

NOTICE OF PUBLICATION FOR PENNSYLVANIA BULLETIN

Identification Number PAD0000430686

APPLICANT (block 1 of ER-SWM-4) Harrisburg Steam Generating Facility

ADDRESS 1670 S. 19th St

street-road & number/P. O. Box

Harrisburg
city

PA
state

17104
ZIP Code

NAME OF FACILITY OR SITE (block 5 of ER-SWM-4) Hbg. Steam Generating Facility

Operation of a hazardous waste disposal facility in
*see below

Hbg.
township-borough-city

Dauphin
county

Application received on 12/1/81
(date recv'd in regional office)

Permit issued on _____
(date issued in regional office)

- * MUNICIPAL WASTE PROCESSING OR DISPOSAL SITES - 100000 SERIES
- * INDUSTRIAL WASTE PROCESSING OR DISPOSAL SITES - 300000 SERIES
- * INCINERATORS - 400000 SERIES
- * SEWAGE SLUDGE SITES - 600000 SERIES



INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" near single site where hazardous waste is generated, treated, stored, and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by Section 3070 of the Resource Conservation and Recovery Act.

I. NAME OF INSTALLATION	RECEIVED RCRA SECTION EPA REGION III AUG 18 2004 11:17 AM PLEASE PLACE LABEL IN THIS SPACE		information on the label is incorrect, draw a label, affix it in the space at left. If any of the information requested herein is required by Section 307(d) of the Resource Conservation and Recovery Act.
II. INSTALLATION MAILING ADDRESS			
III. LOCATION OF INSTALLATION			
FOR OFFICIAL USE ONLY			
COMMENTS			
CPLS SEE ATTACHED COMMENTS			
INSTALLATION'S EPA I.D. NUMBER		APPROVED	DATE RECEIVED (yr., mo., & day)
FPADO7284978931		A	800818
I. NAME OF INSTALLATION			
HARRISBURG WASTEWATER TREATMENT PLANT			
II. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX			
3 SOUTH CAMERON & FRANKLIN STS.			
CITY OR TOWN			
4 HARRISBURG PA 17101			
III. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER			
5 FRANKLIN ST			
CITY OR TOWN			
6 STEELTON PA 17092			
IV. INSTALLATION CONTACT			
NAME AND TITLE (last, first, & job title)			PHONE NO. (area code & no.)
2 CYGAN PAUL SUPERINTENDENT			717-255-6524
V. OWNERSHIP			
A. NAME OF INSTALLATION'S LEGAL OWNER			
8 THE HARRISBURG SEWERAGE AUTHORITY			
B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION	
VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))			
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):			
VIII. FIRST OR SUBSEQUENT NOTIFICATION			
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.			
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)		C. INSTALLATION'S EPA I.D. NO.	
		PADO7284978	
IX. DESCRIPTION OF HAZARDOUS WASTES			
Please go to the reverse of this form and provide the requested information.			

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permit Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;">EPAD000430686</div>
II. FACILITY INFORMATION <div style="border: 1px solid black; padding: 2px;"> III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION </div>	<div style="border: 1px solid black; padding: 10px; min-height: 100px;"> PLEASE PLACE LABEL IN THIS SPACE </div>	
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	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		
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		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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		
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		
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	
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	
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	
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	
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 SNIP HARRISBURG STEAM GENERATING FACILITY
-----------------------	----------------------------------------------------

IV. FACILITY CONTACT		B. PHONE (area code & no.)	
2	KARPER JACK SUPERINTENDENT	717	255 6195

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	1670 SOUTH 19TH STREET		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 HARRISBURG		PA	17104

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5	1670 SOUTH 19TH STREET				
B. COUNTY NAME			C. CITY OR TOWN		
DAUPHIN			HARRISBURG		
D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
PA		17104		022	

GANNE FLEMING CORDDRY AND CARPENTER, INC.
ENGINEERS AND PLANNERS



P. O. BOX 1963

HARRISBURG, PA 17105

(717) 763-7211

CABLE ADDRESS GANFLEC • TELEX 84-2375

December 15, 1982

Mr. O. Frank DeGarcia, Director
Department of Public Works
City of Harrisburg
City Government Center
10 North Market Square
Harrisburg, Pennsylvania 17101

Dear Mr. DeGarcia:

Re: Harrisburg Steam Generating Plant
Hazardous Wastes

Recently you requested that we determine the permit status of the Harrisburg incinerators to receive and process hazardous wastes. You also requested that we review all available information on non-municipal wastes received at the incinerator which may have been hazardous or toxic. We have determined the following:

1. Incinerators Hazardous Waste Compliance Status

The incinerators were never permitted to receive and process hazardous wastes.

In the absence of information from City files, we contacted the State Department of Environmental Resources and Region III of the Environmental Protection Agency (EPA). We were advised that the City in 1980 filed the Notification and Part A documents to qualify the incinerator as a hazardous waste facility. However, both documents were submitted after expiration of the respective filing dates. As a result, Region III EPA did nothing more than hold the documents in file. The Part A application was not processed; therefore, the incinerator never achieved interim status as a hazardous waste facility. Early in 1982, EPA returned the Part A application to the City after being verbally advised that the City did not wish to pursue designating the incinerator as a hazardous waste facility.

2. Toxic or Hazardous Waste Received at the Incinerator in 1981

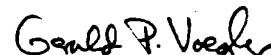
We reviewed the Special Handling Log (Advance Notification), Certifications from Continental Vanguard, Inc., and various invoices rendered by the City to disposers. This information does indicate that certain toxic wastes may have been handled at the incinerator site. In a few instances, wastes were identified as containing hazardous constituents (such as cadmium); in other instances, wastes were identified as having originated from specific sources (such as paint sludge) generally considered to generate hazardous wastes. However, there is no indication of quantities received, handling procedures, incinerator operating conditions, or even if the wastes were actually incinerated.

The information we reviewed indicates that there is a strong probability that hazardous wastes were incinerated, but the data is insufficient to be certain. There is no indication that the incinerators were ever permitted to dispose of hazardous wastes.

As we have indicated in separate correspondence, we do not recommend nor was the facility designed to process hazardous wastes.

Very truly yours,

GANNETT FLEMING CORDDRY AND CARPENTER, INC.

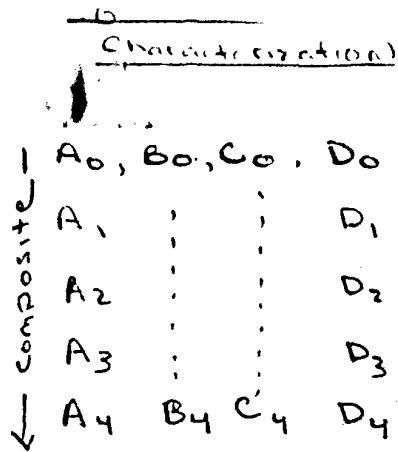

GERALD P. VOEGLER

GPV:rp

HAZARDOUS waste Determination For Residue Sites A and B-1 / Sampling Method

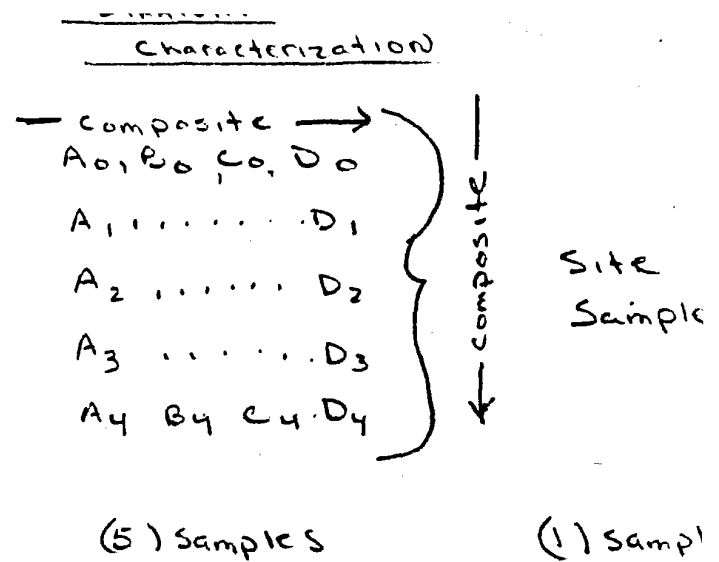
OBJECTIVE To obtain a valid estimate of the statistical mean for all parameters subject to analysis. The proposed method attempts to take into account stratification or the creation of zones of increased contamination, the effect of downward migration of leached constituents.

Proposed method A total of 10 samples will be analyzed to characterize each residue site. Each site will be divided into 4 quadrants and 5 horizontal layers. Each quadrant will be characterized by compositing samples from each horizontal layer to a depth of 20 feet. Each horizontal layer will be composited over 4 quadrants and further composited to yield a site sample. In the event the site sample yields borderline results, the quadrant results may be averaged to provide support data.

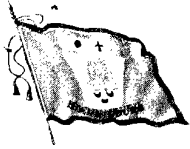


(4) Samples

	A	B
0	C	D
1	5'	
2	10'	
3	15'	
4	20'	



1. Divide each site into 4 equal quadrants
 2. Designate point A, B, C, D in each quadrant. Elevation $A \approx B \approx C \approx D$
 This can be done in the field and points chosen jointly by DER/Hbg INC. representatives
 - 3a. Five samples will be procured, one each, at depths of 0, 5, 10, 15 and 20 Feet and composited to yield a sample for the characterization of the quadrant. Perform for each quadrant
 - b. Four samples at each horizontal designation i.e., A₀, B₀, C₀, D₀, will be composited to yield a sample for each of the respective stratum. All stratum will be composited to yield a site sample.
 4. Analyze for all metal E.P. Toxic constituents
 (a) vertical composites (b) horizontal composites (c) site sample
 5. Log physical characteristics for each sampling point
- The specific method of sample procurement (backhoe - Auger/spit spoon) will be determined by negotiation and availability of apparatus.

