transporter's ID [illegible]

D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	21,-4	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [X] c.
b. [ ] d.

15. Special Handling Instructions and Additional Information
E.O.# 141157 Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name X — Signature — Mo. 12 Day 16 Year 88

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name X Hartley R. Kroeney — Signature Hartley R. Kroeney — Mo. 12 Day 16 Year 88

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

NY A 123160 2

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 8 – Generator – retained by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NYD982138400005231 | Manifest Document No. | Page 1 of | Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723761 1

B. Generator's ID 800 Hiawatha Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYB0518095 2

C. State Transporter's ID 1357688

D. Transporter's Phone 716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	20.75	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above
a. 2 c.
b. d.

15. Special Handling Instructions and Additional Information
W.O.# 141158 Project #172-88

16. GENERATOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X	X	12	16	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X Kent Williams	X	12	16	88

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 4 - Generator's Designated Facility

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723761 1

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (NRC) 424-8802 and the N.Y. Department of Transportation (518) 457-7740

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. N Y D 9 8 2 1 8 3 4 6 0 — Manifest Document No. 0 0 0 2 4

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone 315) 475-8431

A. State Manifest Document No. NY A723762 9

B. Generator's ID 800 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number N Y D 0 5 1 8 0 9 9 5 2

C. State Transporter's ID [illegible]

D. Transporter's Phone 716) 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CRM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	0 0 1	D T	2 1 .3 5	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above
a. [X] b. [ ] c. [ ] d. [ ]

15. Special Handling Instructions and Additional Information
W.O.# 141159 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name	Signature	Mo.	Day	Year
X	X	12	16	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X [illegible]	X	12	16	88

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

NY A 723762 9

COPY A — Retained by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183840 Manifest Document No. 23
2. Page 1 of 1
Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723790 8
B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204
C. State Transporter's ID EXCLWY745142
D. Transporter's Phone (716) 873-4200
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name) CECOS International Inc.
6. US EPA ID Number NYD080336241
7. Transporter 2 (Company Name)
8. US EPA ID Number
9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers (a) No.	(b) Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above
a
b

K. Handling Codes for Wastes Listed Above
a. L b. c. d.

15. Special Handling Instructions and Additional Information
W.O.# [redacted] 141294 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name	Signature	Mo.	Day	Year
	X	12	9	88

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
[illegible]	X	12	9	88

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723790 8

Copy [illegible] Transporter

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. N Y D 9 8 2 1 8 3 8 4 0 — Manifest Document No. 0 0 0 0 0 2 6 — 2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A 723765 6

B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name) **CROSS International Inc.**

6. US EPA ID Number N Y D 0 8 0 3 3 6 2 4 1

C. State Transporter's ID LICNYCEI

D. Transporter's Phone 716 873-4200

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	0 0 1	D T	2		8007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above	K. Handling Codes for Wastes Listed Above
a.	a. L
b.	b.
c.	c.
d.	d.

15. Special Handling Instructions and Additional Information
W.O.# 141295 Project #172-88

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
X	X	12	7	88

TRANSPORTER

16. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
THOMAS SCOTT	Thomas Scott	12	7	88

17. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

18. Discrepancy Indication Space

19. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State-provided per regulation

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723765 6

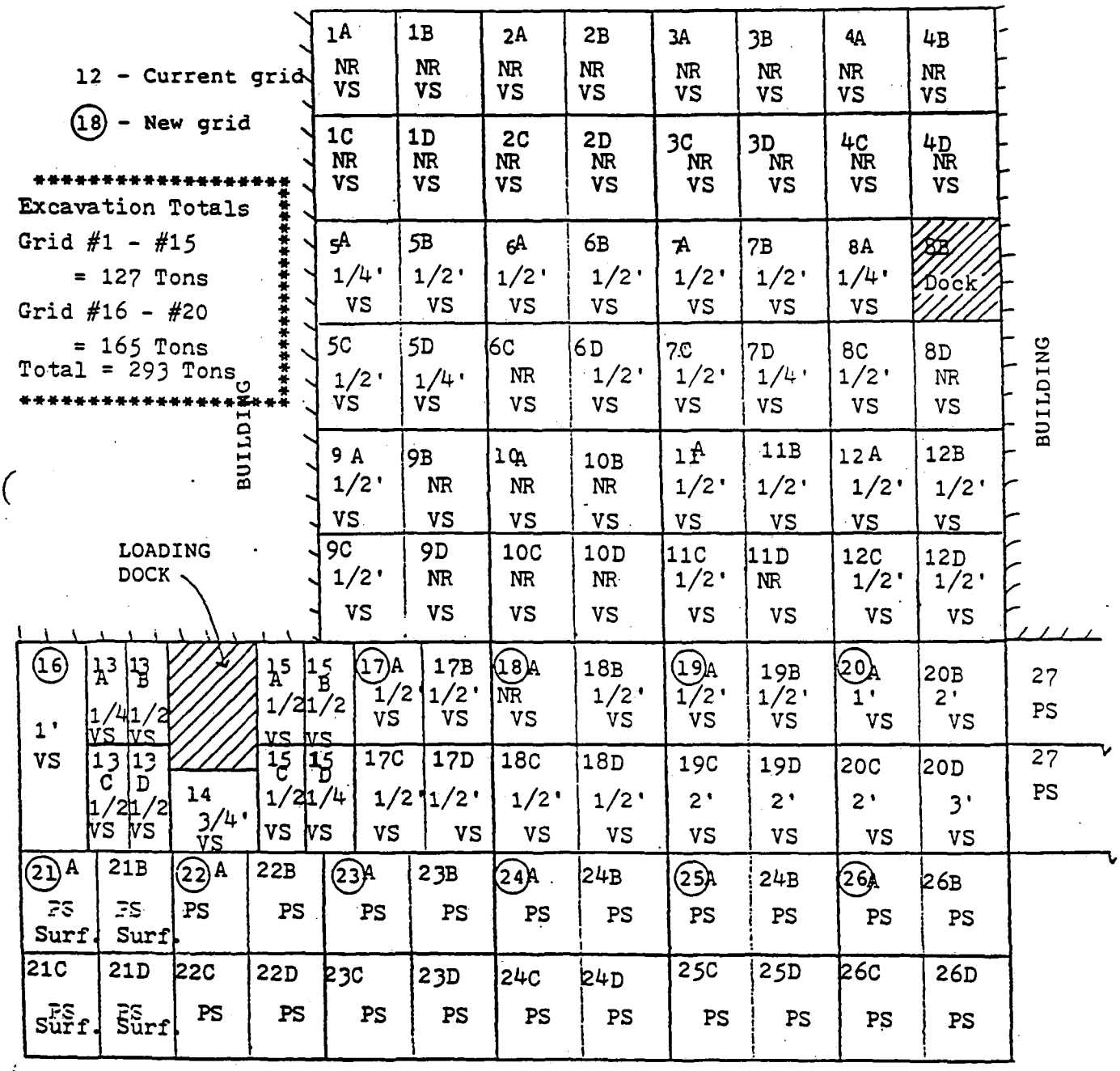
Appendix C

ACEM Remediation Work Plan #2
Plan #1 and Plan #2 Verification Data Report
Transport Manifests

ROTH STEEL, INC.

SITE LOCATION MAP

Supplemental Remediation Plan #2 - KAS/ACEM January 16, 1989



Legend: NR= No Removal
VS= Verification Sampling @ Depths 3",9",15",21"
Depth of Removal = feet of excavation required
PS = Profile Sample new Grids same depths as VS + 27 "
Surf. = 4-6" (surface) sample

UMA

MAR 03 1989

ANALYSIS REPORT

Prepared For:

Am Can Environmental Management, Inc.
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206
Attn: Mr. John M. Antczak

Prepared by:

Syracuse Research Corporation
Life Sciences Laboratories
Dr. Alison Carter, Manager
NYS DOH Lab ID No. 10248
SRC Project No. L1959-01d
Customer Authorization - Verbal
ACEM Project No. 172-88

Date of Report: March 13, 1989

Analysis Performed by:

Craig R. Turner, Research Associate
Tim Maring, Chemist

Report Approved by:

Quality Assurance Unit

Work Performed:

One hundred six samples, received 2/7/89 and 2/9/89, were analyzed for Total PCBs. (SRC ID No. 902-0445 to 902-0502 and 902-0568 to 902-0615).

The test results and procedures utilized and laboratory interpretations of the data obtained by Syracuse Research Corporation as contained in this report are believed by Syracuse Research Corporation to be accurate and reliable. In accepting this report, the client agrees that the full extent of any liability will be limited to an amount equal to the fee charged to the client.

The information contained herein is for the exclusive use of the client to whom it is addressed and its communication to any others, or the use of the name of Syracuse Research Corporation, must receive prior written approval. The information and the name of the Syracuse Research Corporation or its seal or insignia are not to be used under any circumstances in advertising to the general public.

SOIL SAMPLE RESULTS

SRC ID No.	902-0445	902-0446	902-0447	902-0448
ACEM ID No.	DCS-1-1	DCS-1-2	DCS-1-3	DCS-1-4
Total PCBs, µg/g	0.43	1.0	0.68	1.4

SRC ID No.	902-0449	902-0450	902-0451	902-0452
ACEM ID No.	OCS-1	DCS-2-1	DCS-2-2	DCS-2-3
Total PCBs, µg/g	1.4	<0.2	<0.2	<0.2

SRC ID No.	902-0453	902-0454	902-0455	902-0456
ACEM ID No.	DCS-2-4	OCS-2	~~OCS-1~~ DCS-3-1	DCS-3-2
Total PCBs, µg/g	<0.2	0.14	0.32	<0.2

SRC ID No.	902-0457	902-0458	902-0459	902-0460
ACEM ID No.	DCS-3-3	DCS-3-4	OCS-3	DCS-4-1
Total PCBs, µg/g	<0.2	<0.2	0.90	0.27

SOIL SAMPLE RESULTS

SRC ID No.	902-0461	902-0462	902-0463	902-0464
ACEM ID No.	DCS-4-2	DCS-4-3	DCS-4-4	OCS-4
Total PCBs, µg/g	0.50	0.31	0.51	3.0

SRC ID No.	902-0465	902-0466	902-0467	902-0468	902-469
ACEM ID No.	DCS-5-1	DCS-5-2	DCS-5-3	DCS-5-4	OCS-5
Total PCBs, µg/g	<0.2	<0.2	<0.2	<0.2	0.20

SRC ID No.	902-0470	902-0471	902-0472	902-0473
ACEM ID No.	DCS-7-1	DCS-7-2	DCS-7-3	DCS-7-4
Total PCBs, µg/g	<0.2	<0.2	<0.2	0.28

SRC ID No.	902-0474	902-0475	902-0476	902-0477
ACEM ID No.	OCS-7	DCS-8-1	DCS-8-2	DCS-8-3
Total PCBs, µg/g	0.20	410	530	<0.2

SOIL SAMPLE RESULTS

SRC ID No.	902-0478	902-0479	902-0480	902-0481
ACEM ID No.	DCS-8-4	OCS-8	DCS-9-1	DCS-9-2
Total PCBs, µg/g	<0.2	250	<0.2	<0.2

SRC ID No.	902-0482	902-0483	902-0484	902-0485
ACEM ID No.	DCS-9-3	DCS-9-4	OCS-9	DCS-10-1
Total PCBs, µg/g	<0.2	<0.2	0.11	<0.2

SRC ID No.	902-0486	902-0487	902-0488	902-0489
ACEM ID No.	DCS-10-2	DCS-10-3	DCS-10-4	OCS-10
Total PCBs, µg/g	<0.2	<0.2	<0.2	<0.2

SRC ID No.	902-0490	902-0491	902-0492	902-0493
ACEM ID No.	DCS-11-1	DCS-11-2	DCS-11-3	DCS-11-4
Total PCBs, µg/g	140	<0.2	<0.2	<0.2

Results of the Analysis
Am Can Environmental Management, Inc.
Mr. John Antczak
March 13, 1989
L1959-01d

SOIL SAMPLE RESULTS

SRC ID No.	902-0494	902-0495	902-0496	902-0497
ACEM ID No.	OCS-11	DCS-12-1	DCS-12-2	DCS-12-3
Total PCBs, µg/g	0.92	17	22	94

SRC ID No.	902-0498	902-0499	902-0500	902-0501
ACEM ID No.	DCS-12-4	OCS-12	DUP 1	DUP 2
Total PCBs, µg/g	44	36	0.88	150

SRC ID No.	902-0502
ACEM ID No.	DUP 3
Total PCBs, µg/g	7.8

SOIL SAMPLE RESULTS

SRC ID No.	902-0568	902-0569	902-0570	902-0571
ACEM ID No.	DCS-6-1	DCS-6-2	DCS-6-3	DCS-6-4
Total PCBs, µg/g	<0.2	0.97	1.2	4.4

SRC ID No.	902-0572	902-0573	902-0574	902-0575
ACEM ID No.	OCS-6	DCS-13-1	DCS-13-2	DCS-13-3
Total PCBs, µg/g	1.7	<0.2	<0.2	<0.2

SRC ID No.	902-0576	902-0577	902-0578	902-0579
ACEM ID No.	DCS-13-4	OCS-13	DCS-14-1	DCS-14-2
Total PCBs, µg/g	<0.2	<0.02	<0.2	<0.2

SRC ID No.	902-0580	902-0581	902-0582	902-0583
ACEM ID No.	DCS-14-3	DCS-14-4	OCS-14	DCS-15-1
Total PCBs, µg/g	<0.2	<0.2	<0.02	<0.2

SOIL SAMPLE RESULTS

SRC ID No.	902-0584	902-0585	902-0586	902-0587
ACEM ID No.	DCS-15-2	DCS-15-3	DCS-15-4	OCS-15
Total PCBs, µg/g	<0.2	<0.2	<0.2	<0.02

SRC ID No.	902-0588	902-0589	902-0590	902-0591
ACEM ID No.	DCS-16-1	DCS-16-2	DCS-16-3	DCS-16-4
Total PCBs, µg/g	<0.2	<0.2	<0.2	<0.2

SRC ID No.	902-0592	902-0593	902-0594	902-0595
ACEM ID No.	OCS-16	DCS-17-1	DCS-17-2	DCS-17-3
Total PCBs, µg/g	0.07	3.5	7.7	14

SRC ID No.	902-0596	902-0597	902-0598	902-0599
ACEM ID No.	DCS-17-4	OCS-17	DCS-18-1	DCS-18-2
Total PCBs, µg/g	<0.2	1.9	29	34

Results of the Analysis
Am Can Environmental Management, Inc.
Mr. John Antczak
March 13, 1989
L1959-01d
Page 8

SOIL SAMPLE RESULTS

SRC ID No.	902-0600	902-0601	902-0602	902-0603
ACEM ID No.	DCS-18-3	DCS-18-4	OCS-18	DCS-19-1
Total PCBs, µg/g	2.3	<0.2	5.5	15

SRC ID No.	902-0604	902-0605	902-0606	902-0607
ACEM ID No.	DCS-19-2	DCS-19-3	DCS-19-4	OCS-19
Total PCBs, µg/g	0.3	<0.2	2.1	3.7

SRC ID No.	902-0608	902-0609	902-0610	902-0611
ACEM ID No.	DCS-20-1	DCS-20-2	DCS-20-3	DCS-20-4
Total PCBs, µg/g	<0.5	<0.2	<0.2	<0.2

SRC ID No.	902-0612	902-0613	902-0614	902-0615
ACEM ID No.	OCS-20	DUP 4	DUP 5	DUP 7
Total PCBs, µg/g	<0.7	13	0.77	<0.2

Oil
Inks

ANALYSIS REPORT

Prepared For:

Am Can Environmental Management, Inc.
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206
Attn: Mr. John M. Antczak

Prepared by:

Syracuse Research Corporation
Life Sciences Laboratories
Dr. Alison Carter, Manager
NYS DOH Lab ID No. 10248
SRC Project No. L1959-01e
Customer Authorization - Verbal
ACEM Project No. 172-88

Date of Report: April 26, 1989

Analysis Performed by: Craig R. Turner
Craig R. Turner, Research Associate

Report Approved by: Leonard A. Gordon
Quality Assurance Unit

Work Performed: Six soil samples, received 3/8/89, were analyzed for Total PCBs. (SRC ID No. 903-1364 to 903-1369).

The test results and procedures utilized and laboratory interpretations of the data contained in Syracuse Research Corporation as contained in this report are believed by Syracuse Research Corporation to be accurate and reliable. In accepting this report, the client agrees that the full extent of any and all liability will be limited to an amount equal to the fee charged to the client.

The information contained herein is for the exclusive use of the client to whom it is addressed and its communication to any others, or the use of the name of Syracuse Research Corporation, must receive prior written approval. The information and the name of the Syracuse Research Corporation or its seal or insignia are not to be used under any circumstances in advertising to the general public.

SRC ID No.	903-1364	903-1365	903-1366	903-1367
ACEM ID	22A-3	22B-1	23C-4	24B-4
Sample Matrix	Soil	Soil	Soil	Soil
Total PCBs, ppm	<0.5	98	<1.5	<1

SRC ID No.	903-1368	903-1369
ACEM ID	25A-3	27B-4
Sample Matrix	Soil	Soil
Total PCBs, ppm	1.2	<0.2

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 425-5100

** SAMPLE ANALYSIS REPORT **

04/28/89

Am Can Environmental Management,
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak
Mr. Andrew Galloway
Phone: (315) 437-4359

Craig R. Turner, Research Associate

Quality Assurance Unit

Sample # 90402396
Customer ID: 8A-1
Matrix: Soil

Project #: L1959 -01

Test Name	Results	Units	Initials	Completed	Commen
PCB EPA Method 8080					
Aroclor 1016	<0.5	ppm	CRT	04/24/89	
Aroclor 1221	<0.5	ppm	CRT	04/24/89	
Aroclor 1232	<0.5	ppm	CRT	04/24/89	
Aroclor 1242	<0.5	ppm	CRT	04/24/89	
Aroclor 1248	<0.5	ppm	CRT	04/24/89	
Aroclor 1254	<0.5	ppm	CRT	04/24/89	
Aroclor 1260	<0.5	ppm	CRT	04/24/89	

Sample # 90402397
Customer ID: 8A-2
Matrix: Soil

Project #: L1959 -01

Test Name	Results	Units	Initials	Completed	Commen
PCB EPA Method 8080					
Aroclor 1016	<0.5	ppm	CRT	04/24/89	
Aroclor 1221	<0.5	ppm	CRT	04/24/89	
Aroclor 1232	<0.5	ppm	CRT	04/24/89	
Aroclor 1242	<0.5	ppm	CRT	04/24/89	
Aroclor 1248	<0.5	ppm	CRT	04/24/89	
Aroclor 1254	<0.5	ppm	CRT	04/24/89	
Aroclor 1260	<0.5	ppm	CRT	04/24/89	

The test results and procedures utilized and laboratory interpretations of the data obtained by Syracuse Research Corporation as contained in this report are believed by Syracuse Research Corporation to be accurate and reliable. In accepting this report, the client agrees that the full extent of any and all liability will be limited to an amount equal to the fee charged to the client.

The information contained herein is for the exclusive use of the client to whom it is addressed and its communication to any others, or the use of the name of Syracuse Research Corporation, must receive prior written approval. The information and the name of the Syracuse Research Corporation or its seal or insignia are not to be used under any circumstances in advertising to the general public.

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 425-5100

** SAMPLE ANALYSIS REPORT ** 04/28/89

Am Can Environmental Management,
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak
Mr. Andrew Galloway
Phone: (315) 437-4359

Sample # 90402398
Customer ID: 8C-1
Matrix: Soil

Project #: L1959 -01

Test Name	Results	Units	Initials	Completed	Commen
PCB EPA Method 8080					
Aroclor 1016	<0.5	ppm	CRT	04/24/89	
Aroclor 1221	<0.5	ppm	CRT	04/24/89	
Aroclor 1232	<0.5	ppm	CRT	04/24/89	
Aroclor 1242	<0.5	ppm	CRT	04/24/89	
Aroclor 1248	<0.5	ppm	CRT	04/24/89	
Aroclor 1254	<0.5	ppm	CRT	04/24/89	
Aroclor 1260	<0.5	ppm	CRT	04/24/89	

Sample # 90402399
Customer ID: 8C-2
Matrix: Soil

Project #: L1959 -01

Test Name	Results	Units	Initials	Completed	Commen
PCB EPA Method 8080					
Aroclor 1016	<0.5	ppm	CRT	04/24/89	
Aroclor 1221	<0.5	ppm	CRT	04/24/89	
Aroclor 1232	<0.5	ppm	CRT	04/24/89	
Aroclor 1242	<0.5	ppm	CRT	04/24/89	
Aroclor 1248	<0.5	ppm	CRT	04/24/89	
Aroclor 1254	<0.5	ppm	CRT	04/24/89	
Aroclor 1260	<0.5	ppm	CRT	04/24/89	

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA No. / Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal Law.
	N Y D 9 8 2 1 1 8 3 8 4 0 0 0 0 3 0	1	

GENERATOR

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Kinnaths Blvd., Syracuse, New York 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723770 1

B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: N Y D 0 5 1 8 0 9 9 5 2

C. State Transporter's ID LicNY7116V

D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services -
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance Solid, n.o.s., ORM-E NA9188 (Polychlorinated Biphenyls)	0 0 1	D T		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L; b.; c.; d.

15. Special Handling Instructions and Additional Information
P.O. # 142548 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X	X	0 1	2	8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	Day	Year
X William Johnston	X	0 1	2	3 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

NY A 723770 1

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00031
2. Page 1 of — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 300 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723771 9
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: LIC#4114C N1
D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L; b.; c.; d.

15. Special Handling Instructions and Additional Information

W.O. # 142549 Project # 172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. 01 Day 23 Year 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. 01 Day 23 Year 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: — Signature: — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: — Signature: — Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723771 9

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: N Y D 9 8 2 1 8 3 8 4 0 | 0 0 0 3 3

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

A. State Manifest Document No.: NY A723773 7

4. Generator's Phone (315) 475-8431

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name): CRCOS International Inc.

6. US EPA ID Number: N Y D 0 8 0 3 3 6 2 4 1

C. State Transporter's ID: [illegible]

D. Transporter's Phone (716) 873-4200

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Bliner Rd.
Model City, New York 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	0 0 1	D T	1	T	9007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L; b.; c.; d.

15. Special Handling Instructions and Additional Information
W.O.#142551 Project#172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] | Signature: X | Mo. 0 1 Day 2 3 Year 8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Larry Hill | Signature: X Larry Hill | Mo. 0 1 Day 2 3 Year 8 9

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Mo. Day Year

NY A 723773 7

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 000027
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone: (315) 475-8431

A. State Manifest Document No.: NY A723767 4
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LICA NY 46728A
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone:

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	20	Y	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
W.O.# 142545 Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] Signature: X [illegible] Mo. Day Year: 01 [illegible] 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X KEVIN SEELBINDER Signature: X [illegible] Mo. Day Year: 01 [illegible] 89

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: Signature: Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Signature: Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723767 4

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 4 – Generator State – mailed by Generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00028
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723766 5
B. Generator's ID: 700 Erie Blvd East, Syracuse, NY 13204
C. State Transporter's ID: LIC NY 77 7214 Z
D. Transporter's Phone (716) 773-1921
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone: 716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
7. Transporter 2 (Company Name)
8. US EPA ID Number
9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., GRM-E NA9188, (Polychlorinated Biphenyls)	001	DT	17.5	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a
b
c

K. Handling Codes for Wastes Listed Above
a L
b
c
d

15. Special Handling Instructions and Additional Information
W.O. # 142546 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X Chris Kidder — Signature: X Chris Kidder — Mo. Day Year: 01 22 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Walter J Barney — Signature: X Walter J Barney — Mo. Day Year: 01 22 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723766 5

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 - Generator State—mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

Please print or type. P.O. Box 12820, Albany, New York 12212 Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982183840 / 00029
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

GENERATOR

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723769 2
B. Generator's ID: 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809932
C. State Transporter's ID: [illegible]
D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number: NYD049836799
G. State Facility's ID
H. Facility's Phone: (716) 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance Solid, n.o.s., OSM-E MA9188, (Polychlorinated Biphenyls)	001	DT	00015	T	D007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a
b
c
d

K. Handling Codes for Wastes Listed Above
a: I
b:
c:
d:

15. Special Handling Instructions and Additional Information
W.O. # 142547 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: X [illegible] Signature: X [illegible] Mo. 01 Day 23 Year 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: XX KEITH O'BRIEN Signature: X [illegible] Mo. 01 Day 23 Year 89

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: Signature: Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Signature: Mo. Day Year

NY A 723769 2

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982183840 00035
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Rotha Steel Corporation
800 Hiawatha Blvd. , Syracuse, New York 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723775 5

B. Generator's ID 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name): CECOS International Inc.
6. US EPA ID Number: NYD060336241
C. State Transporter's ID: CICANY774572
D. Transporter's Phone: 716 873-4200

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107
10. US EPA ID Number: NYD049836791
G. State Facility's ID
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above
a.
b.

K. Handling Codes for Wastes Listed Above
a. T
c.
b.
d.

15. Special Handling Instructions and Additional Information
W.O.#142553 Project #172-88

18. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X T. K[illegible]	X	01	23	89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X Paul VanDen Bosch	X	01	23	89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

GENERATOR

TRANSPORTER

FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723775 5

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00034
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Kiawatha Blvd., Syracuse, New York 13204
4. Generator's Phone (315) 475-8431
5. Transporter 1 (Company Name): CECOS International Inc.
6. US EPA ID Number: NYD080336241
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address: GEM Chemical Services, 1550 Balmer Road, Model City, New York 14107
10. US EPA ID Number: NYD049836679

A. State Manifest Document No.: NY A723774 6
B. Generator's ID: 700 Erie Blvd West, Syracuse, New York 13204
C. State Transporter's ID: LIC#795142
D. Transporter's Phone (716) 873-4200
E. State Transporter's ID:
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, RA9188, (Polychlorinated Biphenyls)	001	DT	16.5	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above: a. c. b.

