

FACSIMILE MESSAGE

EA Engineering, Science, and Technology
15 Loveton Circle
Sparks, Maryland 21152
Telephone: 41 O-77 I-4950
FAX: 41 O-77 I-4204

PLEASE DELIVER TO:

Name: Mr. Ray Pilon/Mary Omara
Phone: (716) 879-4146

USACE - Buffalo
FAX: (716) 879-~~4146~~ ⁴³⁵⁵

SENT BY:

Name: Sandy Staigerwald
Number of Pages (including Transmittal Sheet): 4
Date: 9/13/00 Project No.: 60957.46

MESSAGE:

Hi Ray and Mary,

Jeff Smith informed me that you would like to review the generator waste characterization form for the asbestos that is scheduled to go off-site on Friday. The form is attached for your review. Because the waste stream for the asbestos has not changed since the original characterization, we are disposing of the additional friable asbestos from Areas 8 and 2 under the original generator waste characterization report that you signed for us in July.

In addition, Jeff relayed to me that we should produce a letter to Mr. Syms stating that verbal notification for collection of split samples has been given to Mr. Syms on Monday, 11 September. The memo will be forthcoming later today.

Please feel free to call Jeff or me if you have any further questions or concerns.

Thanks,

Sandy,

cc: Jeff Smith
Gordy Porter

ORIGINAL WILL: FOLLOW VIA MAIL FOLLOW VIA OVERNIGHT EXPRESS NOT FOLLOW

GENERATOR WASTE CHARACTERIZATION REPORT

ACTIONS: The following form is required for disposal of nonhazardous industrial/commercial wastes at Modern Landfill. Please complete all sections of this report. Send completed report along with the analytical, chain of custody and the Application for Disposal of an Industrial Waste Stream (47-19-7) to this office. A separate form is required for each waste stream.

GENERATOR INFORMATION:

Generator Name: U. S. Army Corps of Engineers

Generating Facility Address: 1550 Balmer Rd. , Youngstown, NY

Technical Contact: Bill Kowalewski Phone: (716) 879-4419

Alternate Contact: Ray Pilon Phone: (716) 879-4146

INVOICING INFORMATION:

Contracting Firm: Modern Environmental Service

Contact: P. Michael Bull Phone: (716) 693-8076

DO you have an existing account with Modern Landfill? [] Yes [] No

Address: 747 Erie Avenue, North Tonawanda, NY 14120

TRANSPORTER INFORMATION:

Hauler Name: Modern Disposal Service, Inc. NYSDEC Permit No. 9A-073

Contact Person: Tod Davidson Phone: (716) 754-8226

Is Modern Landfill currently on your Transporter Permit: [] Yes [] No

If no, please enclose a Part C Application to cover this waste stream.

WASTE INFORMATION:

Common name of waste: Non-Friable Asbestos, Transite - C & D Friable Asbestos, Pipe Lagging - Bagged

*6-30-00
Call for samples*

Description of process generating this waste: Building Materials Demo Clean-up at Former LODW

*Former
LODW*

Is this waste hazardous under US EPA Guidelines & 6NYCRR Part 371 (d)? [] YES [XX] NO

Indicate the category which best describes this waste stream:

- [] Industrial Waste [XX] Construction & Demolition Debris
- [] Household Waste [XX] Other (Please Specify) Asbestos
- [] Commercial Solid Waste

Waste is at least 20% solid and contains no free liquid	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The flashpoint of the waste is > 140 F	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The pH level of the waste is between 2.0 and 12.5	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the waste reactive (Cyanide/Sulfide)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is the waste free of PCBs?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Color: <u>Gray</u>	Odor: <input type="checkbox"/> Strong <input type="checkbox"/> Mild <input checked="" type="checkbox"/> None

TCLP TESTING AND CERTIFICATION

METALS See attached

CONSTITUENT	NON-HAZARDOUS LIMIT (mg/l)	PRESENT	NOT PRESENT
ARSENIC	5.0		
BARIUM	100.0		
CADMIUM	1.0		
CHROMIUM	5.0		
LEAD	5.0		
MERCURY	0.2		
SELENIUM	1.0		
SILVER	5.0		

HERBICIDES/PESTICIDES See attached

CONSTITUENT	NON-HAZARDOUS LIMIT (mg/l)	PRESENT	NOT PRESENT
2,4-D	10.0		
2,4,5-TP (SILVER)	1.0		
ENDRIN	0.02		
LINDANE	0.6		
METHOXYCHLOR	10.0		
TOXAPHENE	0.5		
CHLORDANE	0.03		
HEPTACHLOR	0.008		

ACID EXTRACTABLES See attached

CONSTITUENT	NON-HAZARDOUS LIMIT (mg/l)	PRESENT	NOT PRESENT
o-CREOSOL	200.0		
m-CREOSOL	200.0		
p-CREOSOL	200.0		
PENTACHLOROPHENOL	100.0		
2,4,5-TRICHLOROPHENOL	400.0		
2,4,6-TRICHLOROPHENOL	2.0		

BASE NEUTRALS EXTRACTABLES See attached

CONSTITUENT	NON-HAZARDOUS LIMIT (mg/l)	PRESENT	NOT PRESENT
1,4-DICHLOROBENZENE	7.5		
2,4-DINITROTOLUENE	0.13		
HEXACHLOROBENZENE	0.13		
HEXACHLOROBUTADIENE	0.5		
HEXACHLOROETHANE	3		
NITROBENZENE	2		
PYRIDINE	5		