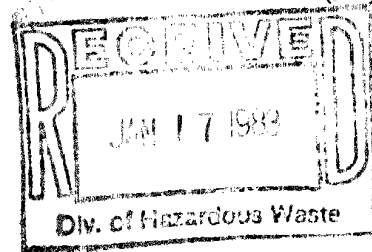


City of Harrisburg
Pennsylvania 17101

Department of Public Works

January 13, 1983

Telephone
(717) 255-3075



Pennsylvania Department of
Environmental Resources
Fulton Building
P.O. Box 2063
Harrisburg, Pennsylvania 17120

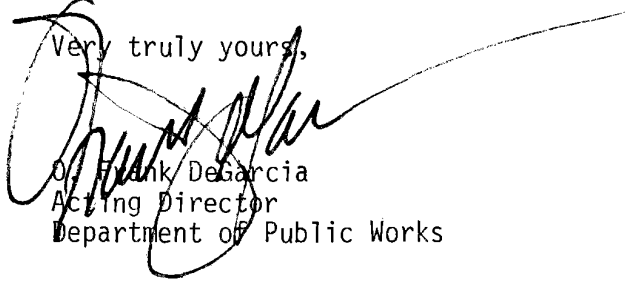
Gentlemen:

Re: Harrisburg Steam Generating Facility
Form ER-SWM-53

The attached form is transmitted to you in order to clarify the status of the Harrisburg Steam Generating Facility. The City does not wish to have the facility classified for handling hazardous waste. It has been determined that the facility is incapable of handling the type of waste designated as hazardous, and will continue with incinerating only municipal and residual waste for which the facility has existing solid waste permits.

If you have any questions regarding this form, please contact Mr. Leroy T. Lippi, Jr., whose phone number is provided on the form.

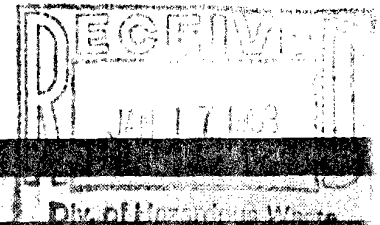
Very truly yours,


Frank DeGarcia
Acting Director
Department of Public Works

OFG:kme
Attachments

Pennsylvania Department of Environmental Resources
BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

ER-SWM-53: Rev. 3/82



I. INSTALLATION'S EPA I.D. NUMBER									
P A D 0 0 0 4 3 0 6 8 6									
II. NAME OF INSTALLATION									
Harrisburg Steam Generating Facility									
III. INSTALLATION MAILING ADDRESS									
STREET OR P. O. BOX									
1670 South 19th Street									
CITY OR TOWN							ST.	ZIP CODE	
Harrisburg							P A	17104	
IV. LOCATION OF INSTALLATION									
STREET OR ROUTE NUMBER							MUNICIPALITY		
1670 South 19th Street							Harrisburg		
CITY OR TOWN					ST.	ZIP CODE		COUNTY	
Harrisburg					P A	17104		Dauphin	
V. INSTALLATION CONTACT									
NAME AND TITLE (last, first, & job title)								PHONE NO. (area code & number)	
Lippi, Leroy T., Jr. - Acting Superintendent								717 236 53	
VI. OWNERSHIP									
A. NAME OF INSTALLATION'S LEGAL OWNER									
City of Harrisburg									
B. TYPE OF OWNERSHIP									
(enter the appropriate letter into box)									
F = FEDERAL M = NON-FEDERAL M									
VII. SIC CODES (4-digit in order of priority)									
A. FIRST					C. THIRD				
4 9 5 3 (specify) Refuse Systems					(specify)				
B. SECOND					D. FOURTH				
(specify)					(specify)				
VIII. TYPE OF HAZARDOUS WASTE ACTIVITY									
<input type="checkbox"/> A. GENERATION <input type="checkbox"/> C. STORE <input type="checkbox"/> E. TRANSPORTATION (COMPLETE ITEM IX) <input type="checkbox"/> G. REUSE, RECYCLE, RECLAIM									
<input type="checkbox"/> B. TREAT <input type="checkbox"/> D. DISPOSE <input type="checkbox"/> F. PERMIT BY RULE <input type="checkbox"/> H. OTHER (specify):									
IX. MODE OF TRANSPORTATION (transporters only)									
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (specify):									
X. EXISTING ENVIRONMENTAL PROGRAM PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
B. UIC (Underground Injection of Fluids)					E. SOLID WASTE (State)				
					1 0 0 7 5 8 PA DER Solid Waste Permit				
C. RCRA (Hazardous Wastes)					F. OTHER (specify)				
XI. TYPE OF NOTIFICATION									
Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).									
<input type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> C. DELETION OF A WASTE <input checked="" type="checkbox"/> E. DELETION OF AN ACTIVITY									
<input type="checkbox"/> B. CHANGE OF GENERAL INFORMATION <input type="checkbox"/> D. ADDITION OF A WASTE <input type="checkbox"/> F. ADDITION OF AN ACTIVITY									

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☐ 1. IGNITABLE

☐ 2. CORROSIVE

☐ 3. REACTIVE

☐ 4. EP TOXIC

XIII CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

O. FRANK DeGARCIA, Acting Director
Department of Public Works

1-13-83

FOR OFFICIAL USE ONLY

Operations Review of
SUBJECT: Application # _____
For A **EPA PART A APPLICATIONS**

TO: **MIKE NAMOSKI**

FROM: Robert G. Benven **RGB**
Regional Facilities Supervisor
Harrisburg Regional Office

Please review the ~~operational plan for the~~ above referenced application and submit your comments within fifteen (15) days.

Comments may be written in the space below. Attach additional sheet(s) if necessary.

REVIEWED BY: Michael A. Namoski DATE: 12-1-81

COMMENTS: page 2 of General Information Item X Existing Environmental Permits, none listed. Solid Waste permit numbers - 100758 for incinerator, 100759 for residue disposal site A and 100992 for residue disposal site B-1. Possibly other permits for Water Quality and Air Quality.

Page 4 sections IX Owner Certification and X Operator Certification, not signed or dated. Site drawing does not show residue disposal site B-1 currently in use. Also does not show future residue disposal sites B-2 and B-3 as shown on plans submitted to DER. No scale on any of the maps or drawings. Leachate collection system to sewage treatment plant should be included on drawings. No photographs of site. More detail of disposal processes should be included showing how wastes are brought into incinerator, burned and disposed of in residue pits. No monitoring wells shown. Some of these comments are not asked for in instructions, but I believe they are necessary. Latitude and Longitude markings not shown on map. Source of map not indicated. Dimensions of buildings, residue disposal sites not indicated. Area and size of drum storage area not indicated on drawings.

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

print or type with ELITE type (12 characters/inch)	
PLEASE PLACE LABEL IN THIS SPACE	I. TYPE OF HAZARDOUS WASTE REPORT
	PART A: GENERATOR QUARTERLY REPORT
	THIS REPORT IS FOR THE QUARTER ENDING
	PART B: FACILITY QUARTERLY REPORT
THIS REPORT IS FOR THE QUARTER ENDING 09-30-1981	
II. INSTALLATION'S ID. NUMBER	
PAD0000430686	
III. NAME OF INSTALLATION	
HARRISBURG STEAM GENERATING FACILITY	
IV. INSTALLATION MAILING ADDRESS	
STREET OR P. O. BOX	
1670 S. 19TH STREET	
CITY OR TOWN	
HARRISBURG	
ST. ZIP CODE	
PA 17104	
V. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
1670 S. 19TH STREET	
MUNICIPALITY	
HARRISBURG	
CITY OR TOWN	
HARRISBURG	
ST. ZIP CODE	
PA 17104	
COUNTY	
DAUPHIN	
VI. INSTALLATION CONTACT	
NAME (last and first)	
KIM S. ROBINSON	
PHONE NO. (area code & no.)	
717 255 3118	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)	
List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.	
VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
FACILITY CLOSURE NOT ANTICIPATED	
INCINERATION PROCESS	
B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (for Part B reports only)	
FACILITY CLOSURE NOT ANTICIPATED	
INCINERATION PROCESS	
IX. CERTIFICATION	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
Kim S. Robison	
Kim S. Robison	
October 30, 1981	
A. Print or Type Name	
B. Signature	
C. Date Signed	

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD000430686

XVII. GENERATOR'S I.D. NO.

PAD097157796

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

980 Loucks Mill Road
York, Pennsylvania 17402

XVIII. GENERATOR NAME (specify)

AGWAY INC.

MUN. YORK

COUNTY YORK

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	WASTE, ORGANIC PHOSPHATE COMPOUND DRY MDN- PA A 2106112	P094	T09 Date 08-19-81	.22	T	
2	WASTE, ZINC PHOSPHIDE MDN- PA A 2106123	P122	T09 Date 09-22-81	.01	T	
3	WASTE, ORGANIC PHOSPHATE, COMPOUND DRY MDN- PA A 2106134	P094	T09 Date 09-23-81	.01	T	
4	WASTE, ORGANIC PHOSPHATE, COMPOUND DRY MDN-	P094	T09 Date 09-25-81	.09	T	
5	MDN-		Date - -			
6	MDN-		Date - -			
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			
10	MDN-		Date - -			

XXI. COMMENTS (enter information by line number--see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD0000430686

XVII. GENERATOR'S I.D. NO.

PA00000765354

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

COMMERCE DRIVE
MIDDLETOWN, PA.

17057

XVIII. GENERATOR NAME (specify)

MACK TRUCKS INC.

MUN.

MIDDLETOWN

COUNTY

DAUPHIN

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	HAZARDOUS WASTE LIQUID N.O.S. MDN- PA A 1132036		T09 Date 08-11-81	8.38	T	
2			Date - -	-	-	
3			Date - -	-	-	
4			Date - -	-	-	
5			Date - -	-	-	
6			Date - -	-	-	
7			Date - -	-	-	
8			Date - -	-	-	
9			Date - -	-	-	
10			Date - -	-	-	

XXI. COMMENTS (enter information by line number—see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD0000430686

XVII. GENERATOR'S I.D. NO.

PAD002327799

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

PENNEL ROAD
GLEN Riddle, Pennsylvania 19037

XVIII. GENERATOR NAME (specify)

SUNROC CORP.

MUN.

COUNTY

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	WASTE PAINT	FO17	T09	5.54	T	
	MDN- PA A 1295420		Date 08-21-81			
2			Date - -			
	MDN-					
3			Date - -			
	MDN-					
4			Date - -			
	MDN-					
5			Date - -			
	MDN-					
6			Date - -			
	MDN-					
7			Date - -			
	MDN-					
8			Date - -			
	MDN-					
9			Date - -			
	MDN-					
10			Date - -			
	MDN-					

XXI. COMMENTS (enter information by line number--see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD0000430686

XVII. GENERATOR'S I.D. NO.

PAD070604178

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

1001 S. Trooper Road
Valley Forge, Pennsylvania

19482

XVIII. GENERATOR NAME (specify)

Volkswagen OF AMERICA

MUN.

