PA 466

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Reg)
III	PAD002314607

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

ORIGINAL (Red)

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

I. SITE IDENTIFICATION

A. SITE NAME	B. STREET (or other identifier)		
Sperry - Univac	P.O. Box 500, Jolly Road		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Blue Bell	Pa	19424	Montgomery

OWNER/OPERATOR (*if known*)

1. NAME	2. TELEPHONE NUMBER
Sperry - Univac, Fac. Contact: Mr. Ronald W. F. Hutley	215-542-6028

TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☑ 5. PRIVATE ☐ 6. UNKNOWN

SITE DESCRIPTION: Administrative, Marketing, Engineering and Development Center for the Sperry-Univac Division of Sperry Corporation, Sperry does not consider this location a manufacturing plant. Elementary Neutralization of plating rinse water. Generator of hazardous waste

I. HOW IDENTIFIED (*i.e., citizen's complaints, OSHA citations, etc.*)	K. DATE IDENTIFIED (*mo., day, & yr.*)
Notification: 8/18/80	8-18-80

PRINCIPAL STATE CONTACT

1. NAME	2. TELEPHONE NUMBER
Anthony Taylor	215-270-1916

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

APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

RECOMMENDATION

☐ 1. NO ACTION NEEDED (*no hazard*)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☑ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: 31 July 84
b. WILL BE PERFORMED BY: Anthony Taylor PaDER

☐ 4. SITE INSPECTION NEEDED (*low priority*)

PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (*mo., day, & yr.*)
Anthony Taylor	215-270-1916	14 April 84

III. SITE INFORMATION

SITE STATUS

☑ 1. ACTIVE (*Those industrial or disposal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.*)

☐ 2. INACTIVE (*Those sites which no longer receive wastes.*)

☐ 3. OTHER (*specify*): (*Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.*)

GENERATOR ON SITE?

☐ 1. NO ☑ 2. YES (*specify generator's four-digit SIC Code*): 3573

AREA OF SITE (*in acres*)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES	
	1. LATITUDE (*deg.-min.-sec.*)	2. LONGITUDE (*deg.-min.-sec.*)
24 acres	40° 08' 24.5"	75° 17' 08.8"

ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☑ 2. YES (*specify*):

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

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

A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
3. BARGE	X	3. DRUMS 90-DAY		3. VOLUME REDUCTION		3. OPEN DUMP
4. TRUCK	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
5. PIPELINE		5. TANK, BELOW GROUND	X	5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
				7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
				8. SOLVENT RECOVERY		8. OTHER (specify):
				9. OTHER (specify):		

ORIGINAL (Red)

SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Sperry-Univac conducts a plating operation which results in contaminated aqueous wastestream (EPTOX-Pb). The aqueous waste is limed to precipitate metals and the supernatant is discharge to the Whitpain Township Municipal Sewerage Authority; sludge is transported via Resource Technology Services Inc (Conshohocken), to Chemical Waste Mgt. (Oroma or Louisiana). Parts degreasing is also performed. Spent solvents and acids are generated.

V. WASTE RELATED INFORMATION

WASTE TYPE

1. UNKNOWN ☑ 2. LIQUID ☐ 3. SOLID ☑ 4. SLUDGE ☐ 5. GAS

WASTE CHARACTERISTICS

1. UNKNOWN ☑ 2. CORROSIVE ☑ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE

6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☑ 9. FLAMMABLE

10. OTHER (specify):

WASTE CATEGORIES

Are records of wastes available? Specify items such as manifests, inventories, etc. below. Insufficient data to determine waste sludge characteristics, comprehensive waste inventory, quantities generated. Manifests, Quarterly reports are available.

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

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT not determined	AMOUNT not determined	AMOUNT not determined	AMOUNT not determined	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGNTD SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
OTHER (specify)			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		

V. WASTE RELATED INFORMATION (continued)

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

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plating rinse water, trichlorethylene, carbon tetrachloride, Naptha.

Concern is basically a consideration of lack of containment and alarm mechanisms for tanks.