VOLATILE ORGANICS See attached

CONSTITUENT	NON-HAZARDOUS LIMIT (mg/l)	PRESENT	NOT PRESENT
1,1-DICHLOROETHYLENE	0.7		
METHYL ETHYL KETONE	250.0		
TETRACHLOROETHYLENE	0.7		
VINYL CHLORIDE	0.2		
BENZENE	0.5		
CARBON TETRACHLORIDE	0.5		
CHLOROBENZENE	100.0		
CHLOROFORM	5.0		
TRICHLOROETHYLENE	0.5		
1,2-DICHLOROETHANE	0.5		

CERTIFICATION

I CERTIFY THAT ALL INFORMATION CONTAINED WITHIN THIS GENERATOR WASTE CHARACTERIZATION REPORT, INCLUDING ALL ATTACHED INFORMATION IS COMPLETE AND ACCURATE REPRESENTATION OF THE ACTUAL AND SUSPECTED HAZARDS DESCRIBED HEREIN.

SIGNATURE:

Raymond L. Pilon

PRINTED NAME:

Raymond L. Pilon

TITLE:

Project Manager

COMPANY:

U.S. Army Corp of Engineers

DATE:

7/11/2000

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
 DIVISION OF SOLID AND HAZARDOUS WASTE - BUREAU OF HAZARDOUS WASTE OPERATIONS
 50 WOLF ROAD, ALBANY, NEW YORK 12213-4017

SITE NO.	APPLICATION NO.	DATE RECEIVED
DEPARTMENT ACTION <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		DATE

APPLICATION FOR TREATMENT OR DISPOSAL OF AN INDUSTRIAL WASTE STREAM

SEE APPLICATION INSTRUCTIONS ON REVERSE SIDE

1. NAME OF PROJECT/FACILITY MODERN LANDFILL INC	2. COUNTY NIAGARA	3. SITE NUMBER 32N30
4. NAME OF OWNER MODERN LANDFILL INC	5. ADDRESS (Street, City, State, Zip Code) 4746 MODEL CITY RD, MODEL CITY, NY	6. TELEPHONE NO. (716)754-8226
7. NAME OF OPERATOR RICHARD WASHUTA	8. ADDRESS (Street, City, State, Zip Code) FLETCHER & HAROLD RD, MODEL CITY, NY	9. TELEPHONE NO. (716)754-8226
10. METHOD OF TREATMENT OR DISPOSAL SANITARY LANDFILL - D90		14107

11. COMPANY GENERATING WASTE U. S. Army Corps of Engineers	12. ADDRESS OF FACILITY GENERATING WASTE (Street, City, State, Zip Code) 1550 Balmer Rd., Youngstown, NY
13. REPRESENTATIVE OF WASTE GENERATOR Bill Kowalewski	14. MAILING ADDRESS OF REPRESENTATIVE
15. TELEPHONE NO. 726-879-4419	

16. DESCRIPTION OF PROCESS PRODUCING WASTE
Clean-up of Demolition Site.

17. EXPECTED ANNUAL WASTE PRODUCTION 50 Tons/Year 1X Gallons/Year	18. WASTE HAULED IN <input type="checkbox"/> Drums <input type="checkbox"/> Bulk Tank <input checked="" type="checkbox"/> Roll-off Container <input type="checkbox"/> Other																																																
WASTE COMPOSITION Average Percent Solids 100%	19a. Physical State <input type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Sludge <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Contained Gas																																																
19c. pH Range 2.0 to 12.5																																																	
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">COMPONENTS</th> <th colspan="3">CONCENTRATION (Dry Weight)</th> <th colspan="2">UNIT (Check one)</th> </tr> <tr> <th>Upper</th> <th>Lower</th> <th>Typical</th> <th>Wt. %</th> <th>PPM</th> <th colspan="2"></th> </tr> </thead> <tbody> <tr> <td>1)</td> <td></td> <td></td> <td>50%</td> <td><input checked="" type="checkbox"/></td> <td>a</td> <td colspan="2"></td> </tr> <tr> <td>2)</td> <td></td> <td></td> <td>50%</td> <td><input checked="" type="checkbox"/></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>3)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>4)</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td colspan="2"></td> </tr> </tbody> </table>			COMPONENTS			CONCENTRATION (Dry Weight)			UNIT (Check one)		Upper	Lower	Typical	Wt. %	PPM			1)			50%	<input checked="" type="checkbox"/>	a			2)			50%	<input checked="" type="checkbox"/>				3)				<input type="checkbox"/>				4)				<input type="checkbox"/>			
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20. IS AN ANALYSIS OF WASTE ATTACHED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	21. WAS AN EP TOXICITY TEST CONDUCTED ON THE WASTE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", attach results.	22. MATERIAL IS: <input type="checkbox"/> Hazardous <input checked="" type="checkbox"/> Non-Hazardous
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23. DETAIL ALL HAZARD AND NUISANCE PROBLEMS ASSOCIATED WITH THE WASTES. List necessary safety, handling, treatment, and disposal precautions.

24. WHERE WAS MATERIAL DISPOSED OF PREVIOUSLY? **N/A**

25. NAME OF WASTE TRANSPORTER	26. ADDRESS (Street, City, State, Zip Code)	27. NYSDEC PERMIT No.	28. TELEPHONE NO.
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29. CERTIFICATION
 I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits 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.

a. SIGNATURE AND TITLE OF REPRESENTATIVE OF WASTE GENERATOR <input checked="" type="checkbox"/> <i>[Signature]</i> Project Manager	DATE 6/30/2000
b. SIGNATURE AND TITLE OF REPRESENTATIVE OF TREATMENT OR DISPOSAL FACILITY <input checked="" type="checkbox"/>	DATE