K. Handling Codes for Wastes Listed Above: a. L c. b. d.

15. Special Handling Instructions and Additional Information: W.O. #142552 Project#172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X [signature] — Signature: X [signature] — Mo. Day Year: 01 23 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Ray Bradley — Signature: X Ray Bradley — Mo. Day Year: 01 23 89

18. Transporter 2 (Acknowledgement or Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

NY A 723774 6

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

COPY 4 – Generator State – mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type

Form Approved. OMB No. 2050-0039 Expires 9-1-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD912183840 — Manifest Document No.: 00032

2. Page 1 — Information in the shaded areas is not required by Federal Law: 1

3. Generator's Name and Mailing Address
Rot. SteelCorporation
800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY A723772 8

B. Generator's ID: 700 Erie Blvd West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LIC#[illegible]

D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CHM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

	Containers No.	Type	Total Quantity	Unit Wt./Vol.	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188 (Polychlorinated Biphenyls)	001	DT	[illegible]	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: L

15. Special Handling Instructions and Additional Information

W.O. # 142550 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport, highway, [illegible] and national government regulations and state laws and regulations.

[illegible]

Printed/Typed Name: X — Signature: X — Mo. 01 Day [illegible] Year 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. 01 Day [illegible] Year 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name — Signature — Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7[illegible]

NY A 723772 8

COPY 4 - Generator's data - mailed by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039 Expires 9-30-86

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA No.: NYD982183840 | Manifest No.: 00041 | Page 1 of 1 | Information in the shaded area is not required by Federal Law

1. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

A. State Manifest Document No.: NY A723781 8

B. Generator's Phone: 315 475-8431

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

Transporter 1 Company Name: Buffalo Fuel Corp.

US EPA ID Number: NYD051809952

C. State Transporter's ID: LIC# 547690

D. Transporter's Phone: 716 773-1921

Transporter 2 Company Name:

US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone: ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)

Type	Quantity	Unit Wt./Vol.	Waste No.
RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-B, NA9188, (Polychlorinated Biphenyls)	001	DT 42030 P	B007

Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: L

15. Special Handling Instructions and Additional Information

W.O. # 142642 Project # 172-88

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, and are classified, packed, marked and labeled, and are in all respects in proper condition for transport, [illegible] regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal current available to me which [illegible] to the environment, OR if I am a small quantity [illegible] to the [illegible] that I can afford.

Printed/Typed Name: X | Signature: X | Mo. Day Year: 01 27 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X MARVIN DYE | Signature: X Marvin Dye | Mo. Day Year: 01 27 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: | Signature: | Mo. Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name: | Signature: | Mo. Day Year:

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (800) 424-8802

NY A 723781 8

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183640 — Manifest Document No.: 00040
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address:
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723780 9

B. Generator's ID: 700 Erie Blvd. WEst Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
C. State Transporter's ID: LIC #46110C NY
D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address:
CWM ChemicalServices
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	[illegible]	P	8007
b.					
c.					

GENERATOR

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: L

Special Handling Instructions and Additional Information

W.O. # 142641 Project # 172-88

GENERATOR'S CERTIFICATION: [illegible]

Printed/Typed Name: X — Signature: X — Mo. 01 Day 27 Year 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X [illegible] — Signature: X [signature] — Mo. 01 Day 27 Year 89

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of Receipt of Hazardous Materials covered by this manifest except as noted in Item 19
Printed/Typed Name: — Signature: — Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill [illegible] Center (800) 424-8802 and the [illegible] Department of Transportation (518) 457-7362

NY A 723780 9

48-14-1 (8-87)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 | Manifest Document No.: 00039 | 2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, New York 13204

4. Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY A723779 1

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LIC # 753716 NY

D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone: ( )

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Palmer Road, Model City, New York 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	15. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., CRM-E, NA9188, (Polychlorinated Biphenyls)	001	DT	[illegible]	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L

b.

Special Handling Instructions and Additional Information

P.O. # 142640 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable internal and [illegible] regulations and statutes and regulations.

Printed/Typed Name: X | Signature: X | Mo. Day Year: 01 [illegible] 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X [illegible] | Signature: X [illegible] | Mo. Day Year: 01 [illegible] 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: | Signature: | Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name: | Signature: | Mo. Day Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NY Department of Transportation (518) 457-7912

NY A 723779 1

EPA Form 8700-22 (Rev. 1-86) Previous edition is obsolete

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-3[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

A. State Manifest Document No. NY A723776 4

B. Generator's ID 700 Erie Blvd.West Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

5. Transporter 1 (Company Name) CECOS International Inc.

6. US EPA ID Number NYD080336241

C. State Transporter's ID LIC# 79[illegible]

D. Transporter's Phone 816 873-4200

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

a. RQ, Waste Hazardous Substance, n.o.s., ORM-E NA9188, (Polychlorinated Biphenyls)

001 DT 42540 P B007

b.

c.

d.

e. Additional Descriptions for Materials listed Above

f. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

W.O. # 142638 Project # 172-88

16. GENERATOR'S CERTIFICATION: [illegible] regulations and state laws and regulations [illegible] generator [illegible] program [illegible] to reduce the volume and [illegible] generated [illegible] determined to be [illegible] practicable and that I have selected the practicable method [illegible] disposal current [illegible] health and the environment; OR if I am a small generator I have made a good faith effort to minimize my waste and select the best waste management method that [illegible] me and that I can afford.

Printed/Typed Name X | Signature X | Mo. 01 Day 78 Year 9

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name THOMAS SCOTT | Signature X Thomas Scott | Mo. 01 Day 78 Year 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name | Signature | Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted [illegible]

Printed/Typed Name | Signature | Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362

NY A 723776 4

48-14-1 (5/87)—

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183840 Manifest 00036
2. Page 1 of 1 (Information in the shaded area is not required by Federal Law)

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

A. State Manifest Document No. NY A723768 3

4. Generator's Phone (315) 475-8431

B. Generator's 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name) CECOS International Inc.

6. US EPA ID Number NYD080336241

C. State Transporter's ID LIC #95092

D. Transporter's Phone (716) 873-4200

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Total Quantity 13. Unit Wt./Vol. 14. Waste No.

RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-A, NA9188, (Polychlorinated Biphenyls)

41 400

001 DT 37 [illegible] P B007

GENERATOR

Additional Descriptions for Materials Listed Above

Handling Codes for Wastes Listed Above

Special Handling Instructions and Additional Information

W.O. # 142637 Project # 172-88

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by [illegible] and state laws and regulations.

[illegible]

Printed/Typed Name X Signature X Mo. Day Year 01 27 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name X Ray Bradley Signature X Ray Bradley Mo. Day Year 01 27 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest [illegible]

Printed/Typed Name Signature Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill, complete call the National Response Center (800) 424-8802 and the NY Department of Transportation (518) 45-7362

NY A 723768 3

48-14-1 (5/87)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type

Form Approved OMB No. 2050-0039, Expires 9-[illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

N Y D 9 8 2 1 8 3 8 4 0 | 0 0 0 3 8 | 1

Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, New York 13204

Generator's Phone 315 475-8431

A. State Manifest Document Number: NY A723777 3

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

C. State Transporter's ID: LIC#79514 [illegible]

D. Transporter's Phone: 716 873-4200

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone: 716 754-8231

Transporter 1 Company Name: CECOS International Inc.

Transporter 2 Company Name

5. US EPA ID Number: N Y D 0 8 0 3 3 6 2 4 1

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, New York 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, Waste Hazardous Substance, Solid, n.o.s., ORM-E NA9188, (Polychlorinated Biphenyls)

0 0 1 | D T | [illegible] | P | B007

Additional Descriptions for Materials Listed Above

Handling Codes for Wastes Listed Above

Special Handling Instructions and Additional Information

W.O. # 142639 Project # 172-88

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport [illegible] regulations and standards and regulations.

If I am a large quantity generator I certify that I have programs in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage or disposal currently available to me [illegible] to me and that I [illegible] ...

Printed/Typed Name: X | Signature: X | Mo. 01 Day 27 Year 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X [illegible] | Signature: X [illegible] | Mo. 01 Day 27 Year 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name | Signature | Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name | Signature | Mo. Day Year

EPA Form 8700-22 (Rev. 9-[illegible]) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NY Transportation [illegible]

NY A 723777 3

COPY 4 - Generator's [illegible]

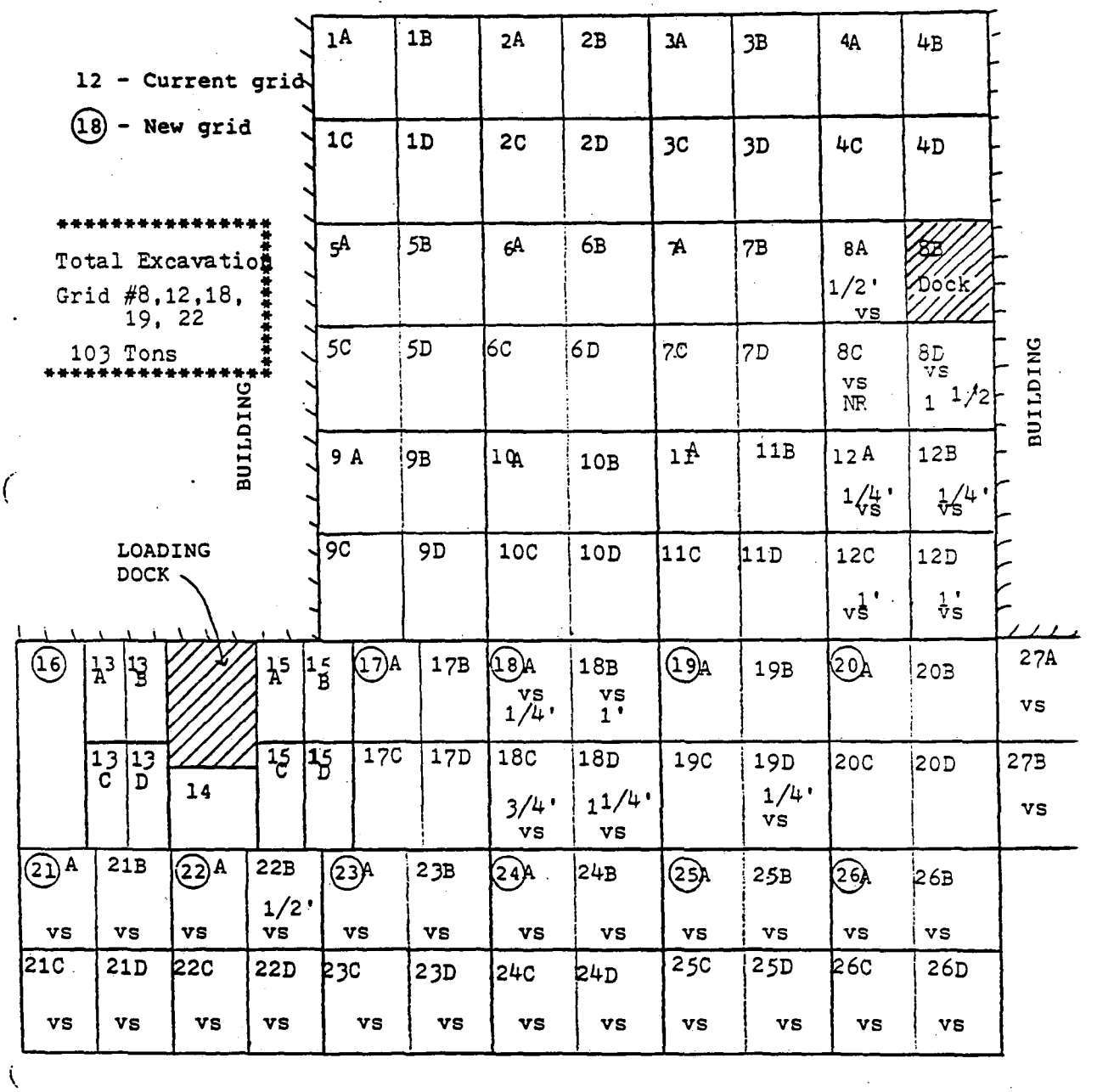
Appendix D

ACEM Remediation Work Plan #3
Verification Data Report
Transport Manifests

ROTH STEEL, INC.

SITE LOCATION MAP

Supplemental Remediation Plan #3 - KAS/ACEM May 18, 1989



Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 425-5100

** SAMPLE ANALYSIS REPORT **

07/31/89

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90704722
Customer ID: OCS-22
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<16	ug/g	MW	07/24/89	
Aroclor 1221	<16	ug/g	MW	07/24/89	
Aroclor 1232	<16	ug/g	MW	07/24/89	
Aroclor 1242	<16	ug/g	MW	07/24/89	
Aroclor 1248	16	ug/g	MW	07/24/89	
Aroclor 1254	19	ug/g	MW	07/24/89	
Aroclor 1260	<19	ug/g	MW	07/24/89	

Sample # 90704723
Customer ID: OCS-12
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<7	ug/g	MW	07/26/89	
Aroclor 1221	<7	ug/g	MW	07/26/89	
Aroclor 1232	7.0	ug/g	MW	07/26/89	
Aroclor 1242	<7	ug/g	MW	07/26/89	
Aroclor 1248	<7	ug/g	MW	07/26/89	
Arcclor 1254	<350	ug/g	MW	07/26/89	
Aroclor 1260	350	ug/g	MW	07/26/89	

Sample # 90704724
Customer ID: OCS-8
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<5.8	ug/g	MW	07/24/89	
Aroclor 1221	<5.8	ug/g	MW	07/24/89	
Aroclor 1232	5.8	ug/g	MW	07/24/89	

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Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 425-5100

** SAMPLE ANALYSIS REPORT ** 07/31/89

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90704724
Customer ID: OCS-8
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
Aroclor 1242	<5.8	ug/g	MW	07/24/89	
Aroclor 1248	<5.8	ug/g	MW	07/24/89	
Aroclor 1254	<110	ug/g	MW	07/24/89	
Aroclor 1260	110	ug/g	MW	07/24/89	

Sample # 90704725
Customer ID: OCS-26
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<5	ug/g	MW	07/24/89	
Aroclor 1221	<5	ug/g	MW	07/24/89	
Aroclor 1232	<5	ug/g	MW	07/24/89	
Aroclor 1242	<5	ug/g	MW	07/24/89	
Aroclor 1248	<5	ug/g	MW	07/24/89	
Aroclor 1254	93	ug/g	MW	07/24/89	
Aroclor 1260	<93	ug/g	MW	07/24/89	

Sample # 90704726
Customer ID: OCS-25
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<37	ug/g	MW	07/24/89	
Aroclor 1221	<37	ug/g	MW	07/24/89	
Aroclor 1232	<37	ug/g	MW	07/24/89	
Aroclor 1242	<37	ug/g	MW	07/24/89	
Aroclor 1248	37	ug/g	MW	07/24/89	
Aroclor 1254	<13	ug/g	MW	07/24/89	
Aroclor 1260	13	ug/g	MW	07/24/89	

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P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90704727
Customer ID: OCS-27
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<96	ug/g	MW	07/24/89	
Aroclor 1221	<96	ug/g	MW	07/24/89	
Aroclor 1232	<96	ug/g	MW	07/24/89	
Aroclor 1242	96	ug/g	MW	07/24/89	
Aroclor 1248	<96	ug/g	MW	07/24/89	
Aroclor 1254	<26	ug/g	MW	07/24/89	
Aroclor 1260	26	ug/g	MW	07/24/89	

Sample # 90704728
Customer ID: OCS-24
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<8.3	ug/g	MW	07/24/89	
Aroclor 1221	<8.3	ug/g	MW	07/24/89	
Aroclor 1232	<8.3	ug/g	MW	07/24/89	
Aroclor 1242	<8.3	ug/g	MW	07/24/89	
Aroclor 1248	8.3	ug/g	MW	07/24/89	
Aroclor 1254	3.4	ug/g	MW	07/24/89	
Aroclor 1260	<3.4	ug/g	MW	07/24/89	

Sample # 90704729
Customer ID: OCS-18
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<1	ug/g	MW	07/25/89	
Aroclor 1221	<1	ug/g	MW	07/25/89	
Aroclor 1232	<1	ug/g	MW	07/25/89	
Aroclor 1242	<1	ug/g	MW	07/25/89	
Aroclor 1248	<1	ug/g	MW	07/25/89	

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Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90704729
Customer ID: OCS-18
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
Aroclor 1254	<4.1	ug/g	MW	07/25/89	
Aroclor 1260	4.1	ug/g	MW	07/25/89	

Sample # 90704730
Customer ID: OCS-21
Matrix: Soil

Project #: L1959 -16

Authorization: Chain of custody

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<6	ug/g	MW	07/25/89	
Aroclor 1221	<6	ug/g	MW	07/25/89	
Aroclor 1232	<6	ug/g	MW	07/25/89	
Aroclor 1242	<6	ug/g	MW	07/25/89	
Aroclor 1248	<6	ug/g	MW	07/25/89	
Aroclor 1254	<5.1	ug/g	MW	07/25/89	
Aroclor 1260	5.1	ug/g	MW	07/25/89	

Michael Wilkinson, Chemist

Quality Assurance Unit

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 425-5100

** SAMPLE ANALYSIS REPORT **

09/08/89

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805608
Customer ID: DCS-8-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<1	mg/kg	MW	09/01/89	
Aroclor 1221	<1	mg/kg	MW	09/01/89	
Aroclor 1232	<1	mg/kg	MW	09/01/89	
Aroclor 1242	<1	mg/kg	MW	09/01/89	
Aroclor 1248	<1	mg/kg	MW	09/01/89	
Aroclor 1254	<0.72	mg/kg	MW	09/01/89	
Aroclor 1260	0.72	mg/kg	MW	09/01/89	

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Sample # 90805609
Customer ID: DCS-8-2
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<1	mg/kg	MW	09/01/89	
Aroclor 1221	<1	mg/kg	MW	09/01/89	
Aroclor 1232	<1	mg/kg	MW	09/01/89	
Aroclor 1242	<1	mg/kg	MW	09/01/89	
Aroclor 1248	<1	mg/kg	MW	09/01/89	
Aroclor 1254	<1.1	mg/kg	MW	09/01/89	
Aroclor 1260	1.1	mg/kg	MW	09/01/89	

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Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805610
Customer ID: DCS-8-3
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<500	mg/kg	MW	09/07/89	
Aroclor 1221	<500	mg/kg	MW	09/07/89	
Aroclor 1232	<500	mg/kg	MW	09/07/89	
Aroclor 1242	<500	mg/kg	MW	09/07/89	
Aroclor 1248	<500	mg/kg	MW	09/07/89	
Aroclor 1254	<1600	mg/kg	MW	09/07/89	
Aroclor 1260	1600	mg/kg	MW	09/07/89	

****

Sample # 90805611
Customer ID: DCS-8-4
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<5	mg/kg	MW	09/07/89	
Aroclor 1221	<5	mg/kg	MW	09/07/89	
Aroclor 1232	<5	mg/kg	MW	09/07/89	
Aroclor 1242	<5	mg/kg	MW	09/07/89	
Aroclor 1248	<5	mg/kg	MW	09/07/89	
Aroclor 1254	<54	mg/kg	MW	09/07/89	
Aroclor 1260	54	mg/kg	MW	09/07/89	

****

Sample # 90805612
Customer ID: DCS-12-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<50	mg/kg	MW	09/07/89	

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** SAMPLE ANALYSIS REPORT ** 09/08/89

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805612
Customer ID: DCS-12-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
Aroclor 1221	<50	mg/kg	MW	09/07/89	
Aroclor 1232	<50	mg/kg	MW	09/07/89	
Aroclor 1242	<50	mg/kg	MW	09/07/89	
Aroclor 1248	<50	mg/kg	MW	09/07/89	
Aroclor 1254	<520	mg/kg	MW	09/07/89	
Aroclor 1260	520	mg/kg	MW	09/07/89	

****

Sample # 90805613
Customer ID: DCS-12-2
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<5	mg/kg	MW	09/07/89	
Aroclor 1221	<5	mg/kg	MW	09/07/89	
Aroclor 1232	<5	mg/kg	MW	09/07/89	
Aroclor 1242	<5	mg/kg	MW	09/07/89	
Aroclor 1248	<5	mg/kg	MW	09/07/89	
Aroclor 1254	<60	mg/kg	MW	09/07/89	
Aroclor 1260	60	mg/kg	MW	09/07/89	

****

Sample # 90805614
Customer ID: DCS-12-3
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<50	mg/kg	MW	09/07/89	
Aroclor 1221	<50	mg/kg	MW	09/07/89	
Aroclor 1232	<50	mg/kg	MW	09/07/89	

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Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805614
Customer ID: DCS-12-3
Matrix: Soil

Project #: L1959 -23
Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
Aroclor 1242	<50	mg/kg	MW	09/07/89	
Aroclor 1248	<50	mg/kg	MW	09/07/89	
Aroclor 1254	<430	mg/kg	MW	09/07/89	
Aroclor 1260	430	mg/kg	MW	09/07/89	

****

Sample # 90805615
Customer ID: DCS-12-4
Matrix: Soil

Project #: L1959 -23
Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<5	mg/kg	MW	09/07/89	
Aroclor 1221	<5	mg/kg	MW	09/07/89	
Aroclor 1232	<5	mg/kg	MW	09/07/89	
Aroclor 1242	<5	mg/kg	MW	09/07/89	
Aroclor 1248	<5	mg/kg	MW	09/07/89	
Aroclor 1254	<90	mg/kg	MW	09/07/89	
Aroclor 1260	90	mg/kg	MW	09/07/89	

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Sample # 90805616
Customer ID: 21A-1
Matrix: Soil

Project #: L1959 -23
Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<17	mg/kg	MW	09/07/89	
Aroclor 1221	<17	mg/kg	MW	09/07/89	
Aroclor 1232	<17	mg/kg	MW	09/07/89	
Aroclor 1242	<17	mg/kg	MW	09/07/89	
Aroclor 1248	17	mg/kg	MW	09/07/89	

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408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805616
Customer ID: 21A-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
Aroclor 1254	24	mg/kg	MW	09/07/89	
Aroclor 1260	<24	mg/kg	MW	09/07/89	

****

Sample # 90805617
Customer ID: 21A-2
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<14	mg/kg	MW	09/07/89	
Aroclor 1221	<14	mg/kg	MW	09/07/89	
Aroclor 1232	<14	mg/kg	MW	09/07/89	
Aroclor 1242	<14	mg/kg	MW	09/07/89	
Aroclor 1248	14	mg/kg	MW	09/07/89	
Aroclor 1254	5.7	mg/kg	MW	09/07/89	
Aroclor 1260	<5.7	mg/kg	MW	09/07/89	

****

Sample # 90805618
Customer ID: 21B-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<50	mg/kg	MW	09/07/89	
Aroclor 1221	<50	mg/kg	MW	09/07/89	
Aroclor 1232	<50	mg/kg	MW	09/07/89	
Aroclor 1242	<50	mg/kg	MW	09/07/89	
Aroclor 1248	<50	mg/kg	MW	09/07/89	
Aroclor 1254	260	mg/kg	MW	09/07/89	
Aroclor 1260	<260	mg/kg	MW	09/07/89	

****

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** SAMPLE ANALYSIS REPORT ** 09/08/89

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805619
Customer ID: 21B-2
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<15	mg/kg	MW	09/07/89	
Aroclor 1221	<15	mg/kg	MW	09/07/89	
Aroclor 1232	<15	mg/kg	MW	09/07/89	
Aroclor 1242	<15	mg/kg	MW	09/07/89	
Aroclor 1248	15	mg/kg	MW	09/07/89	
Aroclor 1254	13	mg/kg	MW	09/07/89	
Aroclor 1260	<13	mg/kg	MW	09/07/89	

****

Sample # 90805620
Customer ID: 21C-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<2	mg/kg	MW	09/01/89	
Aroclor 1221	<2	mg/kg	MW	09/01/89	
Aroclor 1232	<2	mg/kg	MW	09/01/89	
Aroclor 1242	<2	mg/kg	MW	09/01/89	
Aroclor 1248	<2	mg/kg	MW	09/01/89	
Aroclor 1254	10	mg/kg	MW	09/01/89	
Aroclor 1260	<10	mg/kg	MW	09/01/89	

****

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** SAMPLE ANALYSIS REPORT ** 09/08/89

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 90805621
Customer ID: 21D-1
Matrix: Soil

Project #: L1959 -23

Authorization: Letter Dated 8/1

Test Name	Results	Units	Initials	Completed	Comment
EPA Method 8080 PCBs					
Aroclor 1016	<19	mg/kg	MW	09/07/89	
Aroclor 1221	<19	mg/kg	MW	09/07/89	
Aroclor 1232	<19	mg/kg	MW	09/07/89	
Aroclor 1242	<19	mg/kg	MW	09/07/89	
Aroclor 1248	19	mg/kg	MW	09/07/89	
Aroclor 1254	59	mg/kg	MW	09/07/89	
Aroclor 1260	<59	mg/kg	MW	09/07/89	

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Quality Assurance Unit

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT **

11/24/89

Technology Matrix Corporation
330 Apple Street
Syracuse, NY 13204

Contacts: Dr. Keith A. Schimel

Phone: (315) 425-7741

Sample # 91007882
Customer ID: DCS 18-1
Matrix: Soil

Project #: ~~L2025 -08~~ L1959

Authorization: ~~TMC-t-1090~~ ~~L1959~~ 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<1	mg/kg		11/14/89	MW
Aroclor 1221	<1	mg/kg		11/14/89	MW
Aroclor 1232	<1	mg/kg		11/14/89	MW
Aroclor 1242	<1	mg/kg		11/14/89	MW
Aroclor 1248	<1	mg/kg		11/14/89	MW
Aroclor 1254	<15	mg/kg		11/14/89	MW
Aroclor 1260	15	mg/kg		11/14/89	MW