Valley Forge

COUNTY

CHESTER

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	HAZARDOUS WASTE N.O.S. TOXIC LEAD MDN- PA A 3691984	0008	T09 Date 09-21-81	10.89	T	
2			Date - - -			
3			Date - - -			
4			Date - - -			
5			Date - - -			
6			Date - - -			
7			Date - - -			
8			Date - - -			
9			Date - - -			
10			Date - - -			

XXI. COMMENTS (enter information by line number--see instructions.)

FILE

HAZARDOUS WASTE INSPECTION REPORT
TSD Facilities - Part A

Date of inspection 9-11-81 Time start 10:00AM Time finish 1:00PM
Name of inspector DONALD L. KILLIAN MICHAEL A. NAMOSKI
Company, installation name HARRISBURG STEAM GENERATING FACILITY
Location 1670 SOUTH 19TH STREET HARRISBURG, PA. 17104
County DAUPHIN Municipality CITY OF HARRISBURG
Identification number PAD000430686
Name of responsible official JACK KARPER
Title SUPERINTENDENT
Mailing address AS ABOVE
Area code and phone no. 717-255-6495
Name of person interviewed AS ABOVE
Title _____
Mailing address (if different from above) _____
Area code and phone no. _____

1. Site characterization:

- a. ☐ Treatment - ☐ surface impoundments, ☐ chemical, ☐ physical, ☐ biological
b. ☐ Storage - ☐ containers, ☐ tanks, ☐ surface impoundments, ☐ waste piles
c. ☒ Disposal - ☐ land treatment, ☐ landfill, ☒ incineration, ☐ thermal treatment
d. ☒ Use, ☐ reuse, ☐ recycle, ☐ reclaim (STEAM GENERATION)

2. Does the facility generate hazardous wastes? ☐ Yes ☐ No → SEE COMMENTS

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

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

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

PAD000430686 9-11-81

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

AD000430686 9-11-81

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

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

TREATMENT STORAGE, DISPOSAL FACILITIES - INCINERATORS

75.265

PAD000430686 9-11-81

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

[illegible]

Date of inspection 9-11-81 Identification number PA0000430686 ①
 Company, Installation name HARRISBURG STEAM GENERATING FACILITY
 County DAUPHIN Municipality CITY OF HARRISBURG

75.265(2)(2) THIS FACILITY PRESENTLY DOES NOT HAVE INTERIM STATUS TO TREAT, STORE OR DISPOSE OF HAZARDOUS WASTE. THE HAZARDOUS WASTE ACTIVITY NOTIFICATION TO THE EPA WAS SUBMITTED AFTER THE DEADLINE. SINCE THIS WAS RECEIVED LATE BY THE EPA, THE STATUS OF THE HARRISBURG STEAM GENERATING FACILITY IS PENDING. A DECISION WILL BE MADE BY THE EPA CONCERNING THIS FACILITY AND OBTAINING INTERIM STATUS. THIS DECISION WILL BE FORTHCOMING.

~~75.265(2)(2)~~ IF THIS FACILITY DOES OBTAIN INTERIM STATUS, THE FOLLOWING VIOLATIONS MUST BE ADDRESSED:

75.265(b)(1) THIS FACILITY HAS ACCEPTED SHIPMENTS OF HAZARDOUS WASTE FROM AN UNAUTHORIZED TRANSPORTER I.E. DILLSBURG SEPTIC SERVICES. HAZARDOUS WASTE MAY BE ACCEPTED ONLY FROM TRANSPORTERS WHO HAVE ~~BEEN~~ APPLIED FOR A HAZARDOUS WASTE TRANSPORTER LICENSE. IN THE FUTURE, IF ANY QUESTIONS EXIST CONCERNING THE STATUS OF A TRANSPORTER, THE DEPARTMENT SHOULD BE CONTACTED IMMEDIATELY.

75.265(c)(3) A ~~DEVELOPED~~ WRITTEN WASTE ANALYSIS PLAN MUST BE DEVELOPED ACCORDING TO THE GUIDELINES UNDER 265(c)(3). THIS PLAN SHALL BE SUBMITTED TO THE DEPARTMENT AT A TIME PRESCRIBED

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

Person Interviewed (signature)

R. K. ...

Date 9-16-81

Inspector (signature)

Donald L. Kullian
Michael A. Namoshi

Date 9-15-81

9-16-81

Date of inspection 9-11-81 Identification number AD0000430686
 Company, Installation name HARRISBURG STEAM GENERATING FACILITY
 County DAUPHIN Municipality CITY OF HARRISBURG

BY THE DEPARTMENT.

75.265(c)(1) ^{HAS BEEN} ^{HAZARDOUS} THERE ~~ARE~~ SEVERAL WASTE STREAMS ACCEPTED AT THIS FACILITY WHICH ~~ARE~~ HAVE NOT BEEN APPROVED BY THE DEPARTMENT BEFORE ACCEPTANCE. ALL WASTE STREAMS WHICH ARE NOT COVERED BY THE FACILITY'S PERMIT (HAZARDOUS AND NON-HAZARDOUS WASTE STREAMS) MUST BE APPROVED BY THE DEPARTMENT UNDER A MODULE 1 SUBMISSION BEFORE SUCH WASTE MAY BE ACCEPTED AT THE FACILITY.

75.265(i)(1) A CONTINGENCY PLAN MUST BE DEVELOPED AND IMPLEMENTED, REGARDING THE HANDLING OF HAZARDOUS WASTE AT THIS FACILITY. THIS CONTINGENCY PLAN SHOULD BE DEVELOPED USING THE ACCOMPANYING GUIDELINES.

75.265(m) QUARTERLY REPORTS HAVE NOT BEEN SUBMITTED TO THE DEPARTMENT AS REQUIRED. THESE MUST BE SUBMITTED TO THE DEPARTMENT FOR THE TWO QUARTERS FROM NOVEMBER 29, 1980 TO JUNE 30, 1981 WITHIN 15 DAYS OF THE SIGNATURE OF THIS INSPECTION.

SINCE THE HAZARDOUS WASTES ARE INCINERATED, THE RESULTING ASH RESIDUES MAY THEN BE CONSIDERED HAZARDOUS WASTE. THIS FACILITY

MAY THEN BE REQUIRED TO MEET THE REQUIREMENTS CONCERNING

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

Person Interviewed (signature)

[Signature]

Date 9-16-81

Inspector (signature)

Donald L. Kellian
Michael A. Namaski

Date 9-15-81

9-16-81

Date of inspection 9-11-81 Identification number PAD000430686
Company, Installation name HARRISBURG STEAM GENERATING FACILITY
County DAUPHIN Municipality CITY OF HARRISBURG

DISPOSAL OF HAZARDOUS WASTE (REGARDING THE 2 LANDFILL AREAS) AND ALSO GENERATION OF HAZARDOUS WASTE. THIS DETERMINATION WILL BE MADE PENDING THE OUTCOME OF EPA'S DECISION CONCERNING THE FACILITY'S STATUS.

THE WASTE ANALYSIS PLAN AND CONTINGENCY PLAN MUST BE DEVELOPED WITHIN 30 DAYS OF THE SIGNATURE OF THIS INSPECTION REPORT.


IF THE EPA DOES NOT GIVE THIS FACILITY INTERIM STATUS TO MANAGE HAZARDOUS WASTE, HAZARDOUS WASTE THEN MAY NOT BE ACCEPTED BY THE FACILITY.

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

Person Interviewed (signature)

Date 9-16-81

Inspector (signature)


Michael A. Namoski

Date 9-15-819-16-81

03 OKPJP
 PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
 BUREAU OF SOLID WASTE MANAGEMENT
 HAZARDOUS WASTE REPORT

Please print or type with ELITE type (12 characters/inch).

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

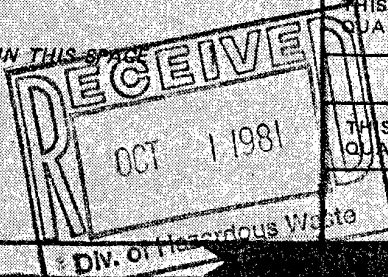
- - - 1 9

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

06-30-1981

PLEASE PLACE LABEL IN THIS SPACE



II. INSTALLATION'S ID. NUMBER

PAD0000430686

III. NAME OF INSTALLATION

HARRISBURG STEAM GENERATING FACILITY

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

1670 S 19TH STREET

CITY OR TOWN

HARRISBURG

ST.

ZIP CODE

PA 17104

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

1670 S 19TH STREET

MUNICIPALITY

HARRISBURG

CITY OR TOWN

HARRISBURG

ST.

ZIP CODE

PA 17104

COUNTY

DAUPHIN

VI. INSTALLATION CONTACT

NAME (last and first)

KIM S. ROBISON OR JACK R. KARPEN

PHONE NO. (area code & no.)

717 255 3118

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

FACILITY CLOSURE NOT ANTICIPATED
INCINERATION PROCESS

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND

FACILITY MAINTENANCE (disposal facilities only)
FACILITY CLOSURE NOT ANTICIPATED
INCINERATION PROCESS

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Kim S. Robison

A. Print or Type Name

B. Signature

9/29/81

C. Date Signed

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD0000430686

XVII. GENERATOR'S I.D. NO.

PAD0971157796

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

980 Loucks Mill Road
YORK, PENNSYLVANIA 17402

XVIII. GENERATOR NAME (specify)

AGWAY INC.

MUN. YORK

COUNTY YORK

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	THIRAM WASTE MDN- PA A 2110474	P117	T09 Date 04-01-81	0.36	T	
2	THIRAM WASTE MDN- PA A 2106042	P117	T09 Date 04-03-81	0.35	T	
3	THIRAM ENDOSOLFAN MDN- PA A 2106051	P117 P050	T09 Date 04-10-81	0.22	T	
4	THIRAM ENDOSOLFAN MDN- PA A 2106064	P117 P050	T09 Date 04-20-81	0.49	T	
5	THIRAM ENDOSOLFAN MDN- PA A 2106086	P117 P050	T09 Date 04-22-81	2.73	T	
6	WASTE THIRAM MDN- PA A 2106090	P117	T09 Date 04-24-81	2.75	T	
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			
10	MDN-		Date - -			

XXI. COMMENTS (enter information by line number—see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD0000430686

XVII. GENERATOR'S I.D. NO.

PAD067098822

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

550 INDUSTRIAL DRIVE
LEWISBERRY, PENNSYLVANIA 17339

XVIII. GENERATOR NAME (specify)

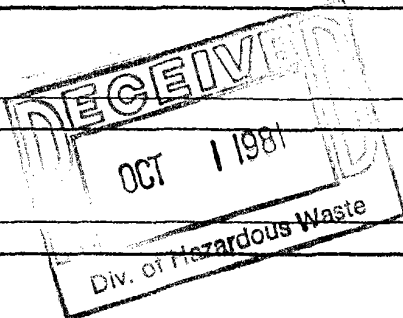
INDUSTRIAL WASTE REMOVAL, INC.