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

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
HAZARD				
MAN HEALTH	X			lack of containment presents
N-WORKER JURY/EXPOSURE				the risk of bodily contact
RKER INJURY				
NTAMINATION WATER SUPPLY				
NTAMINATION FOOD CHAIN				
NTAMINATION GROUND WATER				
NTAMINATION SURFACE WATER				
MAGE TO ORA/FAUNA				
ISH KILL				
ONTAMINATION F AIR				
OTICEABLE ODORS				
CONTAMINATION OF SOIL				
PROPERTY DAMAGE	X			
FIRE OR EXPLOSION	X			
PILLS/LEAKING CONTAINERS/ UNOFF/STANDING LIQUIDS				
EWER, STORM DRAIN PROBLEMS				
EROSION PROBLEMS				
INADEQUATE SECURITY				
INCOMPATIBLE WASTES				
MIDNIGHT DUMPING				
OTHER (specify):				

VII. PERMIT INFORMATION

INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

ORIGINAL (Red)

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [ ] 3. STATE PERMIT (specify):
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [x] 10. OTHER (specify): *Tentative : State Permit-By-Rule ie Elem. Neutralization discharge POTW containment for drums and tanks 75.265(q)&(r) permit-by-rule 75.265(z)(17) PPC 75.262(i)(j) record keeping 75.265(k)

IN COMPLIANCE?

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

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

VIII. PAST REGULATORY ACTIONS

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

IX. INSPECTION ACTIVITY (past or on-going)

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

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Compliance Inspection	26 April 84	State	Initial Evaluation

X. REMEDIAL ACTIVITY (past or on-going)

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

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

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

FIELD TRIP SUMMARY REPORT

ORIGINAL (Red)

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

Name of Site Sperry-Univac

EPA Case Number _____

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

If Yes: a) Note EPA I.D. No. PAD002314607

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

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

I. Please list site contacts and accompanying inspectors; include name, title and phone numbers. Pa Department of Environmental Resources - Anthony Taylor (215) (270-1916)

Sperry-Univac - Mr. Ronald W.F. Hutley, Sr. Pit. Eng - 215 - 542 6028

_____

_____

_____

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

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

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

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

North: _____

South: _____

East: _____

West: _____

ORIGINAL (Red)

C. Water supply for area. (CHECK ONE)

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

a. Approximate number within ¼ mile. _____

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

Property owner	_____	_____	_____
Address	_____	_____	_____
Phone No.	_____	_____	_____

Well records	YES___	NO___	YES___	NO___	YES___	NO___
Odor problems	YES___	NO___	YES___	NO___	YES___	NO___
Taste problems	YES___	NO___	YES___	NO___	YES___	NO___

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

Not Evaluated

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

1. Were unusual odors or stains noted? YES____ NO ✓
2. Was stressed vegetation noted? YES____ NO ✓

a. If yes please note area on map.

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

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

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

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V. Were photographs taken? YES____ NO ✓
If yes: Who has custody of photos?

Name:_____

Agency:_____

Phone No.:_____

I. Is a hydrogeological survey for this site attached? YES____ NO ✓
If no, Section III D of EPA Form T2070-2 must be completed.

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

I. Name of Inspector: Anthony Taylor

Agency: Pennsylvania Department of Environmental Resources

Phone No.: 215 - 270-1916

Time on Site:_____

Weather Conditions: N/A - Indoor hazardous waste storage & treatment

ORIGINAL
(Red)

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part A

Operator: R. Hutley

ate of inspection 26 April 84 Time start 1030 Time finish 1230

ame of inspector Anthony Taylor

ompany, installation name Sperry - Univac

ocation Jolly Road, Blue Bell Pa

ounty Montgomery Municipality Whitpain Township

dentification number PAD002314607

ame of responsible official Mr. Richard J. Newman

itle Director of Facilities

ailing address P.O. Box 500

rea code and phone no. 215-542-6028

ame of person interviewed Mr. Ronald W.F. Hutley

tle Sr. Plant Engineer

ailing address (if different from above) same

rea code and phone no. Same

Current waste handling method:

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

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

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

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

Amount of hazardous waste produced:

a. not available during kg./mo.

b. the evaluation kg./yr.

Types of hazardous waste produced by Hazardous Waste Number:

notification incomplete, please resubmit.

Are hazardous wastes transported off-site by the generator? ☐ Yes ☑ No

previous shipments by Resource Technology Services Inc.