****

Sample # 91007883
Customer ID: DCS 18-2
Matrix: Soil

Project #: L2025 -08

Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		11/14/89	MW
Aroclor 1221	<0.5	mg/kg		11/14/89	MW
Aroclor 1232	<0.5	mg/kg		11/14/89	MW
Aroclor 1242	<0.5	mg/kg		11/14/89	MW
Aroclor 1248	<0.5	mg/kg		11/14/89	MW
Aroclor 1254	<3.4	mg/kg		11/14/89	MW
Aroclor 1260	3.4	mg/kg		11/14/89	MW

****

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Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT ** 11/24/89

Technology Matrix Corporation
330 Apple Street
Syracuse, NY 13204

Contacts: Dr. Keith A. Schimel
Phone: (315) 425-7741

Sample # 91007884
Customer ID: DCS 18-3
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		11/14/89	MW
Aroclor 1221	<0.5	mg/kg		11/14/89	MW
Aroclor 1232	<0.5	mg/kg		11/14/89	MW
Aroclor 1242	<0.5	mg/kg		11/14/89	MW
Aroclor 1248	<0.5	mg/kg		11/14/89	MW
Aroclor 1254	<5.8	mg/kg		11/14/89	MW
Aroclor 1260	5.8	mg/kg		11/14/89	MW

****

Sample # 91007885
Customer ID: DCS 18-4
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		11/14/89	MW
Aroclor 1221	<0.5	mg/kg		11/14/89	MW
Aroclor 1232	<0.5	mg/kg		11/14/89	MW
Aroclor 1242	<0.5	mg/kg		11/14/89	MW
Aroclor 1248	<0.5	mg/kg		11/14/89	MW
Aroclor 1254	<0.5	mg/kg		11/14/89	MW
Aroclor 1260	<0.5	mg/kg		11/14/89	MW

****

Sample # 91007886
Customer ID: 19(A,B,C,D)-1
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<10	mg/kg		11/14/89	MW
Aroclor 1221	<10	mg/kg		11/14/89	MW
Aroclor 1232	<10	mg/kg		11/14/89	MW
Aroclor 1242	<10	mg/kg		11/14/89	MW

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT ** 11/24/89

Technology Matrix Corporation
330 Apple Street
Syracuse, NY 13204

Contacts: Dr. Keith A. Schimel
Phone: (315) 425-7741

Sample # 91007886
Customer ID: 19(A,B,C,D)-1
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
Aroclor 1248	<10	mg/kg		11/14/89	MW
Aroclor 1254	<35	mg/kg		11/14/89	MW
Aroclor 1260	35	mg/kg		11/14/89	MW

****

Sample # 91007887
Customer ID: 19(A,B,C,D)-2
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		11/14/89	MW
Aroclor 1221	<0.5	mg/kg		11/14/89	MW
Aroclor 1232	<0.5	mg/kg		11/14/89	MW
Aroclor 1242	<0.5	mg/kg		11/14/89	MW
Aroclor 1248	<0.5	mg/kg		11/14/89	MW
Aroclor 1254	<0.5	mg/kg		11/14/89	MW
Aroclor 1260	<0.5	mg/kg		11/14/89	MW

****

Sample # 91007888
Customer ID: 19(A,B,C,D)-3
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		11/14/89	MW
Aroclor 1221	<0.5	mg/kg		11/14/89	MW
Aroclor 1232	<0.5	mg/kg		11/14/89	MW
Aroclor 1242	<0.5	mg/kg		11/14/89	MW
Aroclor 1248	<0.5	mg/kg		11/14/89	MW
Aroclor 1254	<0.82	mg/kg		11/14/89	MW
Aroclor 1260	0.82	mg/kg		11/14/89	MW

****

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT ** 11/24/89

Technology Matrix Corporation
330 Apple Street
Syracuse, NY 13204

Contacts: Dr. Keith A. Schimel
Phone: (315) 425-7741

Sample # 91007889
Customer ID: 19(A,B,C,D)-4
Matrix: Soil

Project #: L2025 -08
Authorization: TMC-t-1090

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		11/14/89	MW
Aroclor 1221	<0.5	mg/kg		11/14/89	MW
Aroclor 1232	<0.5	mg/kg		11/14/89	MW
Aroclor 1242	<0.5	mg/kg		11/14/89	MW
Aroclor 1248	<0.5	mg/kg		11/14/89	MW
Aroclor 1254	<1.2	mg/kg		11/14/89	MW
Aroclor 1260	1.2	mg/kg		11/14/89	MW

****

Quality Assurance Unit

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved OMB No. 2050-0039 Expires 9-30-88 10

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: N Y D 9 8 2 1 8 3 8 4 8 | 0 0 0 4 2

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

A. State Manifest Document No.: NY A723729 6

4. Generator's Phone: (315) 475-8431

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Pacific Corp.

6. US EPA ID Number: N Y D 0 5 1 8 0 9 9 5 2

C. State Transporter's ID: NY 4,774 SA

D. Transporter's Phone: (716) 773-1921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone: ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0 0 1	DT	0 0 2 1 7	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. L b. c. d.

15. Special Handling Instructions and Additional Information
WO# 147170 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X	X	0 5	1 8	8 9

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X Michael Bradley	X Michael Bradley	0 5	1 8	8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name	Signature	Mo.	Day	Year

NY A 723729 6

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: N Y D 9 8 2 1 8 3 8 4 0 | 0 0 0 4 3

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY A723730 5

B. Generator's ID 700 Erie Blvd.West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: N Y D 0 5 1 8 0 9 5 2

C. State Transporter's ID NY 7726 72

D. Transporter's Phone (716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers: No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, HA9185	0 0 1	D T	2 0	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: a. T; b.; c.; d.

15. Special Handling Instructions and Additional Information
WO# 147171 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small quantity generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X Tom [illegible] | Signature: X | Mo. 05 Day 18 Year 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [illegible] | Signature: X | Mo. 05 Day 18 Year 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name | Signature | Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723730 5

[illegible] Copy to Generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

Form Approved. OMB No. 2050-0039 Expires 9-30-88

Information in the shaded areas is not required by Federal Law

2. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, NY 13204	A. State Manifest Document No.: NY A723731 4
4. Generator's Phone: 315 475-8431	B. Generator's ID: 700 Erie Blvd, West Syracuse, NY 13204
5. Transporter 1 (Company Name): Buffalo Fuel Corp.	6. US EPA ID Number: NYD051809952
	C. State Transporter's ID: LIC# 5430 ID NY
	D. Transporter's Phone: 716 [illegible] 773-1921
7. Transporter 2 (Company Name)	8. US EPA ID Number
	E. State Transporter's ID
	F. Transporter's Phone ( )
9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, NY 14107	10. US EPA ID Number: NYD049836679
	G. State Facility's ID
	H. Facility's Phone: 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)

	Contents	Type	Quantity	Unit Wt/Vol	Waste No.
a.	RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	D01	DT	2/T	3007
b.					
c.					
d.					

Additional Descriptions for Materials listed above

K. Handling Codes for Wastes Listed Above: a. L b.

15. Special Handling Instructions and Additional Information

WO# 147172 Project #172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway, according to applicable international and national government regulations and state laws and regulations.

I am a large quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which I have determined to be the most practicable method that I have [illegible]

Print/Type Name: X [illegible] Signature: X [illegible] Mo. Day Year: 05 18 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Print/Type Name: X [illegible] Signature: X [illegible] Mo. Day Year: 05 18 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Print/Type Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Print/Type Name Signature Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the U.S. Department of Transportation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

NY A 723731 4

COPY 4 – Generator State – mailed by [illegible]

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved OMB No. 2050-0039 Expires 9-30-88

Please print or type.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 | Manifest Document No.: 00045 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

Generator's Name and Mailing Address:
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY A723732 3
B. Generator's ID: 700 Erie Blvd, West Syracuse, NY 13204

Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
C. State Transporter: LIC#NY 772-232
D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name):
8. US EPA ID Number:
E. State Transporter's ID:
F. Transporter's Phone ( )

Designated Facility Name and Site Address:
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID:
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	23	T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above: L

15. Special Handling Instructions and Additional Information

WO# 147173 Project #172-88

16. GENERATOR'S CERTIFICATION: [illegible]

Printed/Typed Name: X | Signature: X | Mo. Day Year: 05 18 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Earl Abbott | Signature: X [illegible] | Mo. Day Year: 05 18 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] | Signature: | Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this Manifest Except as noted in Item 19
Printed/Typed Name: | Signature: | Mo. Day Year:

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the Department of Transportation (518) 457-7362

NYA 123132 3

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039 Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST	2. Generator's US EPA ID	3. Page 1 of	4. Emergency Response Phone
	NYD982183840	1	

5. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd, Syracuse, NY 13204

A. State Manifest Document No. NY A723733 2

B. Generator's ID 700 Erie Blvd.West Syracuse, NY 13204

Generator's Phone 315 475-8431

6. Transporter 1 (Company Name) — 7. US EPA ID Number: NYD051809952 — C. State Transporter's ID: NYS ANY 2220

Buffalo Fuel Corporation — D. Transporter's Phone 716 773-1921

Transporter 2 (Company Name) — E. US EPA ID Number — F. State Transporter's ID

G. Transporter's Phone

8. Designated Facility Name and Site Address — 10. US EPA ID Number — G. State Facility's ID

CWM Chemical Services
1550 Balmer Road
Model City, NY 14107 — NYD069836619

H. Facility's Phone 716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DM	0 0 1 2 5	P	2007

Additional Descriptions for Materials Listed Above — Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

WO# 147174 Project #172-88

GENERATOR

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name — Signature — Month Day Year

X — X — 10 5 11 8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name — Signature — Month Day Year

X — X — 10 5 11 8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name — Signature — Mo. Day Year

EPA Form 8700-22. (Rev. 9-88) Previous editions are obsolete.

NY A 723733 2

In case of emergency or spill immediately call the NY Department of Transportation (518) 457-7362. Chemtrec (800) 424-9300 and the NY Department of Transportation (518) 457-7362

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type

Form Approved OMB No. 2050-0039, Expires 9-30-88

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 | Manifest Document No.: 000047 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY A723734 1
B. Generator's ID: 700 Erie Blvd West, Syracuse, NY 13204
C. State Transporter's ID: LIC# NY5 [illegible]
D. Transporter's Phone: 716 773-1921
E. State Transporter's ID
F. Transporter's Phone ( )

Transporter 1 (Company Name): Buffalo Fuel Corp.
US EPA ID Number: NYD051809952
Transporter 2 (Company Name)
8. US EPA ID Number

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID
H. Facility's Phone: 716 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	Containers No.	Type	Total Quantity	Unit Wt./Vol.	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9158	001	DT	[illegible]	T	3007
b.					
c.					
d.					

12. Additional Descriptions for Materials Listed Above
a.
b.

13. Handling Codes for Wastes Listed Above: L

WO# 147175 Project #172-88

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method that is available to me and that I can afford.

Printed/Typed Name: X | Signature: X | Mo. Day Year: 05 18 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X | Signature: X | Mo. Day Year: 05 18 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name | Signature | Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362

NY A 723734 1

COPY 4 - Generator State - mailed by generator

48-14-1 (5/87)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF SOLID AND HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type.

Form Approved. OMB No. 2050-0039. Expires 9-30-86

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183840 Manifest Document No. 00048

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-3431

A. State Manifest Document No. NY A723735 9

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

C. State Transporter's ID NYX 640 2D

D. Transporter's Phone (716) 773-1921

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT		T	B007
b.					
c.					
d.					

J. Additional Descriptions for Materials listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

WO# 147176 Project#172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: Tony Porretto
Signature: Tony Porretto
Mo. Day Year: 05 18 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: [illegible]
Signature: [illegible]
Mo. Day Year: 05 18 89

18. Transporter 2 (Acknowledgement or Receipt of Materials)

Printed/Typed Name
Signature
Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name
Signature
Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Transportation (518) 457-7362.

NY A 723735 9

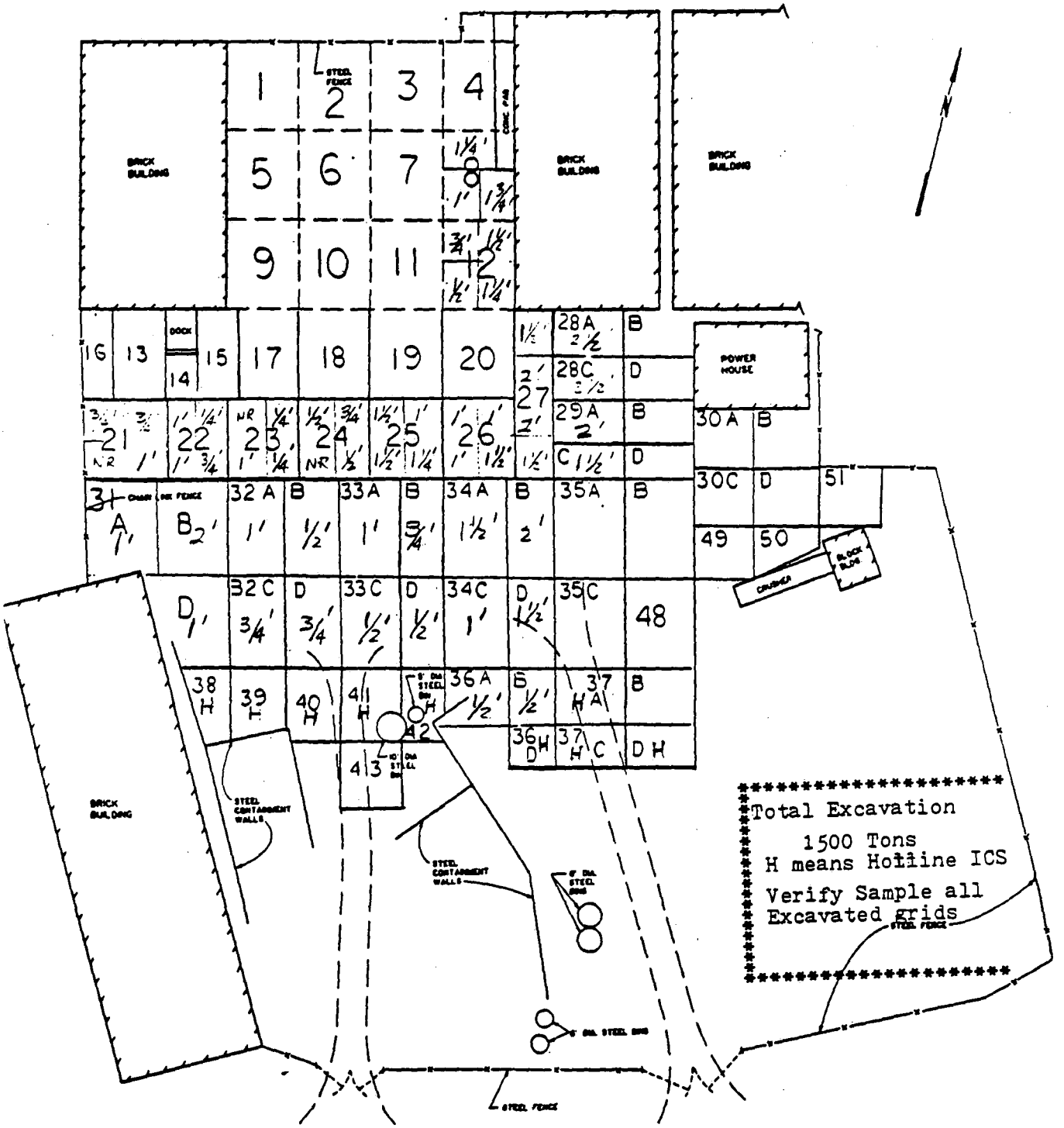
EPA Form 8700-22 (Rev. 9-86) Previous edition is obsolete.

Appendix E

ACEM Remediation Work Plan #4
Verification Data Report
Transport Manifests

FIGURE

Supplemental Remediation Plan #4 - KAS/ACEM Oct. 17, 1989



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Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT **

01/30/90

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209308
Customer ID: OCS-12 12/20/89
Matrix: Soil

Project #: L1959 -33
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		01/03/90	MW
Aroclor 1221	<0.5	mg/kg		01/03/90	MW
Aroclor 1232	<0.5	mg/kg		01/03/90	MW
Aroclor 1242	<0.5	mg/kg		01/03/90	MW
Aroclor 1248	<0.5	mg/kg		01/03/90	MW
Aroclor 1254	<0.5	mg/kg		01/03/90	MW
Aroclor 1260	<0.5	mg/kg		01/03/90	MW

****

Sample # 91209309
Customer ID: OCS-21 12/17/89
Matrix: Soil

Project #: L1959 -33
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<0.5	mg/kg		01/03/90	MW
Aroclor 1221	<0.5	mg/kg		01/03/90	MW
Aroclor 1232	<0.5	mg/kg		01/03/90	MW
Aroclor 1242	<0.5	mg/kg		01/03/90	MW
Aroclor 1248	<0.5	mg/kg		01/03/90	MW
Aroclor 1254	<0.5	mg/kg		01/03/90	MW
Aroclor 1260	<0.5	mg/kg		01/03/90	MW

****

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Am Can Environmental Management
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Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209310
Customer ID: OCS-22 12/17/89
Matrix: Soil

Project #: L1959 -33
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<1	mg/kg		01/03/90	MW
Aroclor 1221	<1	mg/kg		01/03/90	MW
Aroclor 1232	<1	mg/kg		01/03/90	MW
Aroclor 1242	<1	mg/kg		01/03/90	MW
Aroclor 1248	<1	mg/kg		01/03/90	MW
Aroclor 1254	0.59	mg/kg		01/03/90	MW
Aroclor 1260	<0.59	mg/kg		01/03/90	MW

****

Sample # 91209311
Customer ID: OCS-23 12/19/89
Matrix: Soil

Project #: L1959 -33
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCBs					
Aroclor 1016	<1	mg/kg		01/03/90	MW
Aroclor 1221	<1	mg/kg		01/03/90	MW
Aroclor 1232	<1	mg/kg		01/03/90	MW
Aroclor 1242	<1	mg/kg		01/03/90	MW
Aroclor 1248	<1	mg/kg		01/03/90	MW
Aroclor 1254	1.0	mg/kg		01/03/90	MW
Aroclor 1260	<1.0	mg/kg		01/03/90	MW

****

Quality Assurance Unit

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** SAMPLE ANALYSIS REPORT **

02/13/90

Am Can Environmental Management
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Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

JMA

FEB 17 1990

Sample # 91209408
Customer ID: 36D4
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	6.2	mg/kg		01/18/90	MW
Aroclor 1260	<6.2	mg/kg		01/18/90	MW

****

Sample # 91209409
Customer ID: 36D3
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	0.69	mg/kg		01/18/90	MW
Aroclor 1260	<0.69	mg/kg		01/18/90	MW

****

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Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209410
Customer ID: 36D2
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	1.1	mg/kg		01/18/90	MW
Aroclor 1260	<1.1	mg/kg		01/18/90	MW

****

Sample # 91209411
Customer ID: 36D1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<5.9	mg/kg		01/18/90	MW
Aroclor 1221	<5.9	mg/kg		01/18/90	MW
Aroclor 1232	<5.9	mg/kg		01/18/90	MW
Aroclor 1242	5.9	mg/kg		01/18/90	MW
Aroclor 1248	<5.9	mg/kg		01/18/90	MW
Aroclor 1254	7.8	mg/kg		01/18/90	MW
Aroclor 1260	<7.8	mg/kg		01/18/90	MW

****

Sample # 91209412
Customer ID: 37C4
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<1	mg/kg		01/18/90	MW
Aroclor 1221	<1	mg/kg		01/18/90	MW
Aroclor 1232	<1	mg/kg		01/18/90	MW
Aroclor 1242	<1	mg/kg		01/18/90	MW

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Sample # 91209412
Customer ID: 37C4
Matrix: Soil

Project #: L1959 -34
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
Aroclor 1248	<1	mg/kg		01/18/90	MW
Aroclor 1254	<1	mg/kg		01/18/90	MW
Aroclor 1260	<1	mg/kg		01/18/90	MW

****

Sample # 91209413
Customer ID: 37C3
Matrix: Soil

Project #: L1959 -34
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

Sample # 91209414
Customer ID: 37C2
Matrix: Soil

Project #: L1959 -34
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

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Sample # 91209415
Customer ID: 37C1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<2.8	mg/kg		01/18/90	MW
Aroclor 1221	<2.8	mg/kg		01/18/90	MW
Aroclor 1232	<2.8	mg/kg		01/18/90	MW
Aroclor 1242	<2.8	mg/kg		01/18/90	MW
Aroclor 1248	2.8	mg/kg		01/18/90	MW
Aroclor 1254	3.0	mg/kg		01/18/90	MW
Aroclor 1260	<3.0	mg/kg		01/18/90	MW

****

Sample # 91209416
Customer ID: 37D4
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	0.77	mg/kg		01/18/90	MW
Aroclor 1260	<0.77	mg/kg		01/18/90	MW

****

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Phone: (315) 437-4359

Sample # 91209417
Customer ID: 37D3
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	0.50	mg/kg		01/18/90	MW
Aroclor 1260	<0.50	mg/kg		01/18/90	MW

****

Sample # 91209418
Customer ID: 37D2
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<3.2	mg/kg		01/18/90	MW
Aroclor 1221	<3.2	mg/kg		01/18/90	MW
Aroclor 1232	<3.2	mg/kg		01/18/90	MW
Aroclor 1242	<3.2	mg/kg		01/18/90	MW
Aroclor 1248	3.2	mg/kg		01/18/90	MW
Aroclor 1254	4.8	mg/kg		01/18/90	MW
Aroclor 1260	<4.8	mg/kg		01/18/90	MW

****

Sample # 91209419
Customer ID: 37D1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<6.7	mg/kg		01/18/90	MW
Aroclor 1221	<6.7	mg/kg		01/18/90	MW
Aroclor 1232	<6.7	mg/kg		01/18/90	MW
Aroclor 1242	<6.7	mg/kg		01/18/90	MW

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Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209419
Customer ID: 37D1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
Aroclor 1248	6.7	mg/kg		01/18/90	MW
Aroclor 1254	5.6	mg/kg		01/18/90	MW
Aroclor 1260	<5.6	mg/kg		01/18/90	MW

****

Sample # 91209420
Customer ID: 40-4
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

Sample # 91209421
Customer ID: 40-3
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<3.8	mg/kg		01/18/90	MW
Aroclor 1221	<3.8	mg/kg		01/18/90	MW
Aroclor 1232	<3.8	mg/kg		01/18/90	MW
Aroclor 1242	<3.8	mg/kg		01/18/90	MW
Aroclor 1248	3.8	mg/kg		01/18/90	MW
Aroclor 1254	<9.4	mg/kg		01/18/90	MW
Aroclor 1260	9.4	mg/kg		01/18/90	MW

****

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Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209422
Customer ID: 40-2
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<1	mg/kg		01/18/90	MW
Aroclor 1260	<1	mg/kg		01/18/90	MW

****

Sample # 91209423
Customer ID: 40-1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<17	mg/kg		01/18/90	MW
Aroclor 1221	<17	mg/kg		01/18/90	MW
Aroclor 1232	<17	mg/kg		01/18/90	MW
Aroclor 1242	<17	mg/kg		01/18/90	MW
Aroclor 1248	17	mg/kg		01/18/90	MW
Aroclor 1254	27	mg/kg		01/18/90	MW
Aroclor 1260	<27	mg/kg		01/18/90	MW

****

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Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209424
Customer ID: 41-4
Matrix: Soil

Project #: L1959 -34
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

Sample # 91209425
Customer ID: 41-3
Matrix: Soil

Project #: L1959 -34
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<2.0	mg/kg		01/18/90	MW
Aroclor 1221	<2.0	mg/kg		01/18/90	MW
Aroclor 1232	<2.0	mg/kg		01/18/90	MW
Aroclor 1242	<2.0	mg/kg		01/18/90	MW
Aroclor 1248	2.0	mg/kg		01/18/90	MW
Aroclor 1254	<4.9	mg/kg		01/18/90	MW
Aroclor 1260	4.9	mg/kg		01/18/90	MW

****

Sample # 91209426
Customer ID: 41-2
Matrix: Soil

Project #: L1959 -34
Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<1.7	mg/kg		01/18/90	MW
Aroclor 1221	<1.7	mg/kg		01/18/90	MW
Aroclor 1232	<1.7	mg/kg		01/18/90	MW
Aroclor 1242	<1.7	mg/kg		01/18/90	MW

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Sample # 91209426
Customer ID: 41-2
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
Aroclor 1248	1.7	mg/kg		01/18/90	MW
Aroclor 1254	1.4	mg/kg		01/18/90	MW
Aroclor 1260	<1.4	mg/kg		01/18/90	MW

****

Sample # 91209427
Customer ID: 41-1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<29	mg/kg		01/18/90	MW
Aroclor 1221	<29	mg/kg		01/18/90	MW
Aroclor 1232	<29	mg/kg		01/18/90	MW
Aroclor 1242	<29	mg/kg		01/18/90	MW
Aroclor 1248	29	mg/kg		01/18/90	MW
Aroclor 1254	25	mg/kg		01/18/90	MW
Aroclor 1260	<25	mg/kg		01/18/90	MW

****

Sample # 91209428
Customer ID: 38-4
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

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Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT ** 02/13/90

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209429
Customer ID: 38-3
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

Sample # 91209430
Customer ID: 38-2
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT ** 02/13/90