MUN. LEWISBERRY

COUNTY YORK

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HW License No.)
1	WASTE OIL and WATER N.O.S. MDN-PA A 0755285	K052	T09 Date 04-29-81	7.33	T	
2	MDN--		Date -- --			
3	MDN--		Date -- --			
4	MDN--		Date -- --			
5	MDN--		Date -- --			
6	MDN--		Date -- --			
7	MDN--		Date -- --			
8	MDN--		Date -- --			
9	MDN--		Date -- --			
10	MDN--		Date -- --			



XXI. COMMENTS (enter information by line number—see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
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1. DATE RECEIVED

- - - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PA00000430686

XVII. GENERATOR'S I.D. NO.

PA00000765354

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

COMMERCE DRIVE
MIDDLETOWN, PA. 17057

XVIII. GENERATOR NAME (specify)

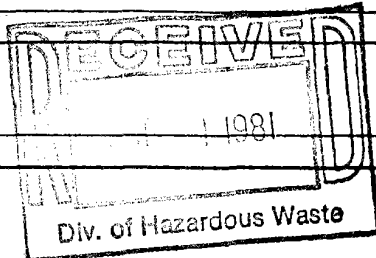
MACK TRUCKS INC.

MUN. MIDDLETOWN

COUNTY DAUPHIN

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	HAZARDOUS WASTE LIQUID N.O.S. MDN- PA A1132062	D003	T09 Date 05-11-81	9.37	T	
2	HAZARDOUS WASTE LIQUID N.O.S. MDN- PA A 1132073	D003	T09 Date 05-13-81	8.85	T	
3	HAZARDOUS WASTE LIQUID N.O.S. MDN- PA A 1132084	D003	T09 Date 06-15-81	9.11	T	
4						
5						
6						
7						
8						
9						
10						

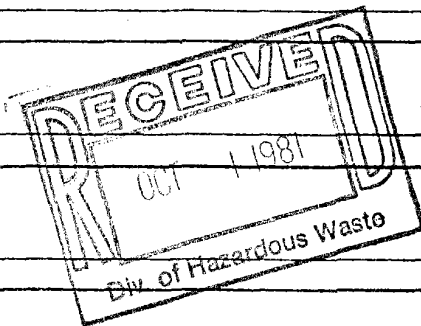


XXI. COMMENTS (enter information by line number—see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL USE ONLY (Items 1 & 2)		1. DATE RECEIVED		19		XVI. FACILITY'S I.D. NO.	
		2. RECEIVED BY		PAD0000430686			
XVII. GENERATOR'S I.D. NO.				XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)			
PAD0002324978				MOREHALL ROAD MALVERN, PENNSYLVANIA			
XVIII. GENERATOR NAME (specify)				MUN. COUNTY			
NATIONAL ROLLING MILLS							
XX. WASTE IDENTIFICATION							
LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HW License No.)	
1	HAZARDOUS WASTE N.O.S. MDN-PAA 0253993	0009	T09 Date 04-03-81	11.84	T		
2	HAZARDOUS Solid Waste N.O.S. WHICH CONTAINS MERCURY MDN-PAA 1025732	0009	T09 Date 05-01-81	13.11	T		
3	MDN-		Date - -				
4	MDN-		Date - -				
5	MDN-		Date - -				
6	MDN-		Date - -				
7	MDN-		Date - -				
8	MDN-		Date - -				
9	MDN-		Date - -				
10	MDN-		Date - -				
XXI. COMMENTS (enter information by line number--see instructions.)							



Please print or type with ELITE type (12 characters/inch)

DO NOT KEYPUNCH

FACILITY QUARTERLY REPORT - PART B

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XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

PAD0000430686

XVII. GENERATOR'S I.D. NO.

WOME

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

9th and Herr Streets
HARRISBURG, PA. 17105

XVIII. GENERATOR NAME (specify)

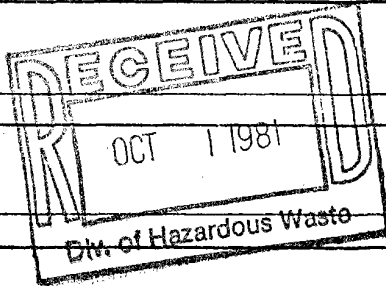
TAYLOR WHARTON

MUN. HARRISBURG

COUNTY DAUPHIN

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HW) License No.
1	WASTE OIL N.O.S. MDN- PA A 0755230	R052	T09 Date 04-22-81	12.90	T	
2	WASTE OIL N.O.S. MDN- PA A 0755226	R052	T09 Date 04-22-81	6.60	T	
3	WASTE OIL N.O.S. MDN- PA A 0755252	R052	T09 Date 04-23-81	9.55	T	
4	WASTE OIL & WATER N.O.S. MDN- PA A 0755263	R052	T09 Date 04-24-81	5.39	T	
5	MDN-		Date - -			
6	MDN-		Date - -			
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			
10	MDN-		Date - -			



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XVI. FACILITY'S I.D. NO.

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PAD0000430686

XVII. GENERATOR'S I.D. NO.

PAD070604178

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

1001 S. TROOPER Road
Valley Forge, PA. 19482

XVIII. GENERATOR NAME (specify)

VOLKSWAGON OF AMERICA INC.

MUN. Valley Forge

COUNTY CHESTER

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HW) License No.
1	HAZARDOUS WASTE N.O.S. MDN-PA A 2143691	F017	T09 Date 06-19-81	7.37	T	
2	MDN-		Date - -	-	-	
3	MDN-		Date - -	-	-	
4	MDN-		Date - -	-	-	
5	MDN-		Date - -	-	-	
6	MDN-		Date - -	-	-	
7	MDN-		Date - -	-	-	
8	MDN-		Date - -	-	-	
9	MDN-		Date - -	-	-	
10	MDN-		Date - -	-	-	



XXI. COMMENTS (enter information by line number--see instructions.)

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORT

AUG 5 1981

53 print or type with ELITE type (12 characters/inch)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- 1 9

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

0 6 - 3 0 - 1 3 8 1

II. INSTALLATION'S ID. NUMBER

P A D 0 7 2 8 4 9 7 8 9

III. NAME OF INSTALLATION

A D V A N C E D W A S T E W A T E R T R E A T M E N T P L A N T

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

4 2 3 W A L N U T S T R E E T R O O M 4 0 3

CITY OR TOWN

H A R R I S B U R G P A

ST. ZIP CODE

1 7 1 0 1

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C A M E R O N + E L L I O T S T R E E T

MUNICIPALITY

HARRISBURG

CITY OR TOWN

H A R R I S B U R G P A

ST. ZIP CODE

1 7 1 0 4

COUNTY

DAUPHIN

VI. INSTALLATION CONTACT

NAME (last and first)

C Y G A N P A U L

PHONE NO. (area code & no.)

7 1 7 2 5 5 6 5 1 2 4

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

Chemical Leaman - PAD084770023

Waste Conversion - PAD085690592

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Paul Cygan
A. Print NamePaul Cygan
B. Signature7/31/81
C. Date Signed

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

P A D 0 7 2 8 4 9 7 8 9

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

P A D 0 0 3 0 2 5 2 7 7

XIX. GENERATOR ADDRESS (Street or PO box, city, state & zip code.)

1 Cumberland Street, Lebanon, PA

AUG 5 1991

XVIII. GENERATOR NAME (specify)

Bethlehem Steel Corporation

MUN. Lebanon

COUNTY Lebanon

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA Hazardous Waste Transporter (HWT) License No.
1	Waste Sulfuric Acid, Spent Contains Ferrous Sulfate MDN- PAA0307775	K 0 6 2	T 6 7 Date 0 4 - 0 1 - 8 1	4 5 0 0 0	P	
2	Same MDN- PAA0307812	K 0 6 2	T 6 7 Date 0 4 - 0 7 - 8 1	4 4 9 0 0	P	
3	Same MDN- PAA0307790	K 0 6 2	T 6 7 Date 0 4 - 0 7 - 8 1	4 4 9 0 0	P	
4	Same MDN- PAA0307985	K 0 6 2	T 6 7 Date 0 4 - 1 0 - 8 1	4 0 9 0 0	P	
5	Same MDN- PAA0307996	K 0 6 2	T 6 7 Date 0 4 - 1 0 - 8 1	4 6 7 0 0	P	
6	Same MDN- PAA0308000	K 0 6 2	T 6 7 Date 0 4 - 1 3 - 8 1	4 5 8 0 0	P	
7	Same MDN- PAA0308022	K 0 6 2	T 6 7 Date 0 4 - 1 6 - 8 1	4 5 0 0 0	P	
8	Same MDN- PAA0308033	K 0 6 2	T 6 7 Date 0 4 - 2 2 - 8 1	4 5 0 0 0	P	
9	Same MDN- PAA0308055	K 0 6 2	T 6 7 Date 0 4 - 2 4 - 8 1	4 5 0 0 0	P	
10	Same MDN- PAA0308070	K 0 6 2	T 6 7 Date 0 4 - 2 9 - 8 1	4 5 0 0 0	P	