ORIGINAL
(Red)

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(Red)

HAZARDOUS WASTE INSPECTION REPORT
Generators - Part B

4/26/84 2 of 2
Sperry - Univac
PAD002314607

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

ORIGINAL (Red)

COMPLIANCE STATUS	REQUIREMENT	CHAPTER CITATION 75.262
	Identification number	(c) (1)
	Hazardous waste shipments offered only to licensed transporters	(c) (4)
	Authorization received from TSD facility for wastes shipped off-site	(d)
	PA manifest used for intrastate shipments	(e) (1) (
/	Disposer state manifest or EPA format manifest used for out-of-state shipments	(e) (1) (i
	Manifests filled out properly and completely	(e) (1)
	Manifests routed properly and within time limits (24 hours)	(e) (2)
	Proper U.S. DOT shipping containers or packages	(f) (1) (
✓	Shipping containers marked and labeled according to U.S. DOT	(f) (1) (i
	Containers of 100 gal. or less marked with required PA label	(f) (1) (i
	Placards offered to transporter transporter is equipped.	(f) (2)
✗	Wastes accumulated on-site for less than 90 days accumulation dates absent.	(g) (1)
	Wastes stored in proper containers and properly marked and labeled	(g) (1)
	Containers managed in accordance with 75.265(g) ie containment requirements	(g) (1)
	Containers clearly marked with accumulation date and visible for inspection	(g) (1)
	Records retained at designated location for 20 years	(h)
	Quarterly reports submitted to the Department	(i)
/	Exception reporting procedures followed	(j)
/	Hazardous waste disposal plan, if required	(l)
/	Spill reporting procedures followed	(m) (1)
	Largely incomplete - unacceptable (rec'd. 4/26/84) Preparedness, Prevention and Contingency Plan approved and implemented	(m) (5)
/	Special requirements followed for international shipments	(o)

ORIGINAL (Red)

HAZARDOUS WASTE INSPECTION REPORT
TSD Facilities - Part A

Operator: R. Khula.

te of inspection 26 April 84 Time start 1030 Time finish 1230

me of inspector Anthony Taylor

mpany, installation name Sperry - Univac

cation Jolly Road, Blue Bell Pa

unty Montgomery Municipality Whitpain Township

entification number PAD 002314607

me of responsible official Mr. Richard J. Newman

tle Dir. of Facilities

iling address P.O. Box 500

ea code and phone no. 215 - 542 - 6028

me of person interviewed Mr. Ronald W.F. Hatley

tle Sr. Plant Engineer

iling address (if different from above) Same

ea code and phone no. Same

Site characterization:

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

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

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

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

Does the facility generate hazardous wastes? ☑ Yes ☐ No

Types of hazardous waste produced by Hazardous Waste Number:

Notification incomplete

Are hazardous wastes transported off-site by the facility? ☐ Yes ☑ No

TPT : RTS

Sperry-Univac 2 of

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

ORIGINAL (Red)

LIANCE TUS. 3	4	REQUIREMENT	CHAPTER CITATION 75.265
		Part A permit application submitted. Pass. PBR - treated plating rinse.	(a)(2),(z)(2
		Identification number. PAD002314607	(b)
✓		Wastes accepted at facility transported by haulers licensed to transport hazardous waste by the Department.	(b)(1)
✓		Waste streams not covered by permit approved by the Department before acceptance	(c)(1)
		Chemical and physical analyses repeated as required.	(c)(1)
✓		All waste shipments inspected and sampled.	(c)(2)
		Waste analysis plan on-site.	(c)(3)
		24 hr. surveillance at active portion.	(d)(2)(i)
		Artificial barrier at active portion.	(d)(2)(ii)
		Proper signs posted and legible at a distance of at least 25 ft.	(d)(3)
		Inspection schedule on-site.	(e)(2)
		Maintenance schedule on-site for equipment or structures which reveal deterioration or malfunction.	(e)(4)
	✓	Immediate remedial action taken where a hazard is imminent or has already occurred.	(e)(4)
		On the job or classroom personnel training program.	(f)
		Records retained for each employee at facility of training, job title, and job description.	(f)(6),(7)
		Ignitable or reactive wastes separated from source of ignition or reaction.	(g)(1)
		No smoking signs displayed where there are hazards from ignitable or reactive wastes.	(g)(1)
		Treatment, storage, disposal of ignitable or reactive wastes or mixing of incompatible wastes or materials conducted according to requirements.	(g)(2)
		Facility equipped with internal alarm system capable of providing immediate emergency instruction to personnel. treatment & storage Locations	(h)(2)(i)
		Facility equipped with a device for summoning outside emergency assistance.	(h)(2)(ii)
		Facility equipped with fire control, spill control, and decontamination equipment.	(h)(2)(iii)
		Facility equipped with water at adequate volume and pressure to supply fire control equipment.	(h)(2)(iv)
		Facility communications or alarm systems, fire control, spill control, and decontamination equipment tested and maintained. documentation unavailable	(h)(3)
		Adequate aisle space maintained to allow unobstructed movement of personnel and equipment during emergencies.	(h)(6)
		Contingency plan on-site and implemented. PPC plan is unacceptable, please revise	(i)(1)
		Contingency plan describes action taken by personnel in the event of an emergency. personnel have not been informed of the designated Coordinator	(i)(3)
		Contingency plan describes arrangements agreed to for outside emergency services such as police and fire department, hospitals, contractors, etc.	(i)(5)