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209431
Customer ID: 38-1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	<0.5	mg/kg		01/18/90	MW
Aroclor 1260	<0.5	mg/kg		01/18/90	MW

****

Sample # 91209432
Customer ID: 39-4
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<0.5	mg/kg		01/18/90	MW
Aroclor 1221	<0.5	mg/kg		01/18/90	MW
Aroclor 1232	<0.5	mg/kg		01/18/90	MW
Aroclor 1242	<0.5	mg/kg		01/18/90	MW
Aroclor 1248	<0.5	mg/kg		01/18/90	MW
Aroclor 1254	1.9	mg/kg		01/18/90	MW
Aroclor 1260	<1.9	mg/kg		01/18/90	MW

****

Sample # 91209433
Customer ID: 39-3
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<12	mg/kg		01/18/90	MW
Aroclor 1221	<12	mg/kg		01/18/90	MW
Aroclor 1232	<12	mg/kg		01/18/90	MW
Aroclor 1242	<12	mg/kg		01/18/90	MW

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT ** 02/13/90

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209433
Customer ID: 39-3
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
Aroclor 1248	12	mg/kg		01/18/90	MW
Aroclor 1254	25	mg/kg		01/18/90	MW
Aroclor 1260	<25	mg/kg		01/18/90	MW

****

Sample # 91209434
Customer ID: 39-2
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<5.1	mg/kg		01/18/90	MW
Aroclor 1221	<5.1	mg/kg		01/18/90	MW
Aroclor 1232	<5.1	mg/kg		01/18/90	MW
Aroclor 1242	<5.1	mg/kg		01/18/90	MW
Aroclor 1248	5.1	mg/kg		01/18/90	MW
Aroclor 1254	2.7	mg/kg		01/18/90	MW
Aroclor 1260	<2.7	mg/kg		01/18/90	MW

****

Sample # 91209435
Customer ID: 39-1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
EPA Method 8080 PCB's					
Aroclor 1016	<19	mg/kg		01/18/90	MW
Aroclor 1221	<19	mg/kg		01/18/90	MW
Aroclor 1232	<19	mg/kg		01/18/90	MW
Aroclor 1242	<19	mg/kg		01/18/90	MW
Aroclor 1248	19	mg/kg		01/18/90	MW

Syracuse Research Corporation
Merrill Lane
Syracuse, N.Y. 13210
(315) 426-3200
NYS DOH ELAP NO. 10248

** SAMPLE ANALYSIS REPORT **

02/13/90

Am Can Environmental Management
408 North Midler Avenue
P.O. Box 49
Syracuse, NY 13206

Contacts: Mr. John M. Antczak

Phone: (315) 437-4359

Sample # 91209435
Customer ID: 39-1
Matrix: Soil

Project #: L1959 -34

Authorization: 172-88

Test Name	Results	Units	Comment	Completed	Initials
Aroclor 1254	20	mg/kg		01/18/90	MW
Aroclor 1260	<20	mg/kg		01/18/90	MW

****

Joseph Jepaci

Quality Assurance Unit

UNIFORM HAZARDOUS
WASTE MANIFEST

NYD982183840050 52 1

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
315 475-9431

NY B 193120 2

Syracuse, NY 13204
EIC #

CECOS International Inc. NYD080336241 716 373-4200

CWM Chemical Services
1550 Balmer Road
Model City, NY 14107 NYD049036079 716 754-8231

RQ, Waste Hazardous Substance, Solid, [illegible],
(polychlorinated biphenyls), [illegible]

GO # 152793 Project # 177-[illegible]

[illegible] CERTIFICATION

X X X 103099

X X 103069

NY B 193120-2

[illegible] Form 1700-22 [illegible] Previous Edition

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 9 8 2 1 8 3 8 4 0 0 0 0 5 3 1

NY B 193121 1

Generator: ...oth Steel Corporation
...00 Linwatha Blvd., Syracuse, NY 13204
Generator's Phone (315) 475-8431

Generator's Phone: 700 Erie Blvd. West
Syracuse, NY 13204

5. Transporter Company Name: Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID

Transporter's Phone: 716 773-1921

D. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: ...WR Chemical Services
...550 Balmer Road
...odel City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone: 716 754-8231

...Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

D 0 1 D T 21 T 1007

EPA
STATE
EPA
STATE
EPA
STATE

Materials

Special Handling Instructions and Additional Information

WO # 152794

Project # 172-88

GENERATOR'S CERTIFICATION:

X X 103069

Printed/Typed Name

Signature

X X 103089

18. Transporter's Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest

Printed/Typed Name

Signature

EPA Form 8700 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill notice, call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362

NY B 193121 1

48 14-1 (89)— N

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

F [illegible] 12233 [illegible] New [illegible]

UNIFORM HAZARDOUS WASTE MANIFEST

E T D 9 8 2 1 5 3 8 4 0 9 6 0 5 4 E

3 Generator's Name and Mailing Address
Roth Steel Corporation
800 Kinnaine Blvd., Syracuse, NY 13204

4 Generator's Phone (315) 475-6431

A State Manifest Document ID
NY B 193122.0

Generator's Site Address
Syracuse, NY 13204

5 Transporter 1 Company Name
Buffalo Fuel Corp

6 US EPA ID Number
N Y D 0 5 1 8 0 9 9 5 2

B State Transporter's ID

D Transporter's Phone (716) 773-1921

7 Transporter 2 Company Name

8 US EPA ID Number

E State Transporter's ID

F Transporter's Phone ( )

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10 US EPA ID Number
N Y D 0 4 9 8 3 6 0 7 3

G State Facility's ID

H Facility's Phone 716 754-8231

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

GENERATOR

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 | 0 1 | P T | 3807

b. STATE EPA

c. STATE EPA

d. STATE EPA

J Additional Descriptions for Materials Listed Above

a

b

K Handling Codes for Wastes Listed Above

L

PO # 152795 Project # 172-88

16 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If export shipment and I am a Primary Exporter I certify that the contents and to the best of my knowledge and belief all items and the laws and regulations.

Printed/Typed Name

X Signature

Month Day Year 10 30 89

TRANSPORTER

17 Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

X Signature

Month Day Year 10 30 89

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Signature

Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

COPY 8—Generator's [illegible] by [illegible]

0-77557

In the event of an emergency or spill involving this shipment, immediately call the National Response Center (800) 424-8802 and the N.Y. State Department of Environmental Conservation (518) 457-7362

48-[illegible]

HAZARDOUS WASTE MANIFEST

P O Box 12820, Albany, New York 12212

1 Generator's US EPA No. NYD982183640 | Page 1 of 1 | A State No. NY B 193101.3

UNIFORM HAZARDOUS WASTE MANIFEST

North Steel Corporation
800 Erastus Blvd., Syracuse, NY 13204
Phone 315 475-8431

5 Transporter 1 (Company Name): Buffalo Fuel Corp.
6 US EPA ID Number: NYD031809952
C State Transporter's ID
D Transporter's Phone (716) 773-1421

7 Transporter 2 (Company Name)
8 US EPA ID Number
E State Transporter's ID
F Transporter's Phone ( )

9 Designated Facility, Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10 US EPA ID Number: NYD049836675
G State Facility's ID
H Facility's Phone: 716 754-8231

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
12 Containers: No. | Type | 13 Total Quantity | 14 Unit Wt/Vol | EP

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-F, NA9188 | 0 0 1 2 | I | 2 | 0067

STATE
EPA
STATE
EPA
STATE

J Additional Descriptions for Materials Listed Above
K Handling Codes for Wastes Listed Above
L

15 Special Handling Instructions and Additional Information
WO # 152756 Project # 172-88

GENERATOR'S CERTIFICATION

16 I certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X | Signature: X | Month Day Year: 10 30 89

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X | Signature: X | Month Day Year: 10 30 89

18 Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

In case of interstate or spill [illegible] all the National [illegible] (800) 424-8802, or (in the N.Y. [illegible] (518) 457-7362.

NY B 193101.3

48-1 (3/89) 71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

Please Print or Type Do Not Staple

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183340000035 1

Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone 315) 475-8431

A. State Manifest NY B 193102 2
B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204
C. State Transporter's ID 553440
D. Transporter's Phone 716 773-1521
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone 716 754-8231

5. Transporter 1 (Company Name) Buffalo Fuel Corp
6. US EPA ID Number NYD051609952
7. Transporter 2 (Company Name)
8. US EPA ID Number

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number NYD049836679

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

GENERATOR

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — 0 1 P T — 2 1 T — 8607

EPA / STATE

c. EPA / STATE

d. EPA / STATE

Additional Description for Materials Listed Above

b. d.

15. Special Handling Instructions and Additional Information
WO # 152797 Project # 172-88

16. GENERATOR'S CERTIFICATION
I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are in all respects in proper condition for transport by highway according to applicable regulations and statutes and regulations.
If I am a large quantity generator I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which I have determined to be the most practicable method that I can afford.

Printed/Typed Name — Signature — Month Day Year 1 0 3 0 8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Month Day Year 1 0 3 0 8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 9-85) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

NY B193102-2

2 14-1 (3/89)—

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840000057 I

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone 315 475-8431

5. Transporter 1 (Company Name)
Buffalo Fuel Corp.

6. US EPA ID Number
NYD051809952

7. Transporter 2 (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

A. State Manifest Document No. NY B 193103 1

B. Generator's Phone 700 Erie Blvd. West Syracuse, NY 13204

C. State Transporter's ID

D. Transporter's Phone (716) 773-1921

E. State Transporter's ID

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

	Containers No.	Type	Quantity	Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0 0 1 D		20	I	EPA 8007
b.					EPA STA
c.					EPA STA
d.					EPA STA

12. Additional Descriptions for Materials listed above

WO # 152798 Project # 172-88

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable [illegible]

Printed/Typed Name X Signature X Mo. Day Year 103089

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name X [illegible] Signature X [illegible] Mo. Day Year 103089

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification: I certify that hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name Signature Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill [illegible] call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362

NY B 193103 1

DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not staple.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID Number: N Y D 9 4 2 1 6 3 8 4 0 2. Page 1 of 1

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

A. State Manifest Document Number: NY B 193104 0

B. General Site Address: 700 Erie Blvd. West, Syracuse, NY 13204

4. Generator's Phone: 315) 475-8431

5. Transporter 1 (Company Name): Buffalo Fuel Corp

6. US EPA ID Number: N Y D 0 5 1 8 0 9 9 5 2

C. State Transporter's ID

D. Transporter's Phone: 716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.
Eq. Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), DXM-2, RQ 1				
a.				EPA / STATE
b.				EPA / STATE
c.				EPA / STATE
d.				EPA / STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above: L

15. Special Handling Instructions and Additional Information
WO # 152799 Project # 172-88

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X — Signature: X — Month Day Year: 10 30 89

TRANSPORTER

16. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X — Signature: X — Month Day Year: 10 30 89

17. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name — Signature — Month Day Year

FACILITY

18. Discrepancy Indication Space

19. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18.
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

In case of emergency spill ... call the National ... hotline (800) 424-8802 and the N.Y. Department of Environmental Conservation at (518) 457-7362

NYSDEC 1-4-91-10

48-14-1 (3/89)—7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12628, Albany, New York

UNIFORM HAZARDOUS WASTE MANIFEST | NYD982183849 | 1

3 Generator's Name and Mailing Address
Roth Steel Corporation
800 Kinnaird Blvd., Syracuse, NY 13204
4 Generator's Phone: 315 475-3431

A State Manifest Document Number: NY B 193106 7
B. Generator's EPA ID: 700 Erie Blvd.West
Syracuse, NY 13204

5 Transporter 1 Company Name: Buffalo Fuel Corp
6 US EPA ID Number: NYD051809952
C. State Transporter's ID: LIC # R3-30-D-M
D. Transporter's Phone: 716 773-1921

7 Transporter 2 Company Name
8 US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10 US EPA ID Number: NYD049836788
G. State Facility's ID
H. Facility's Phone: 716 754-8231

GENERATOR

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. Rq, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CIM-E, NA9188 | DOT | 1 | 2007 | EPA | STATE

b. | EPA | STATE

c. | EPA | STATE

d. | EPA | STATE

12 Special Handling Instructions for Materials Listed Above

WO # 152600 Project # 172-88

15 GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and state laws and regulations.

I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Printed/Typed Name | Signature | Month Day Year: 10 30 89

TRANSPORTER

16 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year: 10 30 89

17 Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

18 Discrepancy Indication Space

19 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18
Printed/Typed Name | Signature | Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

In case of emergency or spill immediately call the N.Y. State Department of Environmental Conservation (518) 457-7362 or (800) 424-8802 and the N.Y. State Police.

NT 0 1352 1-90-1

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 1...

Please print or type. Do not Staple

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 9 8 2 1 8 3 8 4 0 0 0 5 0 | 1

3. Generator's Name and Mailing Address
Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

5. Transporter (Company Name)
Buffalo Fuel Corp

6. US EPA ID Number
NYD051809952

7. Transporter (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
CWM Chemical Services
1350 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

A. State Manifest Document Number
NY B 193107 6

B. Generator's ID 700 Erie Blvd.West
Syracuse, NY 13204

C. State Transporter's ID

D. Transporter's Phone (716) 775-1921

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone
716 754-8231

GENERATOR

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — EPA 3007

b. EPA / STATE

c. EPA / STATE

d. EPA / STATE

15. Special Handling Instructions and Additional Information
WO # 152627 Project # 172-88

16. GENERATOR'S CERTIFICATION

Printed/Typed Name: X — Signature: X — Mo 10 30 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X — Signature: X — Mo 10 30 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest

Printed/Typed Name — Signature — Mo Day Year

EPA Form 6700-22 (Rev. 9-83) Previous edition is obsolete

In case of emergency or pollution, call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation

48-14-1 (3/89)—7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 2820 Albany, New York 12201

Please print or type. Do not staple.

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 98216384 0 0 0 6 1

A. State Manifest Document Number: NY B 193108 5

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone: 315 475-8431

B. Generator's ID: 700 Erie Blvd. West
Syracuse, NY 13204

5. Transporter (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

State Transporter's ID: LIC # 77 [illegible] ZN

Transporter's Phone: 716 773-1921

7. Transporter (Company Name)

8. US EPA ID Number

State Transporter's ID

Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836079

State Facility's ID

716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

GENERATOR

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — No. 001 DT — Type — Quantity — Wt./Vol. — Waste No. EPA 8007

b. EPA — STATE

c. EPA — STATE

d. EPA — STATE

12. Additional Descriptions for Materials Listed Above

a.

b.

Special Handling Instructions

WO # 152792 Project # 172-[illegible]

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described, classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable regulations and state laws and regulations.

Printed/Typed Name — Signature — Month Day Year: 10 30 89

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year: 10 30 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous waste as covered by this manifest except as noted in item 19

Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 1-88) Previous editions are obsolete.

In case of emergency or spill, immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362

NY B 193108-5

48 ... 3.89)—7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 122 2

Please print or type. Do not staple

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID Number: NYD982183840000069

Generator's Name and Site Address:
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

NY B 188547 3

700 Erie Blvd. West
Syracuse, NY 13204

4. Generator's Phone: 315 475-8431

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

State Transporter's ID: LIC #

Transporter's Phone: 716 7731921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

State Transporter's ID:

Transporter's Phone:

9. Designated Facility Name and Site Address:
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

State Facility's ID:

Facility's Phone: 716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, 2A9138 0 9 1 ... T 3007

b

c

d

STATE

EPA

STATE

EPA

STATE

Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

L

Special Handling Instructions and Additional Information

WO # 152806
Profile #H35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name: X

Signature: X

103169

TRANSPORTER

Printed/Typed Name: X

Signature: X

103159

Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

Signature

FACILITY

Printed/Typed Name

Signature

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dep

EPA Form 8700-22 (Rev. 9-88) Pr...

EPA ... OF HAZARDOUS SUBSTANCE ...

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12...

Use print or type. Do not staple.

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 9 8 2 1 5 3 8 4 0 0 0 0 5 0 1

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest ID
NY B 193118 4

B. Generator's ID
700 Erie Blvd. West
Syracuse, NY 13204

5. Transporter 1 (Company Name)
Tonawanda Tank Trans. Ser.

6. US EPA ID Number
NYD097644801

C. State Transporter's ID
716 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

G. State Facility's ID

H. Facility's Phone
716 754-8231

11. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, NA9188 — 0 0 1 0 7 — T — 8007

b.

c.

d.

STATE

EPA

STATE

EPA

STATE

15. Special Handling Instructions and Additional Information

WO # 152791 152809

Project # 172-85

Profile #83307

Acc. Date 10/27/89

16. GENERATOR'S CERTIFICATION

Classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway, according to applicable regulations and statutes and regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste to the extent practicable and that I have selected the practicable method of treatment, storage, or disposal that is available to me and that I can afford.

Printed/Typed Name — Signature — Mo. Day Year: 10 31 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name — Signature — Mo. Day Year: 10 31 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name — Signature — Mo. Day Year: 10 30 89

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered

Printed/Typed Name — Signature — Mo. Day Year

Form 700-22 (Rev. 9-86) ...

NY B 193118-4

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Conservation (518) 457-7362.

48-14-1 (3/89)—

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS WASTE REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 9 6 2 1 8 3 8 4 0 0 0 0 5 1 1

Generator's Name and Mailing Address
Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone 315 475-8431

NY B 193119 3
700 Erie Blvd. West
Syracuse, NY 13204

Transporter 1 (Company Name)
Tonawanda Tank Trans. Ser.

6. US EPA ID Number
NYD097644801

C. State Transporter's ID
D. Transporter's Phone 716 873-9703

Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone ( )

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

G. State Facility's ID
716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	Containers No.	Type	Quantity	Unit	Waste No.
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated diphenyls), ORM-E, NA9186	0 0 1	D	T	T	8067

STATE
EPA
STATE
EPA
STATE

Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

WO # XXXXXX 152810
Profile #M35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name X
Signature X
Mo. Day Year 10 30 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name X
Signature X
Mo. Day Year 10 30 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name
Signature
Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of Receipt of Hazardous Waste as Described

Printed/Typed Name
Signature
Mo. Day Year

-700-22 (Rev. 9-88) Previous editions are obsolete

NY B 193119 3

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. (Use pica type. Do not staple.)

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA ID: N T D 9 8 2 1 8 3 8 4 0 0 0 6 2

1

2. Page 1 of

3. Generator's Name and Mailing Address
Koch Steel Corporation
800 Milwaths Blvd., Syracuse, NY 13204

NY B 193109 4

B. Generator's ID 700 Erie Blvd. West
Syracuse, NY 13204

4. Generator's Phone 315) 475-8431

5. Transporter 1 (Company Name)
Buffalo Fuel Corp.

6. US EPA ID Number
N Y D 0 5 1 8 0 9 9 5 2

C. State Transporter's ID

D. Transporter's Phone 716) 773-1921

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
N T D 0 4 9 4 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone 716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers: No. / Type

13. Total Quantity

14. Unit Wt./Vol.

15. Waste Number

a. NA, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, RA9166 0 0 1 3 T T 9007

EPA / STATE

b. EPA / STATE

c. EPA / STATE

d. EPA / STATE

J. Additional Descriptions for Materials Listed Above

K. Special Handling Instructions and Additional Information

PO # 152790
Profile # 835307

Project # 172-88
Acc. Date: 10/27/89

15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Typed Name | Signature | Month | Day | Year
10 31 89

TRANSPORTER

16a. Transporter 1 Acknowledgement of Receipt of Materials
Typed Name | Signature | Month | Day | Year
10 31 89

16b. Transporter 2 Acknowledgement of Receipt of Materials
Typed Name | Signature | Month | Day | Year

FACILITY

17. Discrepancy Indication Space

18. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 17a
Printed/Typed Name | Signature | Month | Day | Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

NY B 193109 4

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NYS Department of Environmental Conservation (518) 457-7362

48[illegible]-1 (3/89)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 2820, Albany, New York 12201

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183340000[illegible]

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone 315 475-8431

A. State Manifest Document Number NY B 193110 3

B. Generator's Phone 700 Erie Blvd. West Syracuse, NY 13204

C. State Transporter's ID LIC #

D. Transporter's Phone 716 775-1921

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone 716 754-8231

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

7. Transporter 2 (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9156	001	DT		T	EPA [illegible]
					EPA
					STATE
					EPA
					STATE
					EPA
					STATE

13. Additional Descriptions for Materials listed Above

14. Handling Codes for Materials listed Above

WO # 152791
Profile # 835307

Project # 172-86
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by [illegible] and [illegible] regulations.

Printed/Typed Name

Signature

Mo. Day Year 10 31 89

TRANSPORTER

Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

Signature

Mo. Day Year 10 31 89

Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

Signature

Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted.

Printed/Typed Name

Signature

Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill, [illegible] call the [illegible] Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-[illegible]

NY B 193110-3

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 2820, Albany, New York 12212

Please print or type. Do not staple.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No: NYD982183840 — Manifest Document No: 00064 — Page 1 of 1 — Information in the shaded areas is required by Federal Law.

2. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone: 315 475-8431

A. State Manifest Document No: NY B 193111 2
Generator's Phone: 700 Erie Blvd. West, Syracuse, NY 13204
State Transporter's ID: LIC #
Transporter's Phone: (716) 773-1921

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
7. Transporter 2 (Company Name):
8. US EPA ID Number:
State Transporter's ID:
Transporter's Phone:

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679
State Facility's ID:
Facility's Phone: 716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	No.	Type	Total Quantity	Unit Wt./Vol.	Waste No.
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0	1	5	T	EPA 8007
					EPA
					STATE
					EPA
					STATE
					EPA
					STATE

Additional Descriptions for Materials listed Above

Handling Codes for Wastes Listed Above: 4

Special Handling Instructions and Additional Information:
WO # 152801
Profile # H35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION:

Printed/Typed Name: X — Signature: X — Mo Day Year: 10 3 1 89

TRANSPORTER

Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X — Signature: X — Mo Day Year: 1 0 3 1 8 9

Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: — Signature: — Mo Day Year:

FACILITY

Discrepancy Indication Space

Facility Owner or Operator Certification of Receipt of Materials Covered by Manifest Except as Noted

Printed/Typed Name: — Signature: — Mo Day Year:

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spillage, call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362

NY B 193111 2

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

UNIFORM HAZARDOUS WASTE MANIFEST

NYD932183840000065 1

2. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

A. State Manifest
NY B 193112 1

B. Generator's Phone 315 475-8431

700 Erie Blvd. West
Syracuse, NY 13204

4. Generator's Phone

5. Transporter 1 (Company Name)
Buffalo Fuel Corp.

6. US EPA ID Number
NYD051809952

C. State Transporter's ID
LIC #

D. Transporter's Phone 716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

G. State Facility's ID

H. Facility's Phone
716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9123 — EPA 9807

b. EPA STATE

c. EPA STATE

d. EPA STATE

Additional Descriptions for Materials Listed Above

15. Special Handling Instructions and Additional Information
WO # 152602
Profile #R35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION

If I am a large quantity generator I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be practicable and that I have selected the practicable method treatment, storage, or disposal of waste generated that I have been available and the environment; OR if I am a small generator, I have made a good faith effort to minimize the waste generated to the degree I have been able to do so and that I can afford.

Printed/Typed Name: X — Signature: X — Mo. Day Year: 10 31 89

TRANSPORTER

16. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X — Signature: X — Mo. Day Year: 10 31 89

17. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

18. Discrepancy Indication Space

19. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18
Printed/Typed Name — Signature — Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362

NY B193112-1

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New [illegible] 12212

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID No. N Y D 9 8 2 1 8 3 8 4 0 0 0 0 0 6 | 2

3 Generator's Name and Mailing Address: Bath Steel Corporation, 810 Milwaukee Blvd., Syracuse, NY 13204

NY B 193113 0

Generator's Site Address: 700 Erie Blvd. West, Syracuse, NY 13204

4 Generator's Phone: 315 473-8431

5 Transporter 1 Company Name: Buffalo Fuel Corp.

6 US EPA ID Number: N Y D 0 5 1 8 0 9 9 5 2

C. State Transporter's ID: [illegible]

D. Transporter's Phone: 716 773-1921

7 Transporter 2 Company Name:

8 US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone:

9 Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, NY 14107

10 US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility's ID:

H. Facility's Phone: 716 754-8231

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

		Containers No.	Type	Total Quantity	Unit Wt./Vol.	Waste No.
GENERATOR	a. AQ, waste hazardous substance, solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	1	T	0007		EPA
	b.					EPA STATE
	c.					EPA STATE
	d.					EPA STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

L.

PO # 152803
Profile #M35307

Project # 172-85
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If export shipment and I am a primary exporter, I certify that the provisions of the Resource Conservation and Recovery Act apply to the waste materials covered by this manifest and that I have a contract with the designated facility or, if I am not a primary exporter, I certify that I have a written commitment from the primary exporter to arrange for export of the waste materials.