XXI. COMMENTS (enter information by line number - see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

P A D 0 7 2 8 4 9 7 8 9

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

P A D 0 0 3 0 2 5 2 7 7

XIX. GENERATOR ADDRESS (Street or PO box, city, state & zip code.)

1 Cumberland Street
Lebanon, PA

AUG 5 1981

XVIII. GENERATOR NAME (specify)

Bethlehem Steel Corporation

MUN. Lebanon

COUNTY Lebanon

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA Hazardous Waste Transporter (HWT) License No.
1	Waste Sulfuric Acid - Spent Contains Ferrous Sulfate MDN- PAA0308081	K 0 6 2	T 6 7 Date 0 5 - 0 4 - 8 1	4 8 0 0 0	P	
2	Same MDN- PAA0308011	K 0 6 2	T 6 7 Date 0 4 - 1 6 - 8 1	4 5 0 0 0	P	
3	Same MDN- PAA0308092	K 0 6 2	T 6 7 Date 0 5 - 0 5 - 8 1	4 5 0 0 0	P	
4	Same MDN- PAA0308103	K 0 6 2	T 6 7 Date 0 5 - 0 7 - 8 1	4 5 0 0 0	P	
5	Same MDN- PAA0308114	K 0 6 2	T 6 7 Date 0 5 - 1 2 - 8 1	5 0 0 0 0	P	
6	Same MDN- PAA2050020	K 0 6 2	T 6 7 Date 0 5 - 1 8 - 8 1	4 6 0 0 0	P	
7	Same MDN- PAA2050053	K 0 6 2	T 6 7 Date 0 5 - 2 2 - 8 1		P	
8	Same MDN- PAA2050064	K 0 6 2	T 6 7 Date 0 5 - 2 2 - 8 1	4 5 0 0 0	P	
9	Same MDN- PAA2050075	K 0 6 2	T 6 7 Date 0 5 - 2 9 - 8 1	4 7 0 0 0	P	
10	Same MDN- PAA2050086	K 0 6 2	T 6 7 Date 0 5 - 2 9 - 8 1	4 7 0 0 0	P	

XXI. COMMENTS (enter information by line number-see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

P A D 0 7 2 8 4 9 7 8 9

XVII. GENERATOR'S I.D. NO.

P A D 0 0 3 0 2 5 2 7 7

XIX. GENERATOR ADDRESS (Street or PO box, city, state & zip code.)

1 Cumberland Street
Lebanon, PA

XVIII. GENERATOR NAME (specify)

Bethlehem Steel

MUN. Lebanon

COUNTY Lebanon

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA Hazardous Waste Transporter (HWT) License No.
1	Waste Sulfuric Acid, Spent Contains Ferrous Sulfate MDN- PAA2050145	K 0 6 2	T 6 7 Date 0 6 - 1 5 - 8 1	2 7 0 0 0	P	
2	Same MDN- PAA2050134	K 0 6 2	T 6 7 Date 0 6 - 1 5 - 8 1	4 5 0 0 0	P	
3	Same MDN- PAA2050156	K 0 6 2	T 6 7 Date 0 6 - 1 9 - 8 1	4 5 0 0 0	P	
4	Same MDN- PAA2050160	K 0 6 2	T 6 7 Date 0 6 - 1 9 - 8 1	4 5 2 0 0	P	
5	Same MDN- PAA2050171	K 0 6 2	T 6 7 Date 0 6 - 2 4 - 8 1	4 5 0 0 0	P	
6	Same MDN- PAA2050193	K 0 6 2	T 6 7 Date 0 6 - 2 4 - 8 1	4 5 0 0 0	P	
7	Same MDN- PAA2050204	K 0 6 2	T 6 7 Date 0 6 - 3 0 - 8 1	4 5 0 0 0	P	
8	Same MDN- PAA2050215	K 0 6 2	T 6 7 Date 0 6 - 3 0 - 8 1	4 5 0 0 0	P	
9	MDN-		Date - - -			
10	MDN-		Date - - -			

XXI. COMMENTS (enter information by line number--see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART 1

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - - 1 9

XVI. FACILITY'S I.D. NO.

P A D O 4 2 8 4 9 7 8 9

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

P A D O 0 3 0 1 4 5 6 0

XIX. GENERATOR ADDRESS (Street or P.O. box, city, state & zip code.)

3990 East Market Street
York, PA 17402

5/1981

XVIII. GENERATOR NAME (specify)

Campbell Chain Company

MUN York

COUNTY York

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. P.A. Hazardous Waste Transporter (DOT) License No.
1	Sulfuric Acid - Spent MDN- PAA0967470	K 0 6 2	T 6 7 Date 0 4 - 2 8 - 8 1	4 8 0 0 0	P	
2	MDN-		Date - - -			
3	MDN-		Date - - -			
4	MDN-		Date - - -			
5	MDN-		Date - - -			
6	MDN-		Date - - -			
7	MDN-		Date - - -			
8	MDN-		Date - - -			
9	MDN-		Date - - -			
10	MDN-		Date - - -			

XXI. COMMENTS (enter information by line number--see instructions.)

Please print or type with ELITE type (12 characters/inch)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - - 1 9

XVI. FACILITY'S I.D. NO.

P A D 0 7 2 8 4 9 7 8 9

2. RECEIVED BY

XII. GENERATOR'S I.D. NO.

P A D 0 0 5 5 6 9 5 3 8

XIX. GENERATOR ADDRESS (Street or P.O. box, city, state & zip code.)

Memory Lane
York, PA 17402

XVIII. GENERATOR NAME (specify)

Caterpillar Tractor Company

MUN. York

COUNTY York

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. P.A. Hazardous Waste Transporter (HWT) License No.
1	Waste Sulfuric Acid - Spent MDN-	K 0 6 2	T 6 7 Date 0 5 - 1 4 - 8 1	4 5 0 0 0	P	
2	MDN-		Date - - -	- - -		
3	MDN-		Date - - -	- - -		
4	MDN-		Date - - -	- - -		
5	MDN-		Date - - -	- - -		
6	MDN-		Date - - -	- - -		
7	MDN-		Date - - -	- - -		
8	MDN-		Date - - -	- - -		
9	MDN-		Date - - -	- - -		
10	MDN-		Date - - -	- - -		

XXI. COMMENTS (enter information by line number - see instructions.)

OK p. 1 of 1
PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE REPORTMAY 13 1981
Harrisburg

Please print or type with ELITE type (12 characters/inch.)

PLEASE PLACE LABEL IN THIS SPACE

I. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

- - - 1 9

PART B: FACILITY QUARTERLY REPORT

THIS REPORT IS FOR THE
QUARTER ENDING

0 3 - 3 1 - 1 9 8

II. INSTALLATION'S ID. NUMBER

P A D 0 7 2 8 4 9 7 8 9

III. NAME OF INSTALLATION

A D V A N C E D W A S T E W A T E R T R E A T M E N T P L A N T

IV. INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

4 2 3 W A L N U T S T R E E T R O O M 4 0 3

CITY OR TOWN

ST.

ZIP CODE

H R I S B U R G

P A

1 7 0 5 7

V. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

C A M E R O N & E L L I O T T

MUNICIPALITY

HARRISBURG

CITY OR TOWN

ST.

ZIP CODE

COUNTY

H A R R I S B U R G

P A

1 7 1 0 4

DAUPHIN

VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

C Y G A N P A U L

7 1 7 2 5 5 6 5 2 4

VII. TRANSPORTATION SERVICES USED (for Part A reports only)

List the identification numbers for those transporters whose services were used during the reporting quarter represented by this report.

CHEMICAL LEAMAN - PAD084770023
AMERICAN TANK LINES - MOD053995432
SMITTY'S SPETIC SERVICE - PAD000737114

VIII. ANNUAL COST ESTIMATES FOR FACILITIES (for Part B reports only)

A. COST ESTIMATE FOR FACILITY CLOSURE

B. COST ESTIMATE FOR POST CLOSURE MONITORING AND
MAINTENANCE (disposal facilities only)

\$

\$

IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

PAUL CYGAN

A. Print or Type Name

Paul Cygan

B. Signature

5/4/81

C. Date Signed

PRESENTLY REQUIRED
PA. MANIFEST

MAY 13 1981

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

MD 0053945432

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

Prepared Gases Station Dock #35
Sparrows Point, Maryland 21219

XVIII. GENERATOR NAME (specify)

Bethlehem Steel Corporation

MUN.

COUNTY

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (H. License No.)
1	Sulfuric Acid Spent MDN- 330-2-18-81 #H1	K 0 6 2	T67 Date 0 2 - 1 8 - 8 1	4 7 0 0 0	P	
2	Same MDN- 330-2-18-81 #H2	K 0 6 2	Date 0 2 - 1 8 - 8 1	4 7 0 0 0	P	
3	Same MDN- 330-2-19-81 #H1	K 0 6 2	Date 0 2 - 1 9 - 8 1	4 7 0 0 0	P	
4	Same MDN- 330-2-19-81 #H2	K 0 6 2	Date 0 2 - 1 9 - 8 1	4 7 0 0 0	P	
5	Same MDN- 330-3-4-81 #H1	K 0 6 2	Date 0 3 - 0 4 - 8 1	4 7 0 0 0	P	
6	Same MDN- 330-3-4-81 #H2	K 0 6 2	Date 0 3 - 0 4 - 8 1	4 7 0 0 0	P	
7	MDN-		Date - - -			
8	MDN-		Date - - -			
9	MDN-		Date - - -			
10	MDN-		Date - - -			

XXI. COMMENTS (enter information by line number—see instructions.)

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

19

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

P A D 0 0 3 0 1 4 5 6 0

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

3990 East Market Street
York, PA 17402

XVIII. GENERATOR NAME (specify)

Campbell Chain Company

MUN. York

COUNTY York

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Spent Sulfuric Acid MDN- PAA0713926	K 0 6 2	167 Date D 1 - 1 3 - 8 1	4 3 0 0 0	P	
2	MDN-		Date - -			
3	MDN-		Date - -			
4	MDN-		Date - -			
5	MDN-		Date - -			
6	MDN-		Date - -			
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			
10	MDN-		Date - -			

XXI. COMMENTS (enter information by line number--see instructions.)

Please print or type with ELITE type (12 characters/inch)

MAY 13 1981

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- - 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

M D D O 5 3 9 4 5 4 3 2

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

Rod & Wire Mill Dock 140
Sparrows Point, Maryland 21219

XVIII. GENERATOR NAME (specify)

Bethlehem Steel Corporation

MUN.

