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YE

NIAGARA COUNTY HEALTH DEPARTMENT

MEMORANDUM

August 15, 1979

TO: John L. Beecher, P.E. - BR90

FROM: A. Rieger Pasqualichio ARP - NCHD

RE: Frontier Chemical Waste Process, Inc.

Attached is an inspection report dated July 26, 1979 for the above site, for your information and review.

ARP/kb
Attachment

315088

m.
SEE CHECK

NIAGARA COUNTY HEALTH DEPARTMENT

INSPECTION OF WASTE TREATMENT AND DISPOSAL SITE

1. Site Name Frontier Chemical Waste Process, Inc.
2. Location (street, municipality) 4626 Royal Avenue, Niagara Falls, NY
3. Owner Frontier Chemical Waste Process Inc. Phone 285-8208
4. Operated by Mr. Richard Schultz, Pres. - Mr. Sam Campagna, Plant Manager
5. Wastes Accepted. Municipal _____ Commercial _____ Industrial X
6. Wastes Prohibited (list) All waste not having been approved by the Department of Enivironmental Conservation.
7. Facilities Provided (check): Equipment Storage Shed X Toilet X
   Personnel Building X Power X Water X Telephone X
   Other (specify) _____
8. Date of Inspection July 26, 1979 Time 2:30 PM
9. Reason for Inspection (check one):
   X A. Routine (scheduled)
   _____ B. Complaint
   Source of complaint _____
   _____ C. Observed or suspected problem at site
10. Person Interviewed (if any) Mr. Rudy Scarpelli Title Control Supt.
11. Signature of Inspector (s) A. Rieger Pasqualichio

Mr. Beecher 9/6

Y/E

NIAGARA COUNTY HEALTH DEPARTMENT

INSPECTION OF WASTE TREATMENT AND DISPOSAL SITE

1. Site Name Fronteir Chemical Waste Process Inc.
2. Location (street, municipality) 4626 Royal Avenue, Niagara Falls, N.Y. 14303
3. Owner Fronteir Chemical Waste Process Inc. Phone 285-8208
4. Operated by Mr. Richard Schultz, Pres. - Mr. Sam Campagna, Plant Manager
5. Wastes Accepted. Municipal _____ Commercial _____ Industrial X
6. Wastes Prohibited (list) All Waste not having been approved by the Dept. of Environmental Conservation.
7. Facilities Provided (check): Equipment Storage Shed X Toilet X
   Personnel Building X Power X Water X Telephone X
   Other (specify) _____
8. Date of Inspection _____ Time _____
9. Reason for Inspection (check one):
   X A. Routine (scheduled)
   _____ B. Complaint
   Source of complaint _____
   _____ C. Observed or suspected problem at site
10. Person Interviewed (if any) Mr. Sam Campagna Title Plant Manager
11. Signature of Inspector (s) A. Rieger Pasqualichia

will call back 10/16/79

716 284-3125