Printed/Typed Name: [illegible] Signature: [illegible] Month 10 Day 31 Year 89

TRANSPORTER

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: [illegible] Signature: [illegible] Month 10 Day 31 Year 89

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: Signature: Month Day Year

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: Signature: Month Day Year

In case of emergency or spill call the National Response Center (800) 424-8802 and the N.Y.S. Department of Environmental Conservation (518) 457-7362

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

CTTCC

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12628, Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST | NYD982163340 0 0 0 0 5 7 | 1

Generator's Name and Mailing Address Both Steel Corporation 800 Hiawatha Blvd., Syracuse, NY 13204	NY B 193114 8	Generator's Site Address (if different than mailing address) 700 Erie Blvd. West Syracuse, NY 13204
Generator's Phone: 315 (475-8431		Generator's Phone: 716 773-1921
Transporter 1 Company Name Buffalo Fuel Corp.	US EPA ID Number N Y D 0 5 1 4 0 9 6 5 2	State Transporter's ID
Transporter 2 Company Name	US EPA ID Number	Transporter's Phone ( )
Designated Facility Name and Site Address CWM Chemical Services 1550 Balmer Road Model City, NY 14107	US EPA ID Number N Y D 0 4 9 8 3 6 5 7 9	State Facility's ID Facility's Phone: 716 754-8231

GENERATOR	US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Type	Total Quantity
	RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), UN-2, MA9188	0 1	T	8807

PO # 15280
Profile # 35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

TRANSPORTER	Transporter 1 Acknowledgement of Receipt of Materials Print/Type Name	Signature	Month Day Year 10 31 89
	Transporter 2 Acknowledgement of Receipt of Materials Print/Type Name	Signature	Month Day Year 10 31 89
FACILITY	Discrepancy Indication Space		
	Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Discrepancy Indication Space Print/Type Name	Signature	Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

In case of emergency or spill notify DEC Spills Hotline (800) 424-8802 and the N.Y. Dept. of Transportation (518) 457-6962

D 144910

48-14 (3/89)

MANIFEST NUMBER

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please Print or Type Do Not Staple

UNIFORM HAZARDOUS WASTE MANIFEST

1 Generator's US EPA ID: NYD982183840000 68

NY B 193115 7

2 Generator's Name and Mailing Address
Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204

3 Generator's Phone: 315 475-8431

4 Generator's Phone: 700 Erie Blvd.West
Syracuse, NY 13204

5 Transporter 1 (Company Name): Buffalo Fuel Corp.

6 US EPA ID Number: NYD051809952

C State Transporter's ID: LIC 9

D Transporter's Phone: 716 773-1921

7 Transporter 2 (Company Name)

8 US EPA ID Number

E State Transporter's ID

F Transporter's Phone

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10 US EPA ID Number: NYD049836679

G State Facility ID

H Facility Phone: 716 754-8231

11 US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12 Contains: No. | Type | 13 Total Quantity | 14 Unit Wt./Vol. | Waste No.

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — 00197 — T — EPA: 8007 — STATE

b. — EPA — STATE

c. — EPA — STATE

d. — EPA — STATE

J. Additional Descriptions for Materials listed Above

K. Handling Code: L

Waste Code

WO # 152805
Profile #H35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by the Department of Transportation.

Printed/Typed Name: X — Signature: X — Mo. Day Year: 10 31 89

17 Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X — Signature: X — Mo. Day Year: 10 31 89

18 Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name — Signature — Mo. Day Year

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of Hazardous Waste Receipt

Printed/Typed Name — Signature — Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill, immediately call the Nyt Environmental Conservation (518) 457-7362 or the Center (800) 424-8802 and the N.Y. Environmental Conservation (518) 457-7362

NY B 193115 7

48 14 ...

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840000070 1

NY B 188548 2

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

Generator's Phone (315) 475-8431

Transporter 1 (Company Name)
Buffalo Fuel Corp.

US EPA ID Number
NYD051809952

Designated Facility Name and Site Address
CMM Chemical Services
1550 Balmer Road
Model City, NY 14107

EPA ID Number
NYD049836679

Generator's Phone
700 Erie Blvd. West
Syracuse, NY 13204

State Transporter's Phone
716 773-1921

Facility Phone
716 754-8231

GENERATOR

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-Z, NA9188

001 T T B007

EPA
STATE

Special Handling Instructions and Additional Information

NO # 152807
Profile #835307

Project # 172-88
Acc.Date: 10/27/89

GENERATOR'S CERTIFICATION

X X 103189

TRANSPORTER

Printed/Typed Name

X X 103189

Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

FACILITY

Facility Owner or Operator Certification

Printed/Typed Name

Signature

EPA Form 8700-22 (Rev. 9-88) Previous Edition

NY B 188548-2

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183844 0 0 0 7 1 | 1

1. Generator's Name and Mailing Address
Both Steel Corporation
300 Hiawatha Blvd., Syracuse, NY 13206
Generator's Phone: 315 475-9431

A. State Manifest Document Number: NY B 188549 1

5. Transporter 1 Company Name: Buffalo Fuel Corp.
B. US EPA ID Number: NYD053180995
C. State Transporter's ID: 709 Erie Blvd.West
D. Transporter's Phone: 716 773-1921
E. State Transporter's ID: Syracuse, NY 13204
F. Transporter's Phone: LIC #

6. Transporter 2 Company Name:
G. US EPA ID Number:
H. State Transporter's ID:
I. Transporter's Phone:

7. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
J. US EPA ID Number: NYD049836679
K. State Facility's ID: 716 754-8231

9. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
Aq. Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, RA9188
L. 0 1 D T
M. T
N. 8507

O. Special Handling Instructions and Additional Information
PO # 152806
Profile #835307
Project # 172-88
Acc.Date: 10/27/89

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

P. Generator's/Offeror's Printed/Typed Name: X
Q. Signature: X
R. Month / Day / Year: 10 31 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X
Signature: X
Month / Day / Year: 10 31 89

18. Discrepancy Indication Space

19. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18.
Printed/Typed Name
Signature
Month / Day / Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

NY B 188549 1

In case of emergency or spill call the Public Utilities Hazardous Materials Response Center (800) 424-8802 and the N.Y.S. Department of Environmental Conservation (518) 457-7362

48 14 1 (3/0

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

Please print or type. Staple

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID Number: N Y D 9 8 2 1 8 3 6 4 0 Document No.

2. Page 1 of 1 is not required by Federal Law

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

NY B 193116 6 Blvd. West
Syracuse, NY 13204
LIC #

4. Generator's Phone

5. Transporter 1 (Company Name): Tonawanda Tank Trans. Ser.

6. US EPA ID Number: N Y D 0 9 7 6 4 4 8 0 1

C. State Transporter's ID

D. Transporter's Phone: 716 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address: CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9

G. State Facility ID

H. Facility Phone: 716 754-8231

11. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers: No. Type Quantity Wastes No.

Rq. Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

D O I D T 1 8007

STATE

EPA

STATE

EPA

STATE

J. Additional Descriptions for Materials listed Above

K. Handling Codes for Wastes Listed Above

L

Shipping Handling Instructions

NO # [illegible] 152901

Project # 172-88

Profile #R33307

Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name: X

Signature: X

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: X

Signature: X

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Discrepancy Indication Space

Printed/Typed Name

Signature

EPA Form 8700-22 (Rev. 9-8) Previous editions are obsolete.

9-9TTCCT

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST | N Y D 9 8 2 1 8 3 6 4 0 0 5 0 7 2 | 1

Acta Steel Corporation
800 Kinnetha Blvd., Syracuse, NY 13204
Generator Phone: 315 475-8431

A. State ID: NY B 177425 1
B. Generator's Site Address: 700 Erie Blvd.West
Syracuse, NY 13204

Transporter 1 Company Name: **Buffalo Fuel Corp.** | N Y D 0 5 1 8 0 9 9 5 2 | C. State Trans. ID: LIC # [illegible] | D. Transporter's Phone: 716 773-1521

Transporter 2 Company Name: | E. State Trans. ID: | F. Transporter's Phone:

Designated Facility Name and Site Address: **CWM Chemical Services**
1550 Balmer Road
Model City, NY 14107 | 10. US EPA ID Number: N Y D 0 4 9 8 3 6 6 7 9 | G. State Facility's ID: | H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	15. Waste No.
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, HA9188	0 0 1	D T	Y	8007	
				STATE	
				EPA	
				STATE	
				EPA	
				STATE	

13. Special Handling Instructions and Additional Information

PO # 152879
Profile #A35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year: 11 01 89

TRANSPORTER 1 Acknowledgment of Receipt of Materials

Printed/Typed Name: [illegible] | Signature: [signature] | Month Day Year: 11 01 89

TRANSPORTER 2 Acknowledgment of Receipt of Materials

Printed/Typed Name: | Signature: | Month Day Year:

FACILITY Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: | Signature: | Month Day Year:

EPA Form 8700-22 (Rev. 1-88) Previous editions are obsolete.

C-2471

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST NYD982183840000073 1

Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

NY B 177429 6
700 Erie Blvd.West
Syracuse, NY 13204
LIC #
716 773-1921

Buffalo Fuel Corp NYD051809952

Transporter 2 Company Name
8 US EPA ID Number
E State Transporter's ID
F Transporter's Phone

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10 US EPA ID Number
NYD049836679

G State Facility's ID
716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, ID Number)

EPA
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 D C 1 D T T B007

STATE

EPA

STATE

EPA

STATE

Additional Descriptions for Materials Listed Above

L

WO # 152880
Profile # 235307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION:

X X 110189

Transporter 1 (Acknowledgment of Receipt of Materials)
Printed/Typed Name X X 110189

Discrepancy Indication Space

Facility Owner or Operator Certification

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

Environmental Conservation (51th Sec.)

In case of emergency or spill, immediately call the National Response Center (800) 424-8802 and the N...

HAZARDOUS WASTE MANIFEST
P.O. Box 2820, Albany, New York 1221

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 9 8 2 1 8 3 8 4 0 0 0 0 7 4 1

Roth Steel Corporation
600 Elsworth Blvd., Syracuse, NY 13204
Phone 315 475-8431

NY B 177430 5
700 Erie Blvd. West
Syracuse, NY 13204

Transporter 1 (Company Name)
Buffalo Fuel Corp.

U.S. EPA ID Number
NYD 0 5 1 8 0 9 9 5 2

State Transporter's ID
Transporter's Phone 716 773-1921

Transporter 2 (Company Name)

U.S. EPA ID Number

State Transporter's ID
Transporter's Phone

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

U.S. EPA ID Number
NYD 0 4 9 8 3 6 6 7 9

State Facility ID
716 754-8231

U.S. DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Rq, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 0 0 1 1 1 Y 8007

STATE
EPA
STATE
EPA
STATE

Additional Descriptions for Materials Listed Above

Handling Codes for Wastes Listed Above
L

WO # 152881
Profile #M35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR CERTIFICATION

Printed/Typed Name
X

Signature
X

Mo Day Year
1 1 0 1 8 9

TRANSPORTER

Transporter 1 Acknowledgement of Receipt of Materials
X

Signature
X

Mo Day Year
1 1 0 1 8 9

18 Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name

Signature

Mo Day Year

FACILITY

19 Discrepancy Indication Space

Printed/Typed Name

Signature

Mo Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

NY B 177430 5

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840000075 1

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone 315 475-8431

NY B 177351 3

700 Erie Blvd.West
Syracuse, NY 13204
LIC # [illegible]
716 773-1921

Buffalo Fuel Corp. NYD051809952

F Transporter

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G State Facility ID

H Facility's Phone 716 754-8231

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0019T	Y	B007

WO # 152887
Profile #H35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION

X X 110189

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name X Signature X 110189

Transporter 2 Acknowledgement of Receipt of Materials

Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest

Printed/Typed Name Signature Mo Day

NY B177351 3

EPA Form 8700-22 (Rev. 9-88) Previous Edition [illegible]

48-P4 (1/89)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12201

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982163840000076 1

Generator's Name and Mailing Address
Roth Steel Corporation
300 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

A. State Manifest
NY B 177352 2
700 Erie Blvd.West
Syracuse, NY 13204

Transporter 1 (Company Name)
Buffalo Fuel Corp.

B. US EPA ID Number
NYD051809952

C. State Transporter's ID
LIC #

D. Transporter's Phone 716 773-1921

Transporter 2 (Company Name)

B. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

Designated Facility Name and Site Address
GRM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

G. State Facility ID
716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

GENERATOR

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9168 — 0 0 1 8 T — T — 8007

STATE

EPA

STATE

EPA

STATE

Additional Descriptions for Materials listed above

K. Handling Codes for Wastes Listed Above

L

NO # 152683
Profile #H35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION:

X — X — 110189

TRANSPORTER

Transporter 1 Acknowledgement of Receipt of Materials

X — X — 110189

Transporter 2 Acknowledgement of Receipt of Materials

Printed Typed Name

Discrepancy Indication Space

FACILITY

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST

NYD 98 2 1 0 3 8 4 0 0 0 0 7 7 1

Roth Steel Corporation
600 Kinwatha Blvd., Syracuse, NY 13204
Generator's Phone 315 475-8431

NY B 177353 1
700 Erie Blvd. West
Syracuse, NY 13204

Transporter (Company Name)
Buffalo Fuel Corp.

NYD 051809952

C. State Trans. LIC #
D. Transporter Phone 716 773-1921

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

NYD 049836679

716 754-8231

Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

0 0 1 0 T T 2007

STATE
EPA
STATE
EPA
STATE

Additional Descriptions for Materials Listed Above

Handling Codes for Wastes Listed Above

L

Special Handling Instructions and Additional Information

WO # 152884
Profile #835307

Project # 172-68
Act.Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name
X
Signature
X
Month Day Year
1 1 0 1 8 9

TRANSPORTER

Transporter's Acknowledgement of Receipt of Materials
X
Signature
X
Month Day Year
1 1 0 1 8 9

Printed/Typed Name
Signature
Month Day Year

FACILITY

Discrepancy Indication Space

Facility Owner or Operator Certification

Printed/Typed Name
Signature
Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

PLEASE PRINT OR TYPE

UNIFORM HAZARDOUS WASTE MANIFEST | NYD982183640 | 1

Generator's Name and Mailing Address
Bath Steel Corporation
830 Hiawatha Blvd., Syracuse, NY 13204

Generator's Phone 315 475-8431

Transporter 1 Company Name
Buffalo Fuel Corp.

Transporter 1 EPA ID Number: NYD051809952

Transporter 1 State ID: NY B 177354 0

Transporter 1 Mailing Address: 700 Erie Blvd.West
Syracuse, NY 13204

Transporter 1 Phone: 716 475-1921

Transporter 2 Company Name

Transporter 2 EPA ID Number

Transporter 2 State ID

Transporter 2 Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYS069836679

11. State Facility ID

12. Facility Phone: 716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

GENERATOR
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 | 0017 | T | 8007
STATE | EPA
b.
STATE | EPA
c.
STATE
d.

Special Handling Instructions and Additional Information

BO # 151585
Profile # 833047

Project # 172-86
Acc.Date: 10/27/89

13. GENERATOR'S CERTIFICATION:
This is to certify that the materials described above on this manifest are not subject to Federal regulations for reporting proper disposal of Hazardous Materials by air, rail, highway, or water.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] | Signature: [illegible] | Month/Day/Year: 11 01 89

TRANSPORTER
17. Transporter Acknowledgement of Receipt of Materials
Printed/Typed Name: [illegible] | Signature: [illegible] | Month/Day/Year: 11 01 89
18. Transporter Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month/Day/Year

19. Discrepancy Indication Space

FACILITY
20. Facility Owner or Operator Certification of receipt of Hazardous Materials covered by this manifest except as noted in Item 19
Printed/Typed Name | Signature | Month/Day/Year

NYR 11/1394 C

EPA Form 8700-22 (Rev. ...) Previous editions are obsolete.

COPY ... Generator

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NY 0 9 8 2 1 8 3 8 4 0 0 0 0 7 9 1

3 Generator's Name and Mailing Address

Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

A State Manifest Document Number

NY B 177355 8

700 Erie Blvd.West
Syracuse, NY 13204

Transporter Company Name

Buffalo Fuel Corp.

NYD051809952

Transporter Phone 716 773-1921

7 Transporter's Company Name

6 US EPA ID Number

E State Transporter's ID

F Transporter's Phone

9 Designated Facility Name and Site Address

EPA ID Number

G State Facility ID

CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

NYD049836679

716 754-8231

11 US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a

N , Waste Hazardous Substance, Solid, n.o.s.,
(Polychlorinated Biphenyls), ORM-E, NA9156

0 0 1 0 1 / Y 5007

c.

d.

Additional Descriptions for Materials Listed Above

a

b

C # 152966
Profile #M35307

Project # 172-88
Acc. Date: 10/27/89

12 GENERATOR'S CERTIFICATION:

Printed/Typed Name

X

Signature

X

Month Day Year

1 1 0 1 8 9

17 Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

X

Signature

X

Month Day Year

1 1 0 1 8 9

Printed/Typed Name

Signature

Month Day Year

19 Discrepancy Indication Space

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill ... call the National Response Center (800) 424-8802 and the N.Y. Environmental Conservation (518) 457-...

0 0 0 1 1 7 0 0 0 8

PARTMENT OF ... DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

Type or Print Dot Stable

UNIFORM HAZARDOUS WASTE MANIFEST

NY 5 9 5 2 1 6 3 8 4 0 0 0 0 6 0 1

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

NY B 177356 7

Generator's Phone 315 / 475-8431

700 Erie Blvd. West
Syracuse, NY 13204

Transporter 1 (Company Name)
Buffalo Fuel Corp.

EPA ID Number
NYD051609952

State Transporter ID #
Transporter's Phone 716 773-1921

Transporter 2 (Company Name)

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

EPA ID Number
NYD049836679

Facility Phone
716 754-8231

RQ, Waste Hazardous Substance, Solid, n.o.s.,
(polychlorinated biphenyls), ORM-E, NA9188

D 0 1 D T 5007

STATE
EPA
STATE
EPA
STATE

Additional Description for Materials

L

15. Special Handling Instructions and Additional Information

WO # 152887
Profile #H35307

Project # 172-88
Acc.Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name
X X 110189

Printed/Typed Name
X X 110189

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name

19. Discrepancy Indication Space

20. Facility Owner or Operator

Printed/Typed Name

EPA Form 8700-22 Rev. 9-88 Previous Edition Are Obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Department of Conservation

NY B 177356 7

MANIFEST NUMBER

266473

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840000051

Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone 315 475-6431

NY B 177357 6

700 Erie Blvd.West
Syracuse, NY 13204

Buffalo Fuel Corp.

Transporter 2 (Company Name)

NYD051809952

8. US EPA ID Number

C. State Transporter's ID LSCD#
D. Transporter's Phone (716) 773-1921
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number

NYD049836679

716 754-6231

EQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

001DT T 3007

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Additional Descriptions for Materials listed Above

Handling Code

L

WO # 152668
Profile #M35307

Project # 172-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION:

X

Transporter 1 (Acknowledgement of Receipt of Materials)

Typed Name

Signature

Mo Day Year

110189

X

Signature

110189

Mo Day Year

Discrepancy Indication Space

Facility Owner or Operator Certification of Receipt

Mo Day Year

Form 00-22 (Rev. 9-88) Previous editions are obsolete

NY B177357 6

HAZARDOUS WASTE MANIFEST
P.O. Box 2820, Albany, New York 12201

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183846 [illegible]

NY B 177358 5

Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

700 Erie Blvd. West
Syracuse, NY 13204

5. Transporter 1 Company Name: Buffalo Fuel Corp.
EPA ID Number: NYD051809952
D. Transporter's Phone: 716 773-1921

Transporter 2 Company Name:
EPA ID Number:

9. Designated Facility Name and Site Address:
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
NYD049836679
716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

Rq, waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), [illegible], [illegible] 8009

STATE
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J. Additional Descriptions for Materials Listed Above

WO # 152964
Profile # 835307

Project # 172-88
ACC. Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name
X X 110289

Printed/Typed Name
X X 110289

Printed/Typed Name

19. Discrepancy Indication Space

Printed/Typed Name

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

NY B 177358 5

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982136409 | 1

NY B 177359 4

4. Generator's Name and Mailing Address
Kuta Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone: 315 475-8431

700 Erie Blvd. East
Syracuse, NY 13204
LIC #
716 773-1921

5. Transporter 1 Company Name
Buffalo Fuel Corp

NYD051809952

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
CDM Chemical Services
1556 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.
a.	0 0 1	D T	0 0 6 0 7	T
b.				
c.				
d.				

STATE
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15. Special Handling Instructions and Additional Information

WO # 152905
Profile # 435307

Project # 172-88
ACC. Date: 10/27/89

16. GENERATOR'S CERTIFICATION:

X
Printed/Typed Name

X
Signature

11 0 2 8 9
Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
X
Printed/Typed Name

X
Signature

11 0 2 8 9
Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name

Signature

Month Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

TRANSPORTER

FACILITY

DESIGNATED FACILITY

GENERATOR

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

Instructions for completing this form are available from your State agency or by calling the National Response Center (800) 424-8802 and the N.Y. Department of Environmental Conservation (518) 457-7362

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
OFFICE OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD986218384 0 0 0 0 3 4 1

3. Generator's Name and Mailing Address
Both Steel Corporation
500 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

4. Generator's EPA ID Number: NY B 177360 3

5. Transporter 1 (Company Name): **Buffalo Fuel Corp.**
6. US EPA ID Number: **N Y D 0 5 1 8 0 9 9 5 2**
7. Transporter 2 (Company Name)
8. US EPA ID Number

A. State Transporter's ID
B. Transporter's Phone: **716 773-1921**
C. State Transporter's ID
D. Transporter's Phone

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: **N Y D 0 4 9 8 3 6 6 7 9**

E. State Facility's ID
F. Transporter's Phone: **716 754-8231**
G. State Facility's ID

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers: **001**
13. Total Quantity: **T**
14. Unit Wt./Vol.: **5007**

EC, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), DOT-E, NA9188

15. Special Handling Instructions and Additional Information

Job # 152906
Profile # 833307
Project # 172-68
ACC. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

X Signature: **K** Month: **11** Day: **02** Year: **89**

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
X Printed/Typed Name: **K** Signature: Month: **11** Day: **02** Year: **89**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month: Day: Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Signature: Month: Day: Year:

EPA Form 8700-22 Rev. 9-88 Previous editions are obsolete

DISTRIBUTION: White - Generator's Copy; Yellow - Transporter's Copy; Pink - Facility's Copy; Goldenrod - Generator's Copy

HAZARDOUS WASTE MANIFEST
P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982133840000085 1

Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

NY B 177416 1
700 Erie Blvd.West
Syracuse, NY 13204

5. Transporter (Company Name): Buffalo Fuel Corp
EPA ID Number: NYD051809952
State Transporter's ID: LLC
Transporter's Phone: 716 773-1921

Designated Facility Name and Site Address:
C&H Chemical Services
1550 Balmer Road
Model City, NY 14107
EPA ID Number: NYD049836679
Facility Phone: 716 754-8231

DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — D 0 1 D 1 — 8007

STATE
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Additional Descriptions for Materials Listed Above

Handling Code for Wastes Listed Above: L

Special Handling Instructions and Additional Information

WC # 152907
Profile # B35307

Project # 172 38
ACC. Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed/Typed Name: X
Signature: X
Mo Day Year: 1 1 0 2 8 9

Printed/Typed Name: X
Signature: X
Mo Day Year: 1 1 0 2 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name
Signature
Mo Day

19. Discrepancy Indication Space

Printed/Typed Name
Signature
Mo Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802, and the N.Y. Department of Environmental Conservation (8) 457-7362

NY B 177416 1

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

A I D 9 8 2 1 8 3 8 4 0 0 0 0 6 9 I

Generator's Name and Mailing Address
oth Steel Corporation
00 Hiawatha Blvd., Syracuse, NY 13204

NY B 177417 0

Generator's Phone 315 475-8431

Generator's Phone 700 Erie Blvd. West
Syracuse, NY 13204

State Transporter's Phone 716 773-1921

Transporter's Phone

State Facility ID

Facility Phone 716 754-8231

Transporter's Name
uffalo Fuel Corp.

N Y D 0 5 1 8 0 9 9 5 2

Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

US EPA ID Number
N Y D 0 4 9 5 3 6 6 7 9

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

0 0 1 D T 8007

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WO 152908
Profile # N35307

Project # 172-88
ACC. Date: 10/27/89

GENERATOR'S CERTIFICATION

X X 1 1 0 2 8 9

TRANSPORTER

Transporter's Acknowledgement of Receipt of Materials

X Printed/Typed Name X Signature Mo Da
41 1 1 0 2 8 9

Transporter's Acknowledgement of Receipt of Materials

Mo

FACILITY

Discrepancy Indication Space

Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest

Printed/Typed Name Signature Mo Da

Form 87 (Rev. 1/85)

COPY 8 - Generator ...