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

ORIGINAL (Red)

NCS	REQUIREMENT	CHAPTER CITATION
4		75.265
	Contingency plan contains an up-to-date list of names, addresses and phone numbers of all persons qualified to act as emergency coordinator.	(i)(6)
	Contingency plan contains list of emergency equipment including location, physical description and capabilities of each item	(i)(7)
	Contingency plan contains an evacuation plan if there is a possibility that evacuation could be necessary	(i)(8)
	One employee designated as the primary emergency coordinator either on the premises or on call.	(i)(11)
/	Facility accepting only PA manifests	(j)
/	Manifests properly completed and routed within time limits (24 hrs.)	(j)(2)(3)
/	Manifest discrepancies resolved or reported within time limits	(j)(10)(1
/	Written operating record maintained on the premises	(k)
	Written operating record contains description and quantity of wastes and method of treatment, storage or disposal	(k)(2)(i)
	Written operating record contains location and quantity of each hazardous waste	(k)(2)(ii)
	Written operating record contains results of waste analyses and treatability tests	(k)(2)(ii
	Written operating record contains reports and details of all incidents	(k)(2)(iv)
	Written operating record contains records and results of all inspections	(k)(2)(v)
	Written operating record contains required monitoring, testing, and analytical data	(k)(2)(vi)
	Written operating record contains closure and post-closure cost estimates	(k)(2)(vi
	All records retained on premises and available for inspection	(l)
	Quarterly reports submitted to the Department	(m)
✓	Emissions, discharges, fires, explosions, and groundwater contamination reported as required	(m)(2)
/	Groundwater monitoring wells located at approved sites	(n)(2)
/	Adequate protection of groundwater monitoring wells	(n)(7)
/	Groundwater sampling and analysis plan on the premises	(n)(8)
/	Groundwater quality assessment and abatement outline on the premises	(n)(14)
	Closure plan on the premises and up-to-date	(o)(2)-(9)
/	Post-closure plan on the premises and up-to-date	(o)(10)-(
	Annual closure cost estimate on the premises and up-to-date	(p)(2)-(4)
/	Annual post-closure cost estimate on the premises and up-to-date	(p)(5)-(7)

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

ORIGINAL (Red)

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

TREATMENT, STORAGE, DISPOSAL FACILITIES -
CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT
75.265

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

ORIGINAL (Red)

COMPLIANCE STATUS 3	4	REQUIREMENT	CHAPTER CITATION
	✓	Precautions taken for treating ignitable, reactive, or incompatible waste or material.	(y)(2)
		Treatment process or equipment managed to prevent leaks, rupture, corrosion, or otherwise failing.	(y)(3)
		Continuously fed treatment process or equipment equipped with a means to stop inflow.	(y)(4)
		Waste analysis and/or trial tests conducted on hazardous wastes substantially different from wastes previously treated in that process or equipment; or chemically treat hazardous waste with a substantially different process than any previously used in that process or equipment.	(y)(5)
		Discharge documentation control and safety equipment inspected once each operating day.	(y)(6)(i)
		Monitoring equipment data inspected once each operating day.	(y)(6)(ii)
		Construction materials of treatment process or equipment inspected weekly.	(y)(6)(iii)
		Construction materials or discharge confinement structure and area immediately surrounding inspected weekly.	(y)(6)(iv)
✓		Closure requirements are complied with.	(y)(7)
	✓	Precautions taken for handling ignitable, reactive, or incompatible waste or material.	(y)(8),(9),(10)