COUNTY

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HW) License No.
1	Sulfuric Acid, Spent MDN- 690-01-19-81 #1	K 0 6 2	T 6 7 Date 1 - 1 9 - 8 1	4 3 0 0 0	P	
2	Same MDN- 690-01-20-81 #1	K 0 6 2	Date 1 - 2 0 - 8 1	4 3 0 0 0	P	
3	Same MDN- 690-01-20-81 #2	K 0 6 2	Date 1 - 2 0 - 8 1	4 3 0 0 0	P	
4	Same MDN- 690-01-23-81 #1	K 0 6 2	Date 1 - 2 2 - 8 1	4 3 0 0 0	P	
5	Same MDN- 690-01-23-81 #1	K 0 6 2	Date 1 - 2 3 - 8 1	4 3 0 0 0	P	
6	Same MDN- 690-01-23-81 #2	K 0 6 2	Date 1 - 2 3 - 8 1	4 3 0 0 0	P	
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			
10	MDN-		Date - -			

XXI. COMMENTS (enter information by line number—see instructions.)

Please print or type with ELITE type (12 characters/inch)

MAY 13 1981

FACILITY QUARTERLY REPORT - PART B

FOR OFFICIAL
USE ONLY
(Items 1 & 2)

1. DATE RECEIVED

- 1 9

XVI. FACILITY'S I.D. NO.

2. RECEIVED BY

XVII. GENERATOR'S I.D. NO.

P A D 0 0 3 0 2 5 2 7 7

XIX. GENERATOR ADDRESS (Street or PO box, city state & zip code.)

1 Cumberland Street
Lebanon, PA

XVIII. GENERATOR NAME (specify)

Bethlehem Steel Corporation

MUN. Lebanon

COUNTY Lebanon

XX. WASTE IDENTIFICATION

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA. Hazardous Waste Transporter (HWT) License No.
1	Sulfuric Acid, Spent MDN- PAA0308980	K 0 6 2	167 Date 2 - 0 9 - 8 1	4 8 0 0 0	P	
2	Same MDN- PAA0309002	K 0 6 2	Date 2 - 1 1 - 8 1	5 0 0 0 0	P	
3	Same MDN- PAA0307506	K 0 6 2	Date 2 - 1 3 - 8 1	4 7 6 0 0	P	
4	Same MDN- PAA0307521	K 0 6 2	Date 2 - 2 7 - 8 1	4 5 8 4 0	P	
5	Same MDN- PAA0307576	K 0 6 2	Date 2 - 2 7 - 8 1	4 5 0 0 0	P	
6	Same MDN- PAA0307580	K 0 6 2	Date 2 - 2 7 - 8 1	4 5 0 0 0	P	
7	Same MDN- PAA0307591	K 0 6 2	Date 3 - 0 6 - 8 1	2 5 0 7 0	P	
8	Same MDN- PAA0307602	K 0 6 2	Date 3 - 0 9 - 8 1	4 5 1 7 7	P	
9	Same MDN- PAA0307845	K 0 6 2	Date 3 - 1 1 - 8 1	4 5 0 0 0	P	
10	Same MDN- PAA0307856	K 0 6 2	Date 3 - 1 2 - 8 1	4 5 4 5 0	P	

XXI. COMMENTS (enter information by line number—see instructions.)

FACILITY QUARTERLY REPORT - PART B

LINE NO.	A. DESCRIPTION OF WASTE AND MANIFEST DOCUMENT NUMBER (MDN)	B. Hazardous Waste Number	C. Handling Method and Date	D. Amount of Waste	E. Unit of Measure	F. PA, Hazardous Waste Transporter (HWT) License No.
1	Sulfuric Acid Spent MDN- PAA0307860	K 0 6 2	T67 Date 0 3 - 1 9 - 8 1	4 5 0 0 0	P	
2	Same MDN- PAA0307613	K 0 6 2	Date 0 3 - 2 3 - 8 1	4 5 3 8 0	P	
3	Same MDN- PAA0307624	K 0 6 2	Date 0 3 - 2 6 - 8 1	4 5 0 0 0	P	
4	Same MDN- PAA0308792	K 0 6 2	Date 0 3 - 3 1 - 8 1	4 5 0 0 0	P	
5	MDN-		Date - -			
6	MDN-		Date - -			
7	MDN-		Date - -			
8	MDN-		Date - -			
9	MDN-		Date - -			
10	MDN-		Date - -			

XXI. COMMENTS (enter information by line number—see Instructions.)

RECEIVED
CEIVED BY

MAIORS ID NO.
UND000447322

ACTIVITY I.D. NO.
FACILITY NAME
INDUSTRIAL WASTES INC

XIII. FACILITY ADDRESS
PO BOX 222
NEW BRIGHTON, PA 15066

DOT CLASS WASTE NBR AMOUNT OF WASTE UNIT HWT LICENSE

HYDROFLUORIC. NITRIC
SULFURIC ACID MIXTURE
PA4000870026
HYDROFLUORIC. NITRIC
SULFURIC ACID MIXTURE
1-000000030503

SPENT PICKLE LIQUOR.
HF NITRIC AND SULFURIC
SPENT PICKLE LIQUOR.
HF NITRIC AND SULFURIC

02	K062	47700	P
02	K062	46050	P



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, stored, and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by (Section 307) of the Resource Conservation and Recovery Act.

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

RECEIVED
RCRA SECTION
EPA REGION III
AUG 18 8 00 AM '73
PLEASE PLACE LABEL IN THIS SPACE
DANBEN CO
TSD -
Thru mail
HAN

FOR OFFICIAL USE ONLY

COMMENTS

CPLS SEE ATTACHED COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

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

FPAD07284978931

800818

I. NAME OF INSTALLATION

HARRISBURG WASTEWATER TREATMENT PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 SOUTH CAMERON & FRANKLIN STS.

CITY OR TOWN

ST.

ZIP CODE

4 HARRISBURG

PA 17101

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 FRANKLIN ST

CITY OR TOWN

ST.

ZIP CODE

6 STEELTON

PA 17092

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 CYGAN PAUL SUPERINTENDENT

717-255-6524

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 THE HARRISBURG SEWERAGE AUTHORITY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

A. GENERATION

B. TRANSPORTATION (complete item VII)

C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

C. HIGHWAY

D. WATER

E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PAD07284978

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

III. PROCESSES

We intend to use waste pickle liquor for phosphate removal in our advanced treatment system. This waste liquor was tested for three weeks in June of 1980 and has proven to be more efficient in the removal of phosphates, suspended solids and 5 day B.O.D. than that resulting from alum usage. The waste pickle liquor was rendered harmless and non-hazardous by this process since the iron is removed as an iron-phosphate sludge and the acidity was neutralized.

We do not intend to accept hazardous wastes for treatment, however, we cannot guarantee the type of wastes we may receive and process in the future. Since the City incinerator and steam generating plant might be a hazardous wastes processor and all liquid wastes from these facilities are discharged into the city sewer system, our status as a non-hazardous treatment facility may change in the future. This facility has previously been coded out of the Hazardous Treatment Program.

FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permit Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER EPAD000430686 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.
PLEASE PLACE LABEL IN THIS SPACE		

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		
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		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	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		
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		
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	
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	
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	
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	
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	HARRISBURG STEAM GENERATING FACILITY

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 KARPER JACK SUPERINTENDENT	717 255 6195

V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3 1670 SOUTH 19TH STREET			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 HARRISBURG		PA	17104

VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 1670 SOUTH 19TH STREET					
B. COUNTY NAME					
DAUPHIN					
C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)	
6 HARRISBURG		PA	17104	022	

CONTINUED FROM THE FRONT

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

A. FIRST				B. SECOND			
7	4	9	5	7			
(specify) REFUSE SYSTEMS				(specify) NA			
C. THIRD				D. FOURTH			
7				7			
(specify) NA				(specify) NA			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?																			
CITY OF HARRISBURG												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box. If "Other", specify.)														D. PHONE (area code & no.)																	
F = FEDERAL				M = PUBLIC (other than federal or state)				M (specify)				7		1		7		2		5		5		6		4		9		5	
S = STATE				O = OTHER (specify)																											
P = PRIVATE																															
E. STREET OR R.D. BOX																															
1670 SOUTH 19TH STREET																															
F. CITY OR TOWN														G. STATE		H. ZIP CODE		IX. INDIAN LAND													
HARRISBURG														PA		17104		Is the facility located on Indian land?													
																		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)												D. PSD (Air Emissions from Proposed Sources)											
9 N NA												9 P NA											
B. UIC (Underground Injection of Fluids)												E. OTHER (specify)											
9 U NA												9 NA (specify)											
C. RCRA (Hazardous Wastes)												F. OTHER (specify)											
9 R PAD000430686												9 NA (specify)											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

DISPOSAL OF SOLID WASTE BY MASS BURNING IN WATER WALL STOKERS

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 this 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	
JACK R KARKER		J.R. Karker		11-19-80	
SUPERINTENDENT H.S.G.F.					

COMMENTS FOR OFFICIAL USE ONLY

FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F P A D 0 0 0 A 3 0 6 8 6 </div>											
FOR OFFICIAL USE ONLY														
APPLICATION APPROVED <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	DATE RECEIVED (yr., mo., & day) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	COMMENTS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>												
II. FIRST OR REVISED APPLICATION														
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.														
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facilities. Complete item below.)		<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)												
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)		FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN												
C 8	YR. 73	MO. 03	DAY 01											
B. REVISED APPLICATION (place an "X" below and complete item I above)														
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT												
III. PROCESSES - CODES AND DESIGN CAPACITIES														
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).														
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.														
1. AMOUNT - Enter the amount. 2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.														
PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY									
Storage:			Treatment:											
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY									
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY									
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR, GALLONS PER HOUR OR LITERS PER HOUR									
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY									
Disposal:														
INJECTION WELL	D79	GALLONS OR LITERS												
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER												
LAND APPLICATION	D81	ACRES OR HECTARES												
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY												
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS												
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE									
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A									
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F									
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B									
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q									
GALLONS PER DAY	U	LITERS PER HOUR	H											
8	DUP	T/A	C	I	1	2	3	4	5	6	7	8	9	10
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY					
X-1	S 0 2	600	G		5									
X-2	T 0 3	20	E		6									
1	T 0 3	30	D		7									
2					8									
3					9									
4					10									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle; if you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

WASTE NO. LINE	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
WPA0000430686										W DUP									
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)										D. PROCESSES									
NO.	HAZARD. WASTE NO. (enter code)	ESTIMATED ANNUAL QUANTITY OF WASTE	UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
				27	28	29	30	31	32	33	34	35	36	37	38	39	40		
1	K049	1000	P	T03															
2	P030	20	P	T03															
3	U043	800	P	T03															
4	U051	300	P	T03															
5	U052	400	T	T03															
6	U188	150	T	T03															
7	U151	10	P	T03															
8	U205	30	P	T03															
9	U210	10	P	T03															
10	K028	300	P	T03															
11	K031	5	P	T03															
12	K046	20	P	T03															
13	K050	15	P	T03															
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