NY B 177417 0

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840000087 1

Generator's Name and Mailing Address

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

NY B 177418 8

700 Erie Blvd. West
Syracuse, NY 13204

Transporter 1 (Company Name)

Buffalo Fuel Corp

NYD051809952

C. State Trans. LIC #
D. Transporter's Phone 716 773-1921
E. State Transporter's ID
F. Transporter's Phone
G. State Facility

Transporter 2 (Company Name)

US EPA ID Number

Designated Facility Name and Site Address

CRM Chemical Services
1550 Balmer Road
Model City, NY 14107

NYD049836679

716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

RQ, Waste Hazardous Substance, Solid, a.o.s., (polychlorinated biphenyls), DRM-E, NA9188

0 0 1 D Y 8807

STATE

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Additional Descriptions for Materials Listed Above

WO # 152909
Profile # N35307

Project # 172-88
ACC. Date 10/27/89

GENERATOR'S CERTIFICATION

Printed Type Name

X X 110289

Transporter 1 Acknowledgement of Receipt of Materials

Printed Type Name

X X 110289

Transporter 2 Acknowledgement of Receipt of Materials

Printed Type Name

Sign

Mo

19 Discrepancy Indication Space

Printed Type Name

NY B 177418 8

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 1221

Please Print or Type Do not Staple

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183640 00028 1

NY B 177419 7

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4 Generator's Phone 315 475-8431

B 700 Erie Blvd.West
Syracuse, NY 13204

5 Transporter 1 Company Name
Buffalo Fuel Corp

6 US EPA ID Number
NYD051809952

C State Transporter's ID LIC #
D Transporter's Phone 716 773-1921

Transporter 2 Company Name

E State Transporter's ID
F Transporter's Phone

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10 US EPA ID Number
NYD049836679

G State Facility ID
H Facility's Phone 716 754-8231

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

D C I D I T 3007

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EPA
STATE

Additional Descriptions for Materials Listed Above

L

Special Handling Instructions and Additional Information

WO # 152910
Profile # R35307

Project # 172-88
ACC.Date: 10/27/89

GENERATOR'S CERTIFICATION

X X 110289

Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Mo Da Yr

X X 110289

Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Mo Da Yr

Discrepancy Indication Space

Facility Owner or Operator Certification of Receipt of Hazardous Materials Covered by Manifest Except as Noted

Printed/Typed Name Signature Mo Da Yr

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete

NY B 177419 7

In case of emergency or spill dial (800) 424-8802 and the N.Y. Department of Environmental Conservation

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840000089 1

3 Generator's Name and Mailing Address
Roth Steel Corporation
600 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

State Manifest
NY B 177420 6
700 Erie Blvd. West
Syracuse, NY 13204
LIC #

Buffalo Fuel Corp.
NYD051809952
716 773-1921

Transporter 2 Company Name
8 US EPA ID Number
Transporter's Phone

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10 US EPA ID Number
NYD049836679

State Facility ID
716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 D0107 T 8007

Additional Descriptions for Materials Listed Above

L

WO # 152911
Profile # 833307

Project # 172-88
ACC. Date: 10/27/89

GENERATOR'S CERTIFICATION:

X X 110289

17 Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
X X 110289

Discrepancy Indication Space

NY B 177420 6

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

HAZARDOUS WASTE MANIFEST

P.O Box 12820 Albany New York 12212

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183844 0 0 0 1

NY B 177435 0

Bath Steel Corporation
300 Elevator Blvd., Syracuse, NY 13204
Generator's Phone: 315 475-8431

700 Erie Blvd.West
Syracuse, NY 13204

5. Transporter 1 Company Name: Buffalo Fuel Corp
6. US EPA ID Number: NYD051809952
State Transporter's ID: LIC # 716 773-1921
D. Transporter's Phone:
Transporter 2 Company Name:
E. State Transporter's ID:
F. Transporter's Phone:

Designated Facility Name and Site Address:
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
NYD049836679
716 754-8231

G. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number): H. Containers: I. Total Quantity: J. Unit Wt./Vol.:

1. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — 3007

STATE EPA
STATE EPA
STATE EPA

2. Additional Descriptions for Materials Listed Above: K. Handling Codes for Wastes Listed Above: L

Special Handling Instructions and Additional Information:
WO # 152912
Profile # 835307
Project # 172-83
ACC. Date: 10/27/89

GENERATOR'S CERTIFICATION:

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: [illegible] Signature: [illegible] Month: 11 Day: 02 Year: 89

Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month: 11 Day: 02 Year: 89

Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name: Signature: Month: Day: Year:

Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: Signature: Month: Day: Year:

NYD177435 0

EPA Form 8700-22 (Rev. 3-88) Previous editions are obsolete.

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST NYD986218324 000091 1

Roth Steel Corporation
800 Milwaukee Blvd., Syracuse, NY 13204
Generator's Phone: 315 475-8431

NY B 177436 8
700 Erie Blvd.West
Syracuse, NY 13204
LIC #
716 773-1921

Buffalo Fuel Corp NYDG518039952

Transporter's Phone:
State Facility ID:

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

Facility's Phone: 716 754-6231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
RQ, Waste hazardous Substance, Solid, n.o.s.,
(polychlorinated biphenyls), ORM-E, NA9165

12. Containers: 001 T
13. Total Quantity: 00171
14. Unit Wt./Vol.: 6007

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Special Instructions and Additional Information

WO # 152913
Profile # 135307

Project # 172-88
ACC. Date: 10/27/89

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

X
Printed/Typed Name
Signature
Month Day Year: 11 02 89

TRANSPORTER 1 (Acknowledgement of Receipt of Materials)
X
Printed/Typed Name
Signature
Month Day Year: 11 02 89

TRANSPORTER 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name
Signature
Month Day Year

FACILITY (Owner or Operator) Certification of receipt of hazardous materials covered by this manifest except as noted in Item 20.
Printed/Typed Name
Signature
Month Day Year

EPA Form 8700-22 Rev. 3-87 (Previous editions are obsolete)

NYD 049836679

HAZARDOUS WASTE MANIFEST

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840 00092 I

NY B 177437 7

Roth Steel Corporation
700 Hiawatha Blvd., Syracuse, NY 13204
315 475-8431

700 Erie Blvd. West
Syracuse, NY 13204
LIC #

Transporter 1 Company Name: Tonawanda Tank Trans. Serv.

NYD097644801

716 873-9703

Transporter 2 Company Name

EPA ID Number

Designated Facility Name and Site Address:
CMM Chemical Services
1550 Balmer Road
Model City, NY 14107

NYD049836679

716 754-8231

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

EQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

0 0 1 D T T 3087

EPA

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STATE

Additional Descriptions for Materials Listed Above

L

WO # 152902
Profile # M35307

Project # 171-88
Acc. Date: 10/27/89

GENERATOR'S CERTIFICATION

Printed Typed Name

X X 110289

Transporter Acknowledgement of Receipt of Materials

X X 110289

Printed Typed Name

Discrepancy Indication Space

NY B 177437 7

EPA Form 8700-22 (Rev. 1-88) Previous editions are obsolete

Please print or type. Do not staple.

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 1221

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840 00093 1

NY B 177438 6

Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4 Generator's Phone 315 475-8431

700 Erie Blvd. West
Syracuse, NY 13204

5 Transporter 1 (Company Name)
Tonawanda Tank Trans. Serv.

6 US EPA ID Number
NYD097644801

C State Transporter LIC # 716 873-9703

9 Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10 US EPA ID Number
NYD049836679

716 754-8231

11 US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188

0 0 1 0 T 0 0 0 T 8007

EPA / STATE

EPA / STATE

EPA / STATE

15 Special Handling Instructions and Additional Information

WO # 152903
Profile # H35307

Project # 172-88
ACC. Date: 10/27/89

27

16 GENERATOR'S CERTIFICATION:

Printed/Typed Name X [illegible] X Signature 110289

17 Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name X [illegible] X Signature 110289

18 Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature Mo Da Yr

19 Discrepancy Indication Space

20 Facility Owner or Operator Certification of Receipt of Hazardous Materials covered by this Manifest

Printed/Typed Name Signature Mo Da Yr

NY B 177438 6

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

48 14-1 (3/89)--71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

Please print or type (Do not stamp)

UNIFORM HAZARDOUS WASTE MANIFEST

NY 9 8 2 1 0 3 8 4 0 0 0 0 9 4 1

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

A. State Manifest Document No. NY B 177439 5

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

4. Generator's Phone 315 / 475-8431

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

State Transporter's ID LIC 9

Transporter's Phone 716 733-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

State Transporter's ID

Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

State Facility's ID

Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

		Total Quantity	Unit Wt./Vol.	Waste
a.	RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0 0 1 0 T	T	EPA B007
b.				EPA / STATE
c.				EPA / STATE
d.				EPA / STATE

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. L

b.

15. Special Handling Instructions and Additional Information

WO # 153113
Profile # H35307

Project # 172-88
Acct. Date: 10/27/69

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable internal and international regulations and state laws and regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal that I have determined to be the best waste management method that is available to me and that I can afford.

Printed/Typed Name X Signature X Mo. Day Year 1 1 0 3 8 9

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name X Signature X Mo. Day Year 1 1 0 3 8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Signature Mo. Day Year

NY B177439 5

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

COPY 8—Generator—retained by generator

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 1221

Please print or type. Do not staple

Form Approved OMB No. 2050-0039 Expires 9-9-89

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA No: NYD982183840 Manifest Document No: 00095

Page 1 of 1 information in the shaded areas is not required by Federal Law

1. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

State Manifest Document No: NY B 177440 4

Generator's Phone: 315 475-8431

Generator's Site Address: 700 Erie Blvd. West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
C. State Transporter's ID
D. Transporter's Phone: (716) 733-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	21	T	EPA 8007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials Listed Above

a. b.

K. Handling Codes for Wastes Listed Above: L

15. Special Handling Instructions and Additional Information
WO # 153114 Project # 172-88
Profile # 235307 Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION
I am a large quantity generator certify that I have selected the practicable and that I have selected the practicable method of the environment. OR if I am a small quantity generator I have made a good effort to minimize the quantity and the hazard to the environment.

Printed/Typed Name: X Signature: X Mo. Day Year: 11 03 89

17. Transporter (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Signature: X Mo. Day Year: 11 03 89

18. Transporter (Acknowledgement of Receipt of Materials)
Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name Signature Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

NY B 177440 4

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. (Do not staple.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. NYD982183640 | Manifest Document No. 000036 | 2. Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY B 177441 3

B. Generator's Site Address (if different than mailing address)
700 Erie Blvd. East
Syracuse, NY 13204

5. Transporter 1 Company Name: Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
C. State Transporter's ID
D. Transporter's Phone: 716 733-1921

7. Transporter 2 Company Name
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0 0 1	D T	0 0 1	T	EPA 2007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. L b. c.

15. Special Handling Instructions and Additional Information

WO # 153115
Profile # 835307
Project # 172-88
Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If I am a large quantity generator I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X
Signature: X
Mo. 1 1 Day 0 3 Year 8 9

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X
Signature: X
Mo. 1 1 Day 0 3 Year 8 9

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name
Signature
Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name
Signature
Mo. Day Year

EPA Form 8700-22 (Rev. 9-86) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

48-14.1 (1/89)—7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCE REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA No. NYD952183840 | Manifest Document No. 00097 | 2 Page 1 of 1 | Information in the shaded areas is not required by Federal law.

3 Generator's Name and Mailing Address
Rock Steel Corporation
700 Kiavatha Blvd., Syracuse, NY 13204

A. State Manifest Document No. NY B 177442 2

4 Generator's Phone: 315 475-8431

B. Generator's ID 700 Erie Blvd.West Syracuse, NY 13204

5 Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

C. State Transporter's ID

D. Transporter's Phone (716) 733-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone 716 754-8231

	11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
GENERATOR a.	RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), UN9-8, NA9188	0 0 1	B T	2 1	T	EPA B007
b.						EPA STATE
c.						EPA STATE
d.						EPA STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. b. c. d.

15. Special Handling Instructions and Additional Information

WO # 153116
Profile # 035307

Project # 172-48
Sched. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgement of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. I certify that the quantity of waste generated has been reduced to the degree I determined to be economically practicable and that the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment is the one I have selected. I am aware of a written waste minimization program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable. I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if no reasonably available method of treatment or disposal is available to me, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me. I am the owner or operator of the waste generation facility, or I am the agent authorized to sign this manifest on behalf of the owner or operator.

Printed/Typed Name | Signature | Mo. Day Year 1 1 0 3 8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name | Signature | Mo. Day Year 1 1 0 3 8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name | Signature | Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the NY Dept. of Environmental Conservation (518) 457-7362

NY B 177442 2

COPY

DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved OMB No. 2050-0039 Expires 9-3-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD942183840 — Manifest Document No. 00098
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law

3. Generator's Name and Mailing Address
Roth Steel Corporation
300 Hiawatha Blvd., Syracuse, NY 13204

A. State Manifest Document No. NY B 177443 1

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

5. Transporter 1 (Company Name) Buffalo Fuel Corp.
6. US EPA ID Number NYD051809952
C. State Transporter's ID
D. Transporter's Phone (716) 733-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number NYD049836679
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)
12. Containers: No. | Type | Total Quantity | Unit Wt/Vol
13. Waste No.

a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188 — 0 0 1 0 T — 21 — T — EPA D087
b. EPA / STATE
c. EPA / STATE
d. EPA / STATE

J. Additional Descriptions for Materials Listed Above
K. Handling Codes for Wastes Listed Above
a. L
b.

15. Special Handling Instructions and Additional Information
WO # 153117 — Project # 172-88
Profile # K35307 — Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION
I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are in all respects in proper condition for transport by highway according to applicable regulations and statutes and regulations.
If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X — Signature: X — Mo Day Year: 11 03 89

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: X — Signature: X — Mo Day Year: 11 03 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] — Signature — Mo Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name — Signature — Mo Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177443 1

48-14-1 (3-89)—7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982103840000099 1

A. State Manifest Document No. NY B 177449 4

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

4. Generator's Phone 315 475-8431

C. State Transporter's ID LIC 9

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

NYD051809952

D. Transporter's Phone 716 733-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

	Container No.	Type	Total Quantity	Unit Wt./Vol.	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), OKH-H, NA9188	0 0 1	T		T	EPA B007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. L

b.

WO # 153118
Profile # H35307

Project # 172-86
Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national regulations and state laws and regulations.

Printed/Typed Name X Signature X 110389

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name X Signature X Mo. Day Year 110389

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name Signature Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

48-11 (3/89)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not staple

UNIFORM HAZARDOUS WASTE MANIFEST

Generator's US EPA No. NYD982183840 Manifest 000100 Page 1 of 1

1. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

A. State Manifest Document No. NY B 177452 1

B. Generator's Phone (315) 475-8431

C. Generator's 700 Erie Blvd. West
Syracuse, NY 13204

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

C. State Transporter's ID

D. Transporter's Phone (716) 733-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-6231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt./Vol.	Waste No.
a. EQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT		T	EPA B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

GENERATOR

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above
a. L b. c. d.

15. Special Handling Instructions and Additional Information
WO # 153119
Profile # M35307

Project # 172-88
Acct. Date: 10/27/89

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport, highway according to applicable internal and national regulations and state laws and regulations.

If I am a large quantity generator I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to the health and the environment; OR if I am a small generator I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Typed Name X Signature X Mo. Day Year 110389

TRANSPORTER

Transporter 1 (Acknowledgement of Receipt of Materials)
Typed Name X Charles Colvin Signature X Charles Colvin Mo. Day Year 110389

Transporter 2 (Acknowledgement of Receipt of Materials)
Typed/Typed Name Signature Mo. Day Year

FACILITY

Discrepancy Indication Space

Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Typed/Typed Name Signature Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7...

NY B177452 1

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

40-14-1 (3/89)

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820 Albany, New York 12212

Please print or type

UNIFORM HAZARDOUS WASTE MANIFEST

NYD982183840 00101 I

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Kinnaths Blvd., Syracuse, NY 13204

4. Generator's Phone 315 475-8431

5. Transporter's Company Name
Buffalo Fuel Corp.

6. US EPA ID Number
NYD051808952

7. Transporter's (Company Name)

8. US EPA ID Number

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number
NYD049836679

A. State Manifest Document No. NY B 177454 8

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

C. State Transporter's ID

D. Transporter's Phone (716) 733-1921

E. State Transporter's ID

F. Transporter's Phone ( )

G. State Facility's ID

H. Facility Phone 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	21	T	EPA B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials Listed Above

a. c.

b. d.

K. Handling Codes for Wastes Listed Above

a. L c.

b. d.

15. Special Handling Instructions and Additional Information

WO # 153120 Project # 172-88

Profile # 835307 Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name, classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable internal and international regulations and statutes and regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of the waste generated to the extent that I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal that I have determined to be the best practicable method that is available to me.

Printed/Typed Name Signature Mo. Day Year 11 03 89

17. Transporter (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature Mo. Day Year 11 03 89

18. Transporter (Acknowledgement of Receipt of Materials)

Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Printed/Typed Name Signature Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362

COPY 8—Generator—retained by generator

48-14-1 (3/89)—7F

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 982183840 / 0 0 1 0 2

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone 315) 475-6431

A. State Manifest Document No. NY B 177453 0

B. Generator's ID 800 Erie Blvd.West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD 053 [illegible]

C. State Transporter's ID [illegible]

D. Transporter's Phone (716) 735-[illegible]

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD 049 836 679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-2, MA9188	0 0 1	T	0 0 0 2 0	T	EPA STATE B007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

GENERATOR

J. Additional Descriptions for Materials listed Above
a. 7
c.
b.
d.

K. Handling Codes for Wastes Listed Above
a. B
c.
b.
d.

15. Special Handling Instructions and Additional Information
PO # 133121 Project # 172-88
Profile # 115387 Acct. Dates 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name	Signature	Mo.	Day	Year
X [illegible]	X [signature]	1 2	0 3	8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
X Robert T. Morrison	X [signature]	1 2	0 3	8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—7

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYB9821838400010 — Manifest Document No. 3
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY B 177455 7

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

C. State Transporter's ID 5534 - DNY

D. Transporter's Phone (716) 733-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	21	T	EPA / STATE 2007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. UNLADEN
b. LADEN
c.
d.

K. Handling Codes for Wastes Listed Above
a. X
b.
c.
d.

15. Special Handling Instructions and Additional Information
WO # 153122 — Project # 172-88
Profile # R35307 — Acct. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X [illegible] — Signature: X [signature] — Mo. Day Year: 11 03 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X JAMES E MATZINGER — Signature: [signature] — Mo. Day Year: 11 03 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177455 7

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00104

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
806 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177456 6

B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: 77[illegible]

D. Transporter's Phone (716) 733-1921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CMM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT		T	EPA / STATE: D007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
WO # 153125 — Project # 172-88
Profile # H35387 — Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [signature] — Mo. Day Year: 11 06 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] — Signature: [signature] — Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00105

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 600 Riemsche Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177457 5

B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809552

C. State Transporter's ID: BLC# 55345 D

D. Transporter's Phone (716) 753-1921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CDM Chemical Services, 1550 Balmer Road, Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), GRN-E, NA9188	001	DT	27	T	EPA / STATE B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a. c. b. d.

K. Handling Codes for Wastes Listed Above: a. L c. b. d.

15. Special Handling Instructions and Additional Information

NO # 153126 — Project # 172-88

Profile # H35307 — Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X Mike Rogers — Signature: X [signature] — Mo. Day Year: 11 06 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X Tim Matteson — Signature: X Tim Matteson — Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: — Signature: — Mo. Day Year:

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—7F

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 982183840 / 001106

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-6431

A. State Manifest Document No. NY B 177458 4

B. Generator's ID 800 Hiawatha Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD 051809952

C. State Transporter's ID 772-03-3

D. Transporter's Phone (716) 773-1511

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD 049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, MA9168	001	DT	17	T	EPA / STATE 9907
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. T c. b. d.

15. Special Handling Instructions and Additional Information
WO # 133127 Project # 172-88
Profile # 133367 Acct. Dated 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] Signature: [illegible] Mo. 11 Day 06 Year 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] Signature: [illegible] Mo. 11 Day 06 Year 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Signature: Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: Signature: Mo. Day Year

NY B 177458 4

EPA Form 8700-22 (Rev. 3-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982123848 — Manifest Document No.: 00167

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177459 3

B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: LIC # 55374 A XX

D. Transporter's Phone (716) 753-1922

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CHM Chemical Services
1538 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substances, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	21	T	EPA / STATE B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a
b
c
d

K. Handling Codes for Wastes Listed Above
a: L
b
c
d

15. Special Handling Instructions and Additional Information
WO # 155128 — Project # 172-88
Profile # M35307 — Acct. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X Mike R. [illegible] — Signature: X [signature] — Mo. Day Year: 110689

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X David V. Rodgers — Signature: X [signature] — Mo. Day Year: 110689

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00108
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Miamatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177460 2
B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204
C. State Transporter's ID: LIC # [illegible]
D. Transporter's Phone (716) 753-1921

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952

7. Transporter 2 (Company Name):
8. US EPA ID Number:

E. State Transporter's ID:
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CMM Chemical Services, 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679

G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), [illegible], NA9188	001	DT	[illegible]	T	EPA / STATE [illegible]
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a. c. b. d.

K. Handling Codes for Wastes Listed Above: a. [X] c. b. d.

15. Special Handling Instructions and Additional Information

WO # 153129 — Project # 172-88
Profile # H33307 — Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 11 06 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177460 2

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00109
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177461 1
B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204
C. State Transporter's ID: 854010
D. Transporter's Phone (716) 753-1921
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
7. Transporter 2 (Company Name)
8. US EPA ID Number
9. Designated Facility Name and Site Address: CRM Chemical Services, 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT	21	T	EPA / STATE [illegible]
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [X] c.
b. d.

15. Special Handling Instructions and Additional Information
WO # 153130 — Project # 172-88
Profile # H35307 — Acct. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 11 06 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X Donald E. Watkins — Signature: X [illegible] — Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

46-14-1 (3/89)—7I

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 982138490 0 1 1 9

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Kinnetha Blvd., Syracuse, NY 13204
4. Generator's Phone 315) 475-6431

A. State Manifest Document No. NY B 177462 0

B. Generator's ID 700 Kinne Blvd. East Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD 051 0 0 9 9 5 2

C. State Transporter's ID 115 0 5 2 0 0

D. Transporter's Phone (716) 735-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD 0 4 9 8 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-Z, HA9188	0 0 1	D T	1 2	T	EPA 39087
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a
c
b
d

K. Handling Codes for Wastes Listed Above
a: [ ]
c: [ ]
b: [ ]
d: [ ]

15. Special Handling Instructions and Additional Information
PO # 153131
Project # 172-88
Profile # 13538?
Anct. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
		1 1	0 6	8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
R. Gilbert		1 1	0 6	8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

NY B 177462 0

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—7I

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982133846 00111

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-6431

A. State Manifest Document No. NY B 177463 8

B. Generator's ID 700 Erie Blvd.West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Scal Corp.
6. US EPA ID Number: NYD053189932
C. State Transporter's ID 1002257
D. Transporter's Phone (716) 433-1921

7. Transporter 2 (Company Name)
8. US EPA ID Number
E. State Transporter's ID
F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679
G. State Facility's ID
H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-2, MA9188	0 0 1	DT	1 7 1	T	EPA STATE 2007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above
a
c
b
d

K. Handling Codes for Wastes Listed Above
a: 2
c:
b:
d:

15. Special Handling Instructions and Additional Information
PO # 133132
Profile # 135397
Project # 172-88
Acct. Date: 10/27/89

16 **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] Signature: [signature] Mo. 10 Day 26 Year 89

TRANSPORTER

17 Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Charles Colvin Signature: [signature] Mo. 10 Day 26 Year 89

18 Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name
Signature
Mo. Day Year

FACILITY

19 Discrepancy Indication Space

20 Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name
Signature
Mo. Day Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

NY B 177463 8

COPY 8—Generator—retained by generator

45-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. | Manifest Document No.: NYB 1746471

2. Page 1 of 1 | Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Kiquetha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No. NY B 1746471

B. Generator's ID 800 Erie Blvd.West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID 1440 St. 24th Ave.

D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CHM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
GENERATOR a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CHM-I, HA9168	001	T	12	T	EPA STATE 9087
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above
a
b
c
d

K. Handling Codes for Wastes Listed Above
a: D
c:
b:
d:

15. Special Handling Instructions and Additional Information
PO # 153133
Project # 172-88
Profile # 135507
Acct. Data: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name	Signature	Mo.	Day	Year
		11	06	89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year
		11	06	89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name	Signature	Mo.	Day	Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name	Signature	Mo.	Day	Year

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

NY B 1746471

COPY 2—Generator—retained by generator

14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00113
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Rismatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177465 6

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: [illegible]

D. Transporter's Phone (716) 713-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CNN Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), GRN-K, NA9188	001	DT		T	EPA / STATE D007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
WO #153134 Project # 172-88
Profile # U35307 Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] Raymond
Signature: X [signature] Mo. Day Year: 11 06 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X KEITH A. GAUTT
Signature: X [signature] Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name
Signature
Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name
Signature
Mo. Day Year

NY B 177465 6

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14.1 (3/89)—7f

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 980536490 / 0114

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Kinnatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-6431

A. State Manifest Document No.: NY B 177466 5

B. Generator's ID: 736 Erie Blvd.West Syracuse, NY 13204

5. Transporter 1 (Company Name): Tonawanda Tank Trans. Serv.

6. US EPA ID Number: NYD 097644801

C. State Transporter's ID: [illegible]

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD 049836979

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-C, NA9188	0 0 1	T		Y	EPA STATE 2807
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above

a. | c.

b. | d.

K. Handling Codes for Wastes Listed Above

a. [T] | c.

b. | d.

15. Special Handling Instructions and Additional Information
WO # 153123
Profile # 233307
Project # 172-88
Acc. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] | Signature | Mo. 1 0 | Day 2 6 | Year 8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: [illegible] | Signature | Mo. 1 0 | Day 2 6 | Year 8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name | Signature | Mo. | Day | Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Mo. | Day | Year

NY B177466 5

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

45-34-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00115
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-6431

A. State Manifest Document No.: NY B 177467 4

B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name): Tonawanda Tank Trans. Serv.

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: NYD 67849 ME

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT		T	EPA / STATE 2007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [X] c.
b. [ ] d. [ ]

15. Special Handling Instructions and Additional Information
WB # 153124 — Project # 172-88
Profile # H35307 — Acc. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [signature] — Signature: X [signature] — Mo. Day Year: 11 06 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [signature] — Signature: X [signature] — Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00116

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177468 3

B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Tonawanda Tank Trans. Serv.

6. US EPA ID Number: NYD097644801

C. State Transporter's ID: LBC # 126153

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CHM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD849836679

G. State Facility's ID:

H. Facility's Phone: (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT		T	EPA / STATE 8007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
WO # 153157 — Project # 172-88
Profile # M35307 — Acc. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 11 06 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 11 06 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

48-14-1 (3/89)—7f

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-91

Please print or type. Do not Staple.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00117
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

A. State Manifest Document No.: NY B 177469 2

3. Generator's Name and Mailing Address: Koch Steel Corporation, 800 Hiawatha Blvd., Syracuse, NY 13204

B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

C. State Transporter's ID: LIC # 65[illegible]

5. Transporter 1 (Company Name): Tonawanda Tank Trans. Serv.

6. US EPA ID Number: NYD097644801

D. Transporter's Phone (716) 873-9703

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID:

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	001	DT		T	EPA / STATE B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a. b. c. d.

K. Handling Codes for Wastes Listed Above: a. 1 b. c. d.

15. Special Handling Instructions and Additional Information

WO # 153177
Profile # H33307
Project # 172-88
Acc. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. 11 Day 07 Year 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X LAURY [illegible] — Signature: X [illegible] — Mo. 11 Day 07 Year 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: — Signature: — Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: — Signature: — Mo. Day Year

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

0-22 (Rev. 9-88) Previous editions are obsolete.

8014-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 0 8 0 5 4 6 0 8 1 1 5

2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Bath Steel Corporation
800 Kinnathe Blvd., Syracuse, NY 13204

4. Generator's Phone: 315 475-8431

A. State Manifest Document No.: NY B 177470 1

B. Generator's ID: 700 Erie Blvd.West Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Dual Corp.

6. US EPA ID Number: N Y D 9 8 1 4 8 9 9 5 2

C. State Transporter's ID: 9 7 7 6 7 2

D. Transporter's Phone: (716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: N Y D 0 4 9 3 6 6 7 9

G. State Facility's ID

H. Facility's Phone: 716 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-E, MA9188	0 0 1	D T	0 0 1 2	P	EPA / STATE 9007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a
c
b
d

K. Handling Codes for Wastes Listed Above
a
c
b
d

15. Special Handling Instructions and Additional Information
WO # 133158
Profile # 835307
Project # 172-88
Acct. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name | Signature | Mo. Day Year: 1 1 0 7 8 9

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: T. [illegible] | Signature | Mo. Day Year: 1 1 0 7 8 9

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name | Signature | Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name | Signature | Mo. Day Year

NY B 177470 1

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-141 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. NYD982183840 — Manifest Document No. 00119
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone 315) 475-8431

A. State Manifest Document No. NY B 177471 0

B. Generator's ID 700 Erie Blvd. West Syracuse, NY 13204

5. Transporter 1 (Company Name) Buffalo Fuel Corp.

6. US EPA ID Number NYD051809952

C. State Transporter's ID

D. Transporter's Phone 716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0012	T	21	T	EPA / STATE 2007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. [X] c.
b. d.

15. Special Handling Instructions and Additional Information
WO # 153159 Project # 172-88
Profile # H35307 Acct. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name X [illegible] Signature X [illegible] Mo. Day Year 11 07 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name X [illegible] Signature X [illegible] Mo. Day Year 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Signature Mo. Day Year

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177471 0

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD 9831 83840 00120
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Siewatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177451 2
B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204
C. State Transporter's ID: 17260 Z
D. Transporter's Phone (716) 773-1921
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD 05180 9952
7. Transporter 2 (Company Name)
8. US EPA ID Number

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD 049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0 0 1	3 T	2	T	EPA / STATE B007
b					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a, b, c, d

K. Handling Codes for Wastes Listed Above: a. [X] b. [ ] c. [ ] d. [ ]

15. Special Handling Instructions and Additional Information

UO # 153160 Project # 172-88

Profile # H35307 Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X
Signature: X
Mo. Day Year: 11 07 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X
Signature: X
Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name
Signature
Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
Signature
Mo. Day Year

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177451 2

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-141 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00121
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, NY 13104
4. Generator's Phone: 315) 473-8431

A. State Manifest Document No.: NY B 177494 4
B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204
C. State Transporter's ID: LIC #
D. Transporter's Phone: 716 773-1921
E. State Transporter's ID:
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone: (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD031809952
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Balmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836479

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), ORM-E, NA9188	0 0 1	T		T	EPA / STATE: B007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a, b, c, d

K. Handling Codes for Wastes Listed Above: a L, b, c, d

15. Special Handling Instructions and Additional Information
WO # 133161 — Project # 172-88
Profile # H35307 — Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: X — Signature: X [signature] — Mo. Day Year: 11 07 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [signature] — Signature: X [signature] — Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177494 4

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 3—Generator—retained by generator

48-14-1 (3/89)—7f

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183040 Manifest Document No.: 122
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204

4. Generator's Phone 315 475-0431

A. State Manifest Document No. NY B 177495 3

B. Generator's ID 700 Erie Blvd. East Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: [illegible]

D. Transporter's Phone ( ) 716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CHM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), OHM-2, NA9188	001	T	20	T	EPA / STATE [illegible]
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
WO # 153162 Project # 172-88
Profile # H35307 Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name: X [illegible] Signature: X [illegible] Mo. Day Year: 11 07 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X [illegible] Signature: X [illegible] Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name Signature Mo. Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Signature Mo. Day Year

GENERATOR / TRANSPORTER / FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177495 3

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

'48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No. / Manifest Document No.: NYD982163464 / 0123

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

GENERATOR

3. Generator's Name and Mailing Address
Roth Steel Corporation
300 Kimmatha Blvd., Syracuse, NY 13204

4. Generator's Phone 315) 473-8431

A. State Manifest Document No. NY B 177496 2

B. Generator's ID 700 Erie Blvd. East Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD053609332

C. State Transporter's ID 3534[illegible]

D. Transporter's Phone (716 773-1921

7. Transporter 2 (Company Name)

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address
CWM Chemical Services
1550 Balmer Road
Model City, NY 14107

10. US EPA ID Number: NYD049836679

G. State Facility's ID

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CWM-2, HA9188	001	T	2017		EPA STATE 3007
b.					EPA STATE
c.					EPA STATE
d.					EPA STATE

J. Additional Descriptions for Materials listed Above — K. Handling Codes for Wastes Listed Above

a. — c. — b. — d.

15. Special Handling Instructions and Additional Information
WO # 153163 Project # 172-88
Profile # 335387 Acct. Dates 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

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Printed/Typed Name — Signature — Mo. Day Year: 11 07 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: [illegible] Signature — Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

NY B 177496 2

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14.1 (3/89)—7f

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982153840 — Manifest Document No.: 00124
2. Page 1 of 1 — Information in the shaded areas is not required by Federal Law.

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Hiawatha Blvd., Syracuse, NY 13204
4. Generator's Phone (315) 475-8431

A. State Manifest Document No.: NY B 177497 1
B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204
C. State Transporter's ID: [illegible]
D. Transporter's Phone (716) 773-1921
E. State Transporter's ID:
F. Transporter's Phone ( )
G. State Facility's ID:
H. Facility's Phone (716) 754-8231

5. Transporter 1 (Company Name): Buffalo Fuel Corp.
6. US EPA ID Number: NYD051809952
7. Transporter 2 (Company Name):
8. US EPA ID Number:
9. Designated Facility Name and Site Address: CWM Chemical Services, 1550 Selmer Road, Model City, NY 14107
10. US EPA ID Number: NYD049836679

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), 6SM-Z, NA9188	001	DT		T	EPA / STATE 2007
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a. c. b. d.

K. Handling Codes for Wastes Listed Above: a. L c. b. d.

15. Special Handling Instructions and Additional Information
WO # 153164 — Project # 172-88
Profile # M35307 — Acct. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.
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Printed/Typed Name: [illegible] — Signature: [illegible] — Mo. Day Year: 11 07 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: Bernard L. Clark — Signature: Bernard L. Clark — Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: — Signature: — Mo. Day Year:

NY B 177497 1

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved. OMB No. 2050-0039. Expires 9-30-91

Please print or type. Do not Staple.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD942183548 — Manifest Document No.: 00125

2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

A. State Manifest Document No.: NY B 177498 0

3. Generator's Name and Mailing Address: Roth Steel Corporation, 800 Rimmatha Blvd., Syracuse, NY 13204

4. Generator's Phone (315) 475-8431

B. Generator's ID: 700 Erie Blvd. West, Syracuse, NY 13204

5. Transporter 1 (Company Name): Buffalo Fuel Corp.

6. US EPA ID Number: NYD051809952

C. State Transporter's ID: [illegible]

D. Transporter's Phone (716) 773-1921

7. Transporter 2 (Company Name):

8. US EPA ID Number:

E. State Transporter's ID:

F. Transporter's Phone ( )

9. Designated Facility Name and Site Address: CHM Chemical Services, 1550 Balmer Road, Model City, NY 14107

10. US EPA ID Number: NYD069836679

G. State Facility's ID:

H. Facility's Phone (716) 754-8231

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), OHM-S, NA9188	001	DT	13	T	EPA / STATE [illegible]
b.					EPA / STATE
c.					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above: a. c. b. d.

K. Handling Codes for Wastes Listed Above: a. [illegible] c. b. d.

15. Special Handling Instructions and Additional Information

WO # 153165 — Project # 172-88

Profile # [illegible] — Asst. Date: 10/27/89

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 11 07 89

17. Transporter 1 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: X [illegible] — Signature: X [illegible] — Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)

Printed/Typed Name: — Signature: — Mo. Day Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: — Signature: — Mo. Day Year:

GENERATOR — TRANSPORTER — FACILITY

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

... retained by generator

48-14-1 (3/89)—71

STATE OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF HAZARDOUS SUBSTANCES REGULATION

HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Please print or type. Do not Staple.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA No.: NYD982183840 — Manifest Document No.: 00126
2. Page 1 of 1

Information in the shaded areas is not required by Federal Law.

GENERATOR

Generator's Name and Mailing Address
Roth Steel Corporation
800 Hiawatha Blvd., Syracuse, NY 13204
Generator's Phone (315) 475-3431

A. State Manifest Document No.: NY B 177499 8
B. Generator's ID: 700 Erie Blvd. West Syracuse, NY 13204
C. State Transporter's ID: 110 [illegible]
D. Transporter's Phone (716) 873-9703
E. State Transporter's ID
F. Transporter's Phone ( )
G. State Facility's ID
H. Facility's Phone (718) 754-8231

5. Transporter 1 (Company Name): Tonawanda Tank Trans. Serv.
6. US EPA ID Number: NYD097644801
7. Transporter 2 (Company Name)
8. US EPA ID Number

Designated Facility Name and Site Address
CBM Chemical Services
1550 Balmer Road
Model City, NY 14107
10. US EPA ID Number: NYD049836679

US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
RQ, Waste Hazardous Substance, Solid, n.o.s., (polychlorinated biphenyls), CRM-E, NA9188	001	DT		T	EPA / STATE 8007
					EPA / STATE
					EPA / STATE
d.					EPA / STATE

J. Additional Descriptions for Materials listed Above
a. c.
b. d.

K. Handling Codes for Wastes Listed Above
a. L c.
b. d.

15. Special Handling Instructions and Additional Information
WO # 153166 — Project # 172-88
Profile # 835307 — Acc. Date: 10/27/89

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations.

If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: X [illegible] — Signature: X [signature] — Mo. Day Year: 11 07 89

TRANSPORTER

17. Transporter 1 (Acknowledgement of Receipt of Materials)
Printed/Typed Name: X BRUCE Yocum. — Signature: X Bruce Yocum — Mo. Day Year: 11 07 89

18. Transporter 2 (Acknowledgement of Receipt of Materials)
Printed/Typed Name — Signature — Mo. Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name — Signature — Mo. Day Year

In case of emergency or spill immediately call the National Response Center (800) 424-8802 and the N.Y. Dept. of Environmental Conservation (518) 457-7362.

NY B 177499 8

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

COPY 8—Generator—retained by generator

6/2/87

COPY

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II

In the Matter of Roth Steel Corporation, Syracuse, New York, Respondent. Proceeding Under Section 16 of the Toxic Substances Control Act.	CONSENT AGREEMENT AND FINAL ORDER Docket No. II TSCA-PCB-82-0208

PRELIMINARY STATEMENT

This civil administrative proceeding for the assessment of a penalty was initiated pursuant to Section 16(a) of the Toxic Substances Control Act (TSCA), 15 U.S.C. §2615(a). The Complainant in this proceeding, the Director of the Environmental Services Division, Region II, United States Environmental Protection Agency (EPA), issued a Complaint and Notice of Opportunity for Hearing to Respondent Roth Steel Corporation on July 26, 1982.

The Complaint charged Respondent with violations of regulations governing the disposal, marking, and reporting of polychlorinated biphenyls (PCBs), 40 CFR Part 761, which were promulgated under Section 6(e)(1) of TSCA, 15 U.S.C. §2605(e)(1).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Respondent is a "person" within the meaning of 40 CFR §761.3. Respondent operates a facility at 732 Erie Boulevard, Syracuse, New York 13202, where it salvages various metals. Respondent is subject to the regulations promulgated at 40 CFR Part 761 relating to Polychlorinated Biphenyls ("PCBs").

2. On or about April 26, 1979, Respondent picked up 44 PCB large high-voltage capacitors from the International Business Machines facility at Endicott, New York. Thereafter, and on a date known to it, Respondent disposed of these PCB capacitors in a landfill that did not comply with the requirements of 40 CFR §761.75. This method for disposal of PCB large high-voltage capacitors was not authorized by 40 CFR §761.60.

3. Respondent's disposal of 44 PCB large high-voltage capacitors in a landfill, as described in paragraph 2, above, constitutes a failure or refusal to comply with 40 CFR §761.60(b)(2), which is a violation of Section 15(1)(C) of TSCA.

4. On or about November 4, 1981, Respondent distributed in commerce and used a PCB Item in a manner other than a totally enclosed manner in violation of 40 CFR §761.20(a). Specifically, Respondent stored a PCB transformer at its facility, leaking

dielectric fluid containing 900,000 parts per million (ppm) of PCBs, without complying with the Interim Measures Program (46 Fed. Reg. 16090, March 10, 1981) requirements for inspection and recordkeeping applicable to PCB transformers.

5. Respondent's distribution in commerce and use of a PCB transformer, as described in paragraph 4, above, constitute failures or refusals to comply with 40 CFR §761.20(a), which are violations of Section 15(1)(C) of TSCA.

6. On or about November 4, 1981, Respondent stored at its facility a PCB transformer that did not bear the PCB Mark as required by 40 CFR §761.40.

7. Respondent's failure to mark the PCB transformer, as described in paragraph 6, above, constitutes a failure or refusal to comply with 40 CFR §761.40, which is a violation of Section 15(1)(C) of TSCA.

8. On or about November 4, 1981, Respondent stored about 50 gallons of PCB-contaminated viscous material for disposal in a metal box in an outdoor storage area at its facility. This PCB container did not bear the date on which it was placed in storage for disposal. The area in which this container was stored did not meet the requirements of 40 CFR §761.65. Specifically, there were no walls or roof surrounding this container.

9. Respondent's improper storage of PCBs for disposal, as described in paragraph 8, above, constitutes a failure or refusal to comply with 40 CFR §761.65, which is a violation of Section 15(1)(C) of TSCA.

10. On or about November 4, 1981, Respondent did not have the annual documents for 1978, 1979, and 1980 for PCBs and PCB Items in service, projected for disposal and disposed of, as required by 40 CFR §761.180.

11. Respondent's failure to prepare and maintain annual documents for 1978, 1979, and 1980, as described in paragraph 10, above, constitutes a failure or refusal to comply with 40 CFR §761.180, which is a violation of Section 15(1)(C) of TSCA.

CONSENT AGREEMENT

Based upon the foregoing facts and conclusions of law and pursuant to Section 16(a) of TSCA, 15 U.S.C. §2615(a), and Section 22.18 of the Consolidated Rules of Practice Governing the Administrative Assessment of Civil Penalties, 40 CFR §22.18, it is hereby agreed that Respondent shall comply hereafter with all applicable provisions of 40 CFR Part 761. Respondent shall take all necessary actions including, but not limited to, performance on schedule of all actions set forth in this Consent Agreement, and in the Compliance Schedule which is appended as Attachment 1 to this Consent Agreement and Final Order.

1. For the purpose of expeditiously resolving this matter, the parties have agreed to the entry of this Consent Agreement and Final Order. Respondent admits the jurisdictional allegations of the Complaint. Respondent neither admits nor denies the factual allegations in the Complaint and the factual findings set forth herein. Nothing in this Consent Agreement and Final Order shall be construed as an admission by Respondent of any issue or conclusion of law.

2. By the effective date of this agreement, Respondent agrees to have begun to take the necessary steps to remove and properly dispose of both the PCB transformer referred to in paragraphs 6 and 7, above, and the metal box containing PCB-contaminated viscous materials referred to in paragraphs 8 and 9, above. Proper disposal shall be in accordance with all EPA rules and regulations, and shall be conducted by a reputable disposal company. The above mentioned materials shall be sent to a disposal facility for ultimate destruction. Respondent shall without delay provide EPA with documentation of compliance with the disposal regulation by forwarding, upon receipt from the disposal facility, a copy of the hazardous waste manifest recording the final shipment of the wastes; and, further, after the materials have been destroyed, a copy of the certificate of destruction shall be forwarded to EPA immediately upon receipt by Respondent.

3. Within 30 days of the effective date of this agreement and order, Respondent shall have sent to the Complainant copies of its most recent PCB annual documents, together with a reconstruction of annual documents for the years 1978 to the present, if it has not done so before that date.

4. Respondent agrees to take extensive and specific remedial actions, under the supervision of EPA, as set forth in the Compliance Schedule and Draft Field Investigation Program, which are appended hereto as Attachments 1 and 1a and are incorporated herein by reference. Respondent agrees to perform all of the actions described in the Compliance Schedule within the time periods set forth in the Compliance Schedule.

5. Provided that the Respondent fully performs all of the remedial actions set forth or incorporated in this Consent Agreement, performs those actions within the time periods set forth in the Compliance Schedule, and agrees to EPA supervision of those actions, EPA agrees to accept a part of the penalty assessed in the Complaint, instead of the entire amount. Specifically, of the total of $17,000.00 assessed in the Complaint as a penalty, EPA agrees to accept a penalty of $8,500.00.

6. Should Respondent fail to conduct and complete all of the remedial actions set forth or incorporated in this

Consent Agreement within the required time periods, Respondent shall also pay a stipulated penalty of $8,500.00, subject to the late payment penalties and interest specified below.

7. Any delay in performance which is caused by circumstances entirely beyond the control of the Respondent shall not be a breach or violation of this order. The time for performance of any activity delayed by circumstances beyond the control of the Respondent will be extended by a period of time equal to that which can reasonably be attributed to such circumstances. Increased costs or expenses associated with the implementation of the activities called for in this order shall not of itself be considered a circumstance beyond the control of the Respondent. Respondent shall notify EPA of such circumstances, or of its belief that such circumstances may occur, as soon as possible. Written notification to the Chief, Toxic Substances Section, Pesticides and Toxic Substances Branch, EPA Region II, shall be given as soon as possible but not later than 10 days after the event or circumstances which are the cause of the delay. Respondent shall explain why it believes that the circumstances were beyond its control, the actions that are being taken to minimize the delay, and an estimate of the length of the delay. Respondent's failure to notify the Region in a timely

manner, as this paragraph requires, shall render the terms of the force majeure provision null and void and of no effect.

8. Respondent shall pay, by cashier's or certified check, a civil penalty of eight thousand five hundred dollars ($8,500.00), as specified in paragraphs 5 and 6 of this Consent Agreement. The check shall be identified with a notation of the docket number of this Order, and shall be made payable to the Treasurer of the United States of America. Payment shall be addressed to EPA, Region II (Regional Hearing Clerk), P.O. Box 360188M, Pittsburgh, Pennsylvania 15251. Payment is due within thirty (30) days of the effective date of this consent agreement and final order (the date it is signed by the Regional Administrator).

(a). Failure to pay the penalty in full according to the above provisions will result in referral of this matter to the United States Attorney for collection.

(b). Further, if payment is not received on or before the due date, interest will be assessed on the overdue amount, at the rate specified by the Secretary of the Treasury pursuant to 31 U.S.C. §3717(a)(1), from the date of this final order through the date of payment. In addition, a late payment handling charge of $20.00 will be assessed if payment is not received by the due date, with an additional charge of $10.00 for each subsequent 30-day period. A 6% per annum penalty will

also be applied on any principal amount not paid within 90 days of the due date.

This Consent Agreement and the Final Order of the Regional Administrator are entered into by the parties in full settlement of all liabilities that might have attached as a result of the allegations in the Complaint. Respondent explicitly waives its right to request any adjudicatory hearing on any matter pertaining to this Consent Agreement and Final Order, and agrees to pay the penalty in accordance with the terms of this Consent Agreement and Final Order. Respondent has read the foregoing Agreement and its terms, believes it to be reasonable, and consents to the issuance of the accompanying Final Order.

RESPONDENT:

BY: Bernard Reitman
For ROTH STEEL CORPORATION

Date: June 2, 1987

COMPLAINANT:

BY: _____
BARBARA METZGER
Director
Environmental Services Division
U.S. Environmental Protection Agency
Region II

Date: _____

FINAL ORDER

The Regional Administrator of EPA, Region II, concurs in the foregoing Consent Agreement and incorporates the terms of such Consent Agreement (including Attachments 1 and 1a) herein by reference. The Consent Agreement is hereby approved and this Final Order is issued, effective immediately. So ordered.

Date: _____

_____

CHRISTOPHER J. DAGGETT
Regional Administrator
U.S. Environmental Protection Agency
Region II
26 Federal Plaza
New York, New York 10278

(Attachment 1)

COMPLIANCE PROGRAM AND SCHEDULE

Final Compliance

The purpose of this Compliance Program and Schedule is to bring the Syracuse, New York, facility of the Roth Steel Corporation into compliance with the regulations at 40 CFR Part 761 which apply to the use, storage, and disposal of polychlorinated biphenyls (PCBs). To implement the program, the Respondent will be required to do the following:

1. Dispose of one Westinghouse "Inerteen" PCB transformer, serial number 3110956, stored at the facility for disposal;

2. Dispose of one metal box containing fifty gallons of PCB-contaminated viscous material, as described in Count IV of the Complaint and paragraph 8, page 3 of the Consent Agreement and Final Order;

3. Prepare and maintain PCB annual documents for PCBs and PCB items in service as required by the regulation at 40 CFR § 761.80; and

4. Conduct extensive soil sampling and analysis and remove and properly dispose of any soil with PCB contamination of higher than "background" levels.

All activities required of the Respondent shall be conducted pursuant to both the work plan appended as Attachment 1a ("Draft Field Investigation Program"), and the schedule set forth below. Respondent shall complete each task set forth in this compliance program and schedule as expeditiously as is possible. Respondent shall achieve complete compliance with TSCA and shall complete all work described or referred to in this program and schedule by no later than September 30, 1988. When EPA has determined that compliance has been

satisfactorily achieved, it will inform Respondent of that determination in a letter. Modifications to the Draft Field Investigation Program may be made only if they are approved by EPA in writing.

Description of Work to be Completed

A. Disposal of Transformer and Metal Box. Respondent shall dispose of one Westinghouse "Inerteen" PCB transformer, serial number 3110956, and one metal box containing PCB viscous material. Disposal must be in conformance with the requirements of 40 CFR § 761.60. Respondent shall demonstrate that it has begun to take the necessary steps for such disposal by no later than 30 days after the effective date of the Consent Agreement and Final Order.

B. Annual Documents. Respondent shall submit PCB annual documents for the years 1978, 1979, and 1980 to EPA within 30 days of the effective date of this agreement and order, if it has not done so before that date.

C. Soil Testing. Respondent shall employ qualified environmental engineers to perform overall composite sampling ("OCS"), depth composite sampling ("DCS"), and individual core sampling ("ICS") at the facility. All samples shall be analyzed for PCB content in a qualified laboratory. Laboratory reports of all results of soil analysis shall be submitted to EPA and shall include a description of the laboratory's technical methodology, analytical results, and the laboratory's quality assurance procedures. All sampling activities

shall be conducted in a manner approved by EPA and consistent with the Draft Field Investigation Program, a copy of which is incorporated herein and appended as Attachment 1a.

D. Soil Decontamination. Respondent shall prepare and submit to EPA for evaluation a remediation plan, based upon the results of the soil sampling and analysis. This plan shall set forth procedures for the expeditious removal of PCB-contaminated soil, as well as a schedule for the soil removal. Disposal of any PCB-contaminated soils and other debris must be in accordance with all applicable regulations. Any landfill that is used must meet the requirements of 40 CFR § 761.75. After evaluation and approval or modification by EPA of the remediation plan, Respondent shall perform all tasks outlined in the remediation plan as approved or modified by EPA.

DRAFT FIELD INVESTIGATION PROGRAM
ROTH STEEL CORPORATION
ERIE BOULEVARD YARD
Syracuse, New York

June 1986
483-01-1
MALCOLM PIRNIE, INC.