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

EPA D000430686

T/A C
6**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

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

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

40 15 038

76 51 015

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

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

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

X. OPERATOR CERTIFICATION

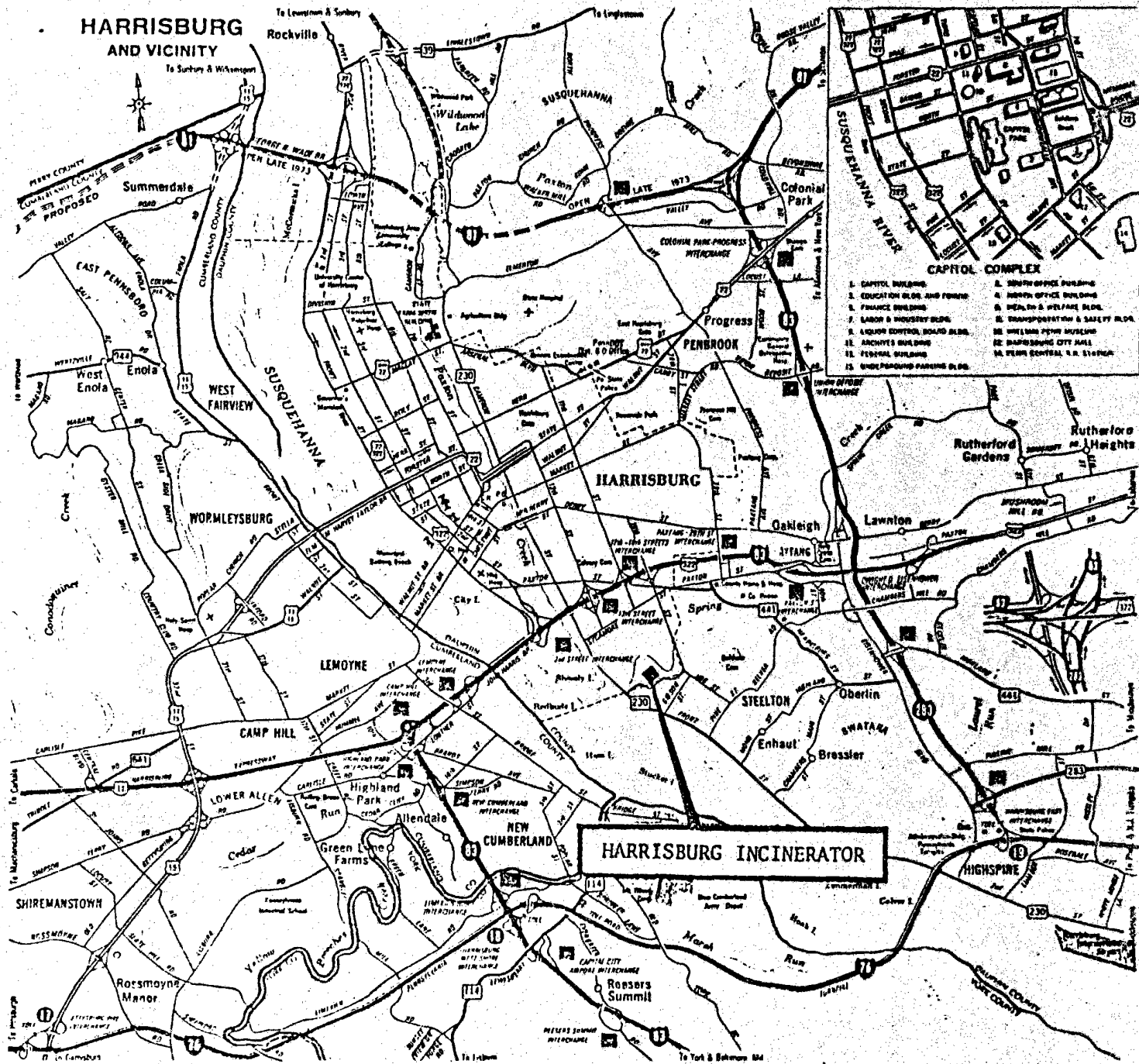
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

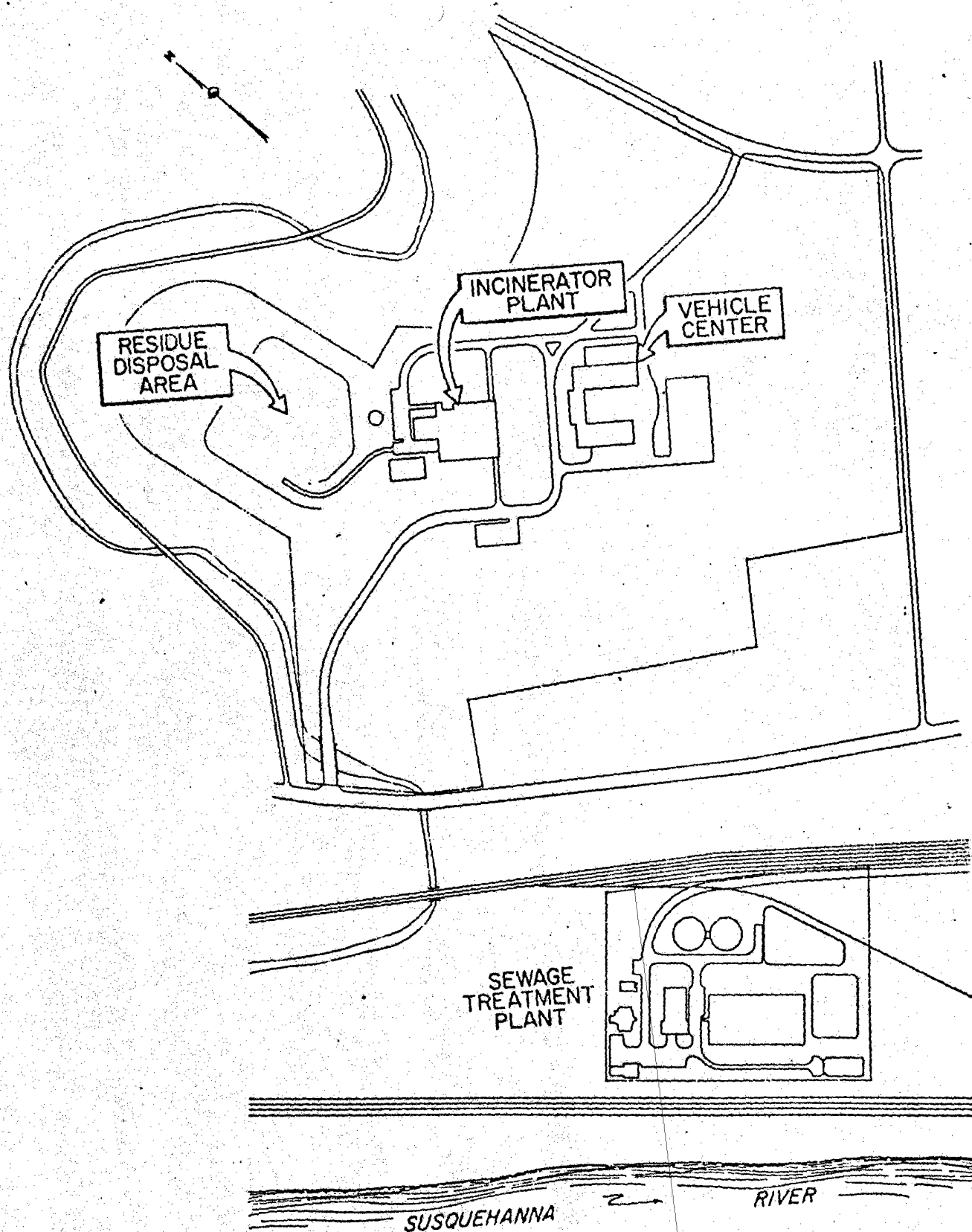
C. DATE SIGNED

HARRISBURG AND VICINITY



- CAPITOL COMPLEX**
- | | |
|----------------------------------|--------------------------------|
| 1. CAPITOL BUILDING | 11. ARCHIVES BUILDING |
| 2. EDUCATION BLDG. AND FORUM | 12. FEDERAL BUILDING |
| 3. FINANCE BUILDING | 13. UNDERGROUND PARKING BLDG. |
| 4. LABOR & INDUSTRY BLDG. | 14. STATE OFFICE BUILDING |
| 5. LIQUOR CONTROL BOARD BLDG. | 15. HEALTH & WELFARE BLDG. |
| 6. TRANSPORTATION & SAFETY BLDG. | 16. PENNSYLVANIA STATE MUSEUM |
| 7. HARRISBURG CITY HALL | 17. PENN. CENTRAL R.R. STATION |

HARRISBURG INCINERATOR



Site Layout

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, write through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

PAD000430686

NAME OF INSTALLATION

HARRISBURG COF INCIN
CITY HALL
HARRISBURG, PA 17101

II. MAILING ADDRESS

LOCATION OF INSTALLATION

CITY HALL
HARRISBURG, PA 17101

FOR OFFICIAL USE ONLY

COMMENTS

EPA REGION III

SEP 9 1980 100023

INSTALLATION'S EPA I.D. NUMBER

APPROVED

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

FPAD00043068631

A

800909

I. NAME OF INSTALLATION

HARRISBURG STEAM GENERATING FACILITY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

31670 S 19TH STREET

CITY OR TOWN

ST.

ZIP CODE

4 HARRISBURG

PA 17104

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

51670 S 19TH STREET

CITY OR TOWN

ST.

ZIP CODE

6 HARRISBURG

PA 17104

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 JACK KARPER SUPERINTENDENT

717-255-6495

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 CITY OF HARRISBURG

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☐ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

PAD000430686

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY			
3	W	P	A
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F004	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K063	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
----	----	----	----	----	----

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Jack Karpner	NAME & OFFICIAL TITLE (type or print) JACK KARPNER SUPERINTENDENT HARRISBURG STEEL GENERATING FACILITY	DATE SIGNED 9-9-80
---------------------------	--------------------------------------------------------------------------------------------------------------	-----------------------

Gerald P. Vogler -

Gannett Fleming Gully, Carpenter, Inc.
Engineer & City

F.J. CARREIRO

Asst. City Policeman

Rick Snyder

Local 521 Union President

O. FRANK DeBartia

Active Director of Public Works
Executive Asst. to Mayor Reed.

Michael A. Namostki

Solid Waste Specialist Hdg. Regional Office

Leroy T. Lippi, Jr.

Deputy Director of Public Works/
Acting Plant Super. S.G.F.

F. FAIR

DER OP Sup.

WILL STORE UNINCINERATED REFUSE IN PLOT FOR
FOUR WEEKS - THEN BEGIN REMOVAL

WILL ANSWER YOU TO THIS STATEMENT.

BUREAU OF SOLID WASTE MANAGEMENT
One Ararat Boulevard
Harrisburg, Pennsylvania 17110
(717) 657-4588
July 18, 1985

Mr. Charles King Jr., Director
Department of Incineration and Steam Generation
1670 South 19th Street
Harrisburg, PA 17104

Dear Mr. King:

This letter is a confirmation of our meeting held on July 3, 1985 at the Harrisburg Regional Office of the Department of Environmental Resources.

Our discussion focused on the historical and present non-compliant status of the Harrisburg Incinerator facility with respect to the permit conditions and design criteria of the residue disposal sites. The existing condition of Residue Disposal Sites A and B-1 causes concern for their potential impact on human health and the environment. As a result of our discussion, it was agreed that the City of Harrisburg would take the following steps toward achieving compliance with State Law:

1. Remove the unincinerated refuse from Site B-1 by September 1, 1985.
2. Grade Site B-1 to meet design specifications by September 9, 1985.
3. Remove excess residue, assure proper collection instruments are in service, and grade Site A to meet approved design specifications by October 31, 1985.
4. Perform a hazardous waste determination for residues disposed in Site A and B-1 (see attachment for strategy). Results of sample analysis should be forwarded to the Department by August 9, 1985. If the determination classifies the residue from Site A or Site B as hazardous, notify both the Department and the Environmental Protection Agency immediately.
5. Reinstitute groundwater monitoring for the facility by no later than July 31, 1985.

Mr. Charles King Jr.

-2-

July 10, 1985

Methods used for final closure of Residue Sites A and B-1 are contingent upon the results of the hazardous waste determination. If the residue in either Site A or B-1 is hazardous, the disposal sites containing the hazardous residue will be required to meet RCRA requirements for closure of a hazardous waste disposal facility. If the residue is determined to be non-hazardous, the sites will follow closure according to original design specifications. Following the submittal of all analytical results for the hazardous waste determination, a meeting will be scheduled to discuss pertinent findings, plan for final closure of the residue sites, and to further define future residue disposal needs for the Harrisburg Incinerator.

Your cooperation in this matter is imperative. If you have any further questions, please call.

Sincerely,

Michael R. Steiner
Regional Solid Waste Manager
Harrisburg Regional Office

MRS:flw

cc: John B. Moyer
Francis P. Fair
Timothy A. Alexander
File ✓
T



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

BUREAU OF WASTE MANAGEMENT
One Ararat Boulevard
Harrisburg, Pennsylvania 17110
(717) 657-4588
May 20, 1987

PRELIMINARY ASSESSMENT

SITE NAME: Harrisburg Steam Generating Facility
SITE NUMBER: PA-0435
SITE LOCATION: 1670 South 19th Street
Harrisburg, PA 17104

The Harrisburg Steam Generating Facility is a refuse incinerator which burns the following wastes; municipal waste, sewage sludge, and other various permitted waste streams. The total area of the site is around sixty acres. The residual (fly ash and bottom ash) has been disposed on approximately twelve acres of the site. The possibility exists of soil and/or groundwater contamination due to the disposal of the residue. The facility has been in operation since 1972. The present daily volume burned is around six hundred tons. The residue has been disposed onto the ground in Residue Area A, while in Residue Area B1 it is disposed on a PVC liner.



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION

SITE NUMBER

3

PA-0435

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME

Harrisburg Steam Generating Facility

B. STREET (or other identifier)

1670 South 19th Street

C. CITY

Harrisburg

D. STATE

PA

E. ZIP CODE

17104

F. COUNTY NAME

Dauphin

G. OWNER/OPERATOR (if known)

1. NAME

City of Harrisburg

2. TELEPHONE NUMBER

(717) 236-5361

H. TYPE OF OWNERSHIP (if known)

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

I. SITE DESCRIPTION

The Harrisburg Steam Generating Facility is a refuse incinerator which is located on sixty acres of land. There are two areas where residue (fly ash and bottom ash) has been disposed of, covering an area of approximately twelve acres.

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

CERCLA

K. DATE IDENTIFIED

(mo., day, & yr.)

8/1/80

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

Potential for soil and/or groundwater contamination due to disposal of residue (fly ash and bottom ash) at two areas on site.

M. PREPARER INFORMATION

1. NAME

Anthony L. Rathfon

2. TELEPHONE NUMBER

(717) 657-4588

3. DATE (mo., day, & yr.)

5/19/87



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 0435

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

Harrisburg Steam Generating Facility

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER

1670 South 19th Street

03 CITY

Harrisburg

04 STATE

05 ZIP CODE

PA

17104

06 COUNTY

Dauphin

07 COUNTY CODE

22

08 CONG DIST

16

09 COORDINATES LATITUDE

40° 14' 43" N

LONGITUDE

76° 51' 19" W

10 DIRECTIONS TO SITE (Starting from nearest public road)

I-83 South to 17th St. Exit Left to Paxton Street, left on Paxton Street to 19th Street. Turn right onto 19th Street and go approximately 1.0 mile, facility is on the right

III. RESPONSIBLE PARTIES

01 OWNER (if known)

City of Harrisburg

02 STREET (Business, mailing, residential)

1670 South 19th Street

03 CITY

Harrisburg

04 STATE

05 ZIP CODE

PA

17104

06 TELEPHONE NUMBER

717-236-5361

07 OPERATOR (if known and different from owner)

Same

08 STREET (Business, mailing, residential)

1670 South 19th Street

09 CITY

Harrisburg

10 STATE

11 ZIP CODE

PA

17104

12 TELEPHONE NUMBER

717-236-5361

13 TYPE OF OWNERSHIP (Check one)

☐ A. PRIVATE ☐ B. FEDERAL:

(Agency name)

☐ C. STATE

☐ D. COUNTY

☒ E. MUNICIPAL

☐ F. OTHER:

(Specify)

☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED:

1/1/87
MONTH DAY YEAR

☒ B. UNCONTROLLED WASTE SITE (RCRA 103 c)

DATE RECEIVED:

8/1/80
MONTH DAY YEAR

☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

☒ YES

DATE

1/26/87
MONTH DAY YEAR

☐ NO

BY (Check all that apply)

☐ A. EPA

☐ B. EPA CONTRACTOR

☒ C. STATE

☐ D. OTHER CONTRACTOR

☐ E. LOCAL HEALTH OFFICIAL

☐ F. OTHER:

(Specify)

CONTRACTOR NAME(S):

02 SITE STATUS (Check one)

☒ A. ACTIVE

☐ B. INACTIVE

☐ C. UNKNOWN

03 YEARS OF OPERATION

1972
BEGINNING YEAR

PRESENT
ENDING YEAR

☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Toxic residue from incineration of trash.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Potential exists for contamination of soil and/or groundwater.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH

(Inspection required promptly)

☐ B. MEDIUM

(Inspection required)

☒ C. LOW

(Inspect on time available basis)

☐ D. NONE

(No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT

William S. Strauss

02 OF (Agency/Organization)

Dept. of Incineration & Steam Generation

03 TELEPHONE NUMBER

717-236-5361

04 PERSON RESPONSIBLE FOR ASSESSMENT

Anthony L. Rothfon

06 AGENCY

PA-DEP

08 ORGANIZATION

Bur. of Waste Mgmt

07 TELEPHONE NUMBER

717-657-4588

08 DATE

1/1/87
MONTH DAY YEAR

FILE
DAUPHIN CO
HAZ

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management

P. O. Box 8550

Harrisburg, PA 17105-8550

AND CHEMOTHERAPEUTIC WASTE

Form approved.
OMB No. 2050-0039
Expires 3-30-91

ER-WM-51 REV. 1/91

OFFICIAL PENNSYLVANIA MANIFEST FORM

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law but is required by State law.	
3. Generator's Name and Mailing Address		City of Harrisburg		A. State Manifest Document Number		PAC 4864123		B. State Gen. ID	
Waste Energy Facility		1670 S. 19th Street		C. State Trans. ID		PA- 1A H 102 361		D. State Trans. ID	
4. Generator's Phone (717)		236-5361 Attn: John Lukens		D. Transporter's Phone (215) 926-6915		E. State Trans. ID		F. Transporter's Phone ()	
5. Transporter 1 Company Name		6. US EPA ID Number		G. State Facility's ID		H. Facility's Phone (717) 846-1900		I. Waste No.	
Keystone Block Transportation Co.		P A D 980 692 008		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
7. Transporter 2 Company Name		8. US EPA ID Number		No.		Type		Waste No.	
9. Designated Facility Name and Site Address		10. US EPA ID Number		a. 001		CM		30180	
Envirite Corporation		P A D 10154 045						D006	
1600 Pennsylvania Ave.								008	
York, Pa. 17404									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)									
a. RC, HAZARDOUS WASTE SOLID, N.O.S. (D0006, D0008)									
ORM-E NA9189									
(incinerator ash contaminated with Cadmium and Lead)									
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above		a. 081		b.		c.	
Lab Pack Physical State		Lab Pack Physical State		a. 081		b.		c.	
a. <input type="checkbox"/> <input type="checkbox"/> S		c. <input type="checkbox"/> <input type="checkbox"/>		a. 081		b.		c.	
b. <input type="checkbox"/> <input type="checkbox"/>		d. <input type="checkbox"/> <input type="checkbox"/>		a. 081		b.		c.	
15. Special Handling Instructions and Additional Information									
11a. Appr #YS 0639 DOT ERG #31		EMERGENCY CONTACT: ED EGENRIEDER							
		717-236-5361							
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.									
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					
John A. Lukens		[Signature]		11 21 79					
17. Transporter 1 Acknowledgment of Receipt of Materials		Signature		MONTH DAY YEAR					
Printed/Typed Name		Signature		MONTH DAY YEAR					
Samuel [Signature]		[