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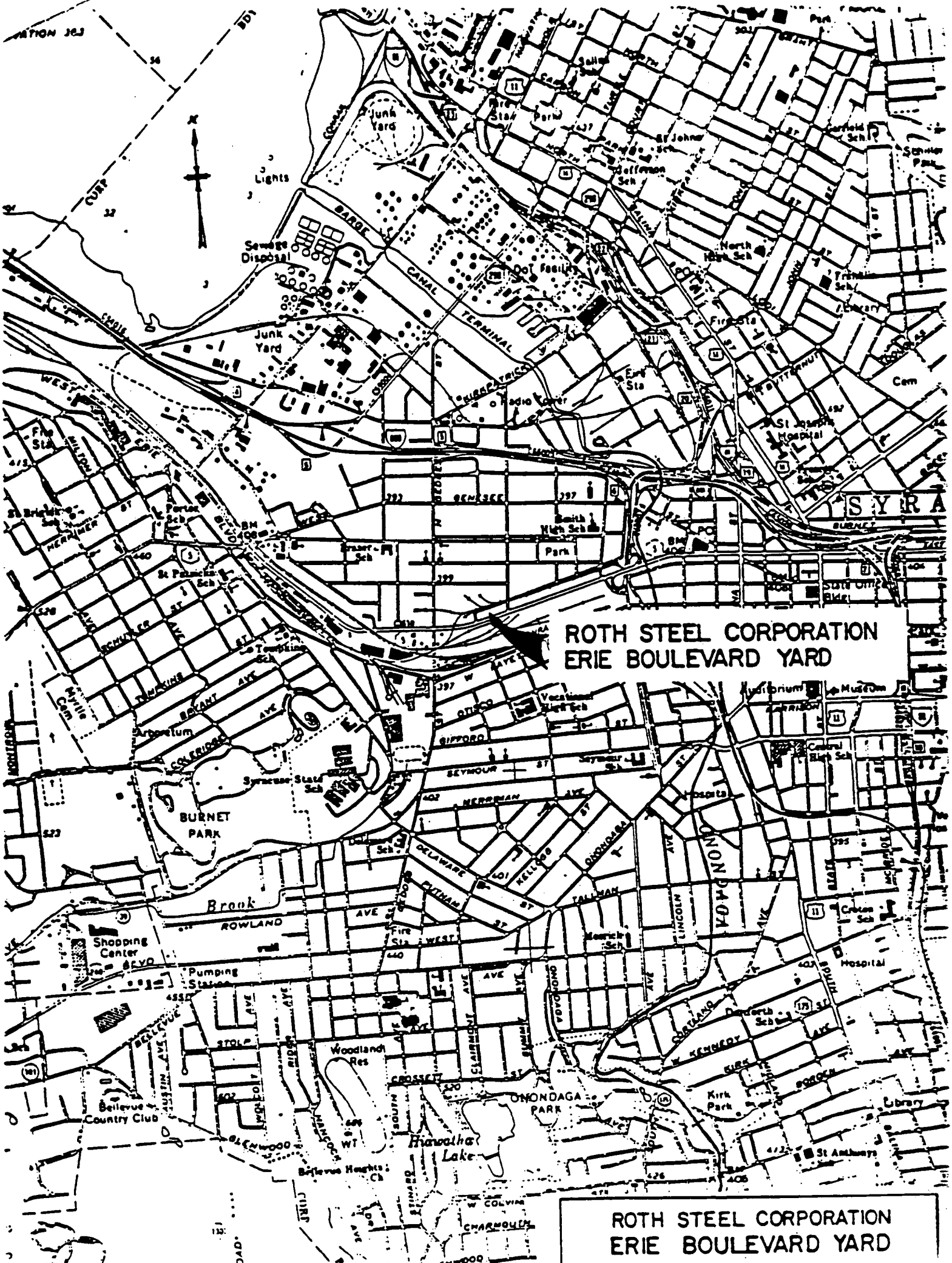
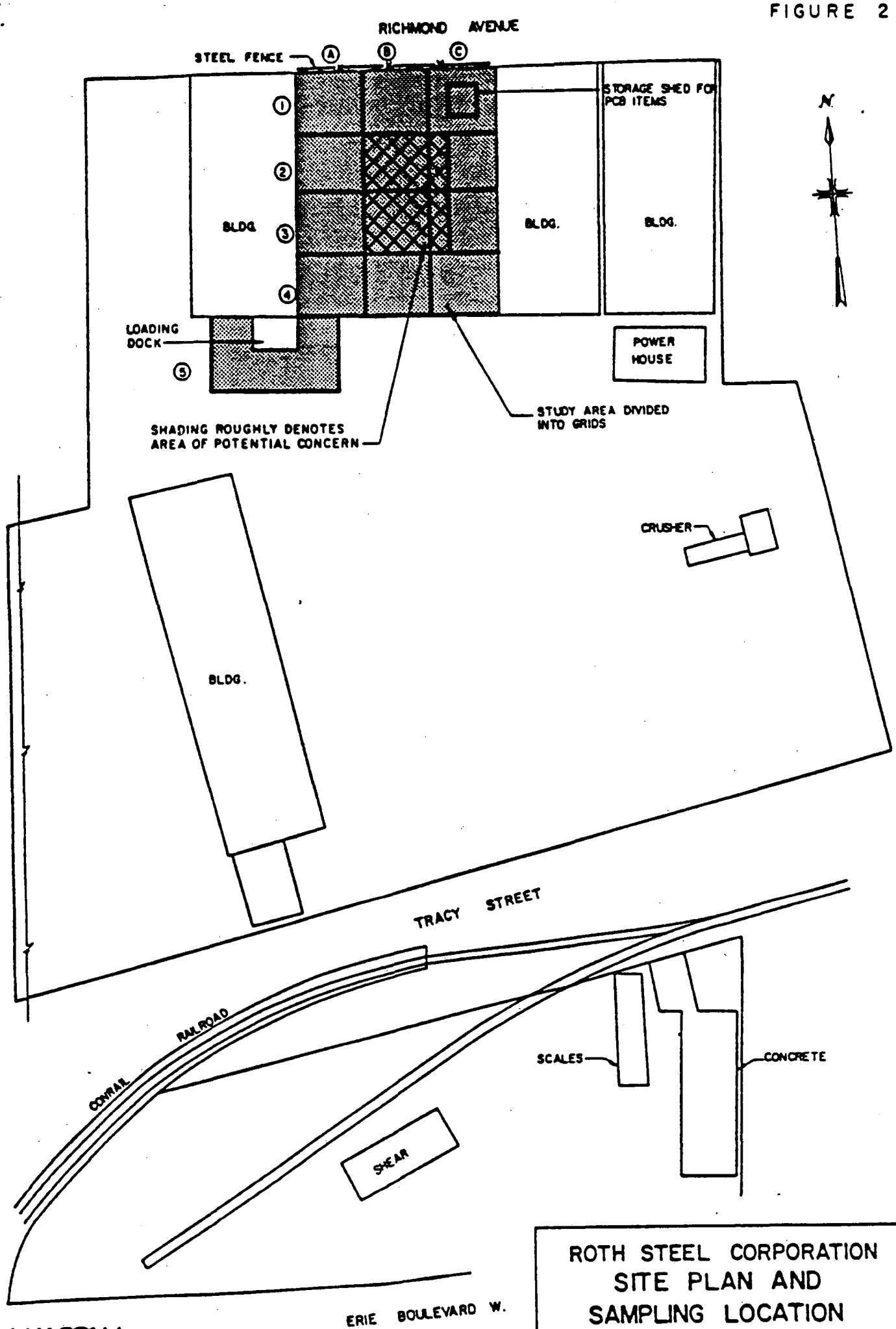

ROTH STEEL CORPORATION
ERIE BOULEVARD YARD
Junk Yard
Lights
Sewage Disposal
BARGE CANAL TERMINAL
Junk Yard
Radio Tower
Fire Sta
St Joseph Hospital
Smith High Sch
Park
Fraser Sch
St Patricks Sch
Porter Sch
Tompkins Sch
Arboretum
Syracuse State Sch
BURNET PARK
Vocational High Sch
Seymour Sch
Central High Sch
Auditorium
Museum
Hospital
Shopping Center
Pumping Station
Woodland Res
Bellevue Country Club
ONONDAGA PARK
Hiawatha Lake
Kirk Park
Library
St Anthonys
Croton Sch
Hospital
Dorforth Sch
Moerick Sch
Fire Sta
Bellevue Heights Ch
Myrtle Cem
Cem
State Office Bldg
Jefferson Sch
North High Sch
Franklin Sch
Library
Fire Sta
Park
Salina Sch
Garfield Sch
Schiller Park
SYRA
ROTH STEEL CORPORATION
ERIE BOULEVARD YARD
LOCATION MAP

FIGURE 2



ROTH STEEL CORPORATION
SITE PLAN AND
SAMPLING LOCATION

MALCOLM PIRNIE

SYRACUSE, NEW YORK JUNE 198

2.0 SAMPLE HANDLING PROCEDURES

2.1 Sample Collection

To allow the sampling and remedial work to proceed unhindered, all stored materials will be removed from the study area. Grids will be located using tape measurements from existing buildings and landmarks. Evidence of concentrated transformer cracking activity may prompt field adjustments in grid size and/or location.

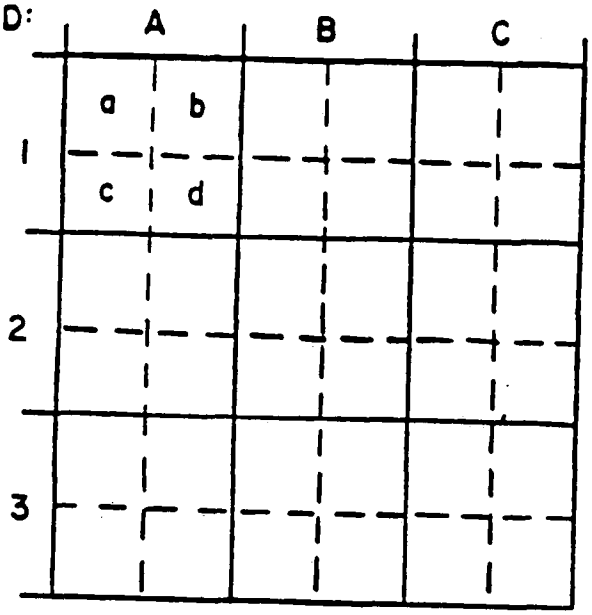
General sampling procedures are discussed here while the specific field protocols that will be utilized for sample collection, decontamination of equipment and sample compositing are presented in Appendix A. Since scrap operations have been conducted within the study area, the soil is likely to contain materials that would impede a core sampler. Therefore, at each sample location a 2-foot deep test pit will be dug by hand or by backhoe. A small stainless steel shovel will be used to scrape soil samples from the sidewalls. Samples from each 6-inch depth interval will be placed in clean glass containers with foil lining under the caps and labelled according to the system described in Figure-3. Sample preparation, including mixture for composite analysis, will be done at the laboratory under the engineer's direction.

2.2 Sample Handling/Chain of Custody

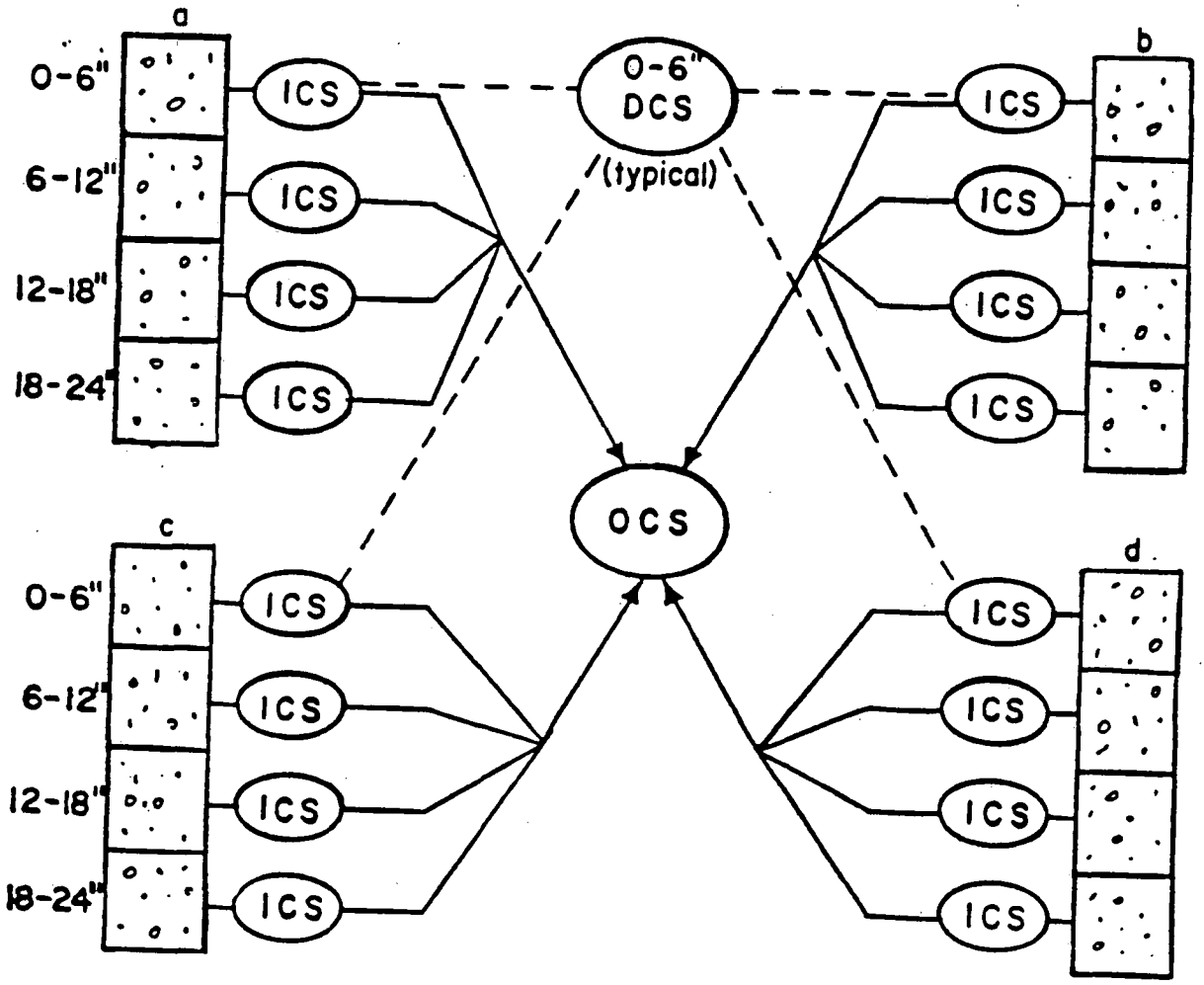
All samples will be carefully identified using waterproof labels and ink. Labels shall contain the following information: sample number, date and hour of sampling, complete information as to source and sampling point and name of person collecting the sample. Chain of custody forms will be completed upon collection of samples and transmitted to the laboratory with the samples. An example form is presented in Appendix B.

FIGURE

SAMPLING AREA GRID:



MAKEUP OF COMPOSITE SAMPLES:



MALCOLM PIRNIE

ROTH STEEL CORPORATION
GRID SAMPLING APPROACH AND SAMPLE COMPOSITING PROCEDURES

SYRACUSE, NEW YORK

All samples will be stored in a secure container throughout the site investigation. The samples will then be transmitted directly from the site to the laboratory for analysis at the completion of the site investigation.

2.3 Analytical Procedures

Each soil sample will be extracted by the soxhlet technique and analyzed per the procedures described in "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods, USEPA Office of Solid Waste and Emergency Response, Washington, D.C. SW-846, July 1983, Second Edition.

Table 1 identifies the analytical method detection limits in the various sample matrices for each PCB aroclor. These detection limits are the levels that can be attained under ideal conditions by a laboratory. The actual sample detection limits could be as much as one hundred times those listed in Table 1 due to matrix interferences such as motor oils; hydraulic fluids; naturally-occurring organic materials, or water in the soil; or the presence of two or more compounds that coellute or "mask" each other.

2.4 Quality Assurance/Quality Control

In order to assure the analytical integrity of the sample analysis performed for this study, the following measures will be taken:

- One unidentified duplicate sample will be included with the samples collected.

- The analytical laboratory will be required to produce documentation of satisfactory results from a USEPA quality control check sample analysis for PCB;s and USEPA priority pollutant analysis performed within the

TABLE 1

ANALYTICAL METHOD DETECTION LIMITS

PCB AROCLOR		SAMPLE MATRIX					
		water		soil		oil	
1016	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1221	<	0.20 ug/l	<	0.20 ug/g	<	4 mg/l	
1232	<	0.20 ug/l	<	0.20 ug/g	<	4 mg/l	
1242	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1248	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1254	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	
1260	<	0.10 ug/l	<	0.10 ug/g	<	4 mg/l	

last six months.

- o Sufficient sample will be collected each time to enable splits to be given to USEPA personnel on-site for verification analysis if so desired.

- o Aliquots of all soil samples will be retained by the laboratory so that results can be verified by retesting from the same sample aliquot.

3.0 SAFETY PROCEDURES

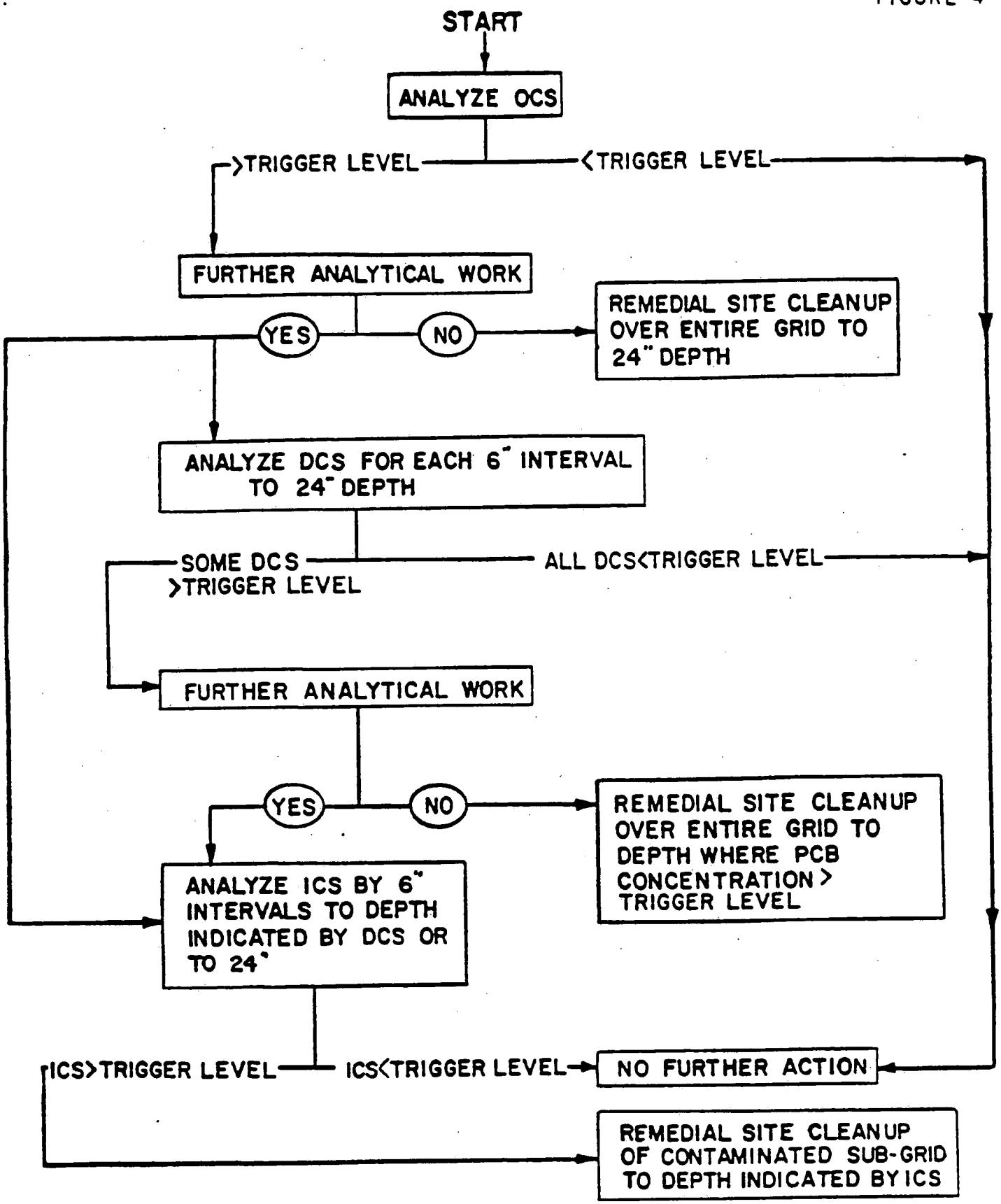
In order to reduce the possibility of direct skin contact with PCB's during sampling activity, it is recommended that each person be provided with rubber gauntlets over disposable latex surgical gloves, rubber boots, tyvek disposable cover-alls, hardhats and safety glasses. All protective clothing will remain at the site. To reduce the possibility of inhalation of PCB-contaminated dust particles each worker will also be provided with a fabric dust mask.

All protective gear which came into direct contact with potentially-contaminated soil will be either decontaminated or discarded in properly labelled drums for later disposal at an approved and permitted disposal facility if it is determined that they have been in contact with hazardous material.

4.0 CONTAMINATION ASSESSMENT

Figure 4 presents a flow diagram outlining the analytical and decision making requirements prior to beginning remedial action. As a first attempt to screen out uncontaminated areas and further define the area of concern the lab personnel will first be directed to prepare and analyze the OCS (Overall Composite Sample) for each grid. If the OCS sample has a PCB

FIGURE 4



MALCOLM PIRNIE

ROTH STEEL CORPORATION

PCB CLEAN-UP DECISION TREE FOR EACH GRID

SYRACUSE, NEW YORK JUNE 1986

concentration greater than 3 ppm, that grid will require further testing (viz. DCS and/or ICS sample analysis). A result less than 3 ppm removes that grid from consideration for remedial action. A conservative "trigger" concentration of 3 ppm total PCB (rather than the federally mandated 50 ppm level) was selected to account for dilution factors present in preparation of the OCS sample. The DCS sample's trigger concentration is 12.5 ppm based on the dilution factor associated with this type of composite sample. Analysis of the DCS (Depth Composite Sample) would indicate the depth increment which may be of concern, while the ICS (Individual Composite Sample) may further refine the area requiring remediation to one sub-grid of the grid system.

The decision on how far to proceed down the decision tree (Figure 4) before beginning remedial action depends on the degree of PCB contamination and the cost-effectiveness between analytical costs and remediation. For instance, a positive OCS of 5 ppm PCB would warrant further analytical work while a highly contaminated OCS sample (e.g. greater than 50 ppm PCB's) may trigger consideration of remedial action as the next step without further analysis. Also, a highly contaminated OCS sample may induce a decision to bypass the DCS sampling step (since there is a high probability of a positive DCS) and proceed directly to ICS sampling. These engineering judgements will be guided by the need to balance analytical costs with remediation costs.

As stated earlier, following completion of the sample analysis a Field Investigation Report will be prepared which outlines:

- the analytical methods and sampling procedures used,
- the number and location of all samples collected,

- the results of the quality control/quality assurance measures taken, and

- a summary of the analytical results of the field investigation.

Based on the results of the field investigation, a conceptual remedial plan will be developed for the site and presented in conjunction with the field investigation results.

APPENDIX A
FIELD SAMPLING PROTOCOL

FIELD SAMPLING PROTOCOL

I. FIELD DECONTAMINATION

One area of the site will be set aside for cleaning of all sample collection equipment that comes in contact with potentially contaminated material. All sample collection equipment will be cleaned according to the following procedures:

- All loose dirt and material will be wiped off with a paper towel which will be disposed of in an appropriate container.

- Wash and scrub with detergent and tap water using a pressure hose.

- If any oily material persists it may be necessary to rinse with kerosene prior to a second wash with detergent and tap water. The waste kerosene will be collected through a funnel into a metal or glass container for later disposal.

- Rinse with distilled water.

- Air dry and store on a polyethylene lining until ready for use.

- Separate clean tools will be utilized for the collection of organic priority pollutant samples to eliminate the need for washing with hazardous solvents (i.e. hexane and/or acetone).

II. SOIL SAMPLE COLLECTION

All soil samples will be collected according to the following procedures:

- All equipment that comes in contact with the soil (including the backhoe bucket) will be cleaned according to the procedures outlined under "Field Decontamination".

- Two foot (or deeper) test pits will be excavated with a backhoe. The test pits will then be cleaned and shaped to vertical sidewalls with a pick and/or shovel. Any extraneous material will be removed from the pit. A description of all soils encountered within the test pits will be maintained in a separate log book.

- Samples will be collected from each six-inch soil interval of the test pit using a stainless steel shovel.

- The collected material will be run through a wire mesh screen and onto a sheet of polyethylene to eliminate rocks and/or metal debris from being collected with the samples.

- The sample will then be transferred to a glass container with teflon-lined cap for storage.

III. SAMPLE COMPOSITING

All soil samples will be composited according to the following procedures:

- Equal volumes of the individual samples to be composited will be weighed in small disposable plastic trays on a digital scale and then placed on a polyethylene "mixing cloth". The samples will then be mixed by pulling the corners of the mixing cloth toward the diagonally opposite corner and rolling the sample upon itself, or by manually mixing the sample on the sheet.

- After the soil is mixed, it is spread on the cloth into a relatively flat pile. The pile is quartered. A small spoon is used to collect samples from each quarter and these are composited into a clean glass container with teflon-lined cap.

- A duplicate of each composite sample will be prepared for the NYSDEC.

APPENDIX B

CHAIN OF CUSTODY RECORD:

CLIENT NAME: _____

LOCATION: _____

EPRESENTATIVE SAMPLE DESCRIPTION	COLLECTED BY/DATE	SAMPLING METHOD	CHARACTERISTIC(S TO BE TESTED:*	HANDLING PRECAUTIONS	RECEIVED BY/DATE	PRESERVATION METHOD	TESTED BY/DATE

COMMENTS: _____

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† ALSO CERTIFIED PUBLIC ACCOUNTANT

August 8, 1994

Mr. William Daigle, P.E.
Project Manager
NYS Department of Environmental Conservation
50 Wolf Road
Albany, New York 12233-7010

Re: Joint Request for Information Pursuant to 42 U.S.C. Section 9601 et seq. and Articles 3, 17, 19, 27, 37, 40 and 71 of the ECL concerning disposal of hazardous substances at the Onondaga Lake, Syracuse, New York.

Dear Mr. Daigle:

Please be advised that I am counsel to Roth Steel Corporation of 800 Hiawatha Boulevard West, Syracuse, New York 13204. I am in receipt of your letter for Request of Information which is dated July 20, 1994 and have reviewed your Requests for Information with my client.

It is anticipated that providing you with the information as requested will take substantial time and man hours. And as such, I am requesting an additional 60 days to gather and transmit that information to you. Thank you very much.

Respectfully,

GREEN & SEIFTER, ATTORNEYS, P.C.

Sidney Manes

Sidney L. Manes

plusslm/mrp/1823
cc: Mr. Herbert H. King, George A. Shanahan, Esq., William G. Little, Esq., Lewis Roth, Seymour Roth, George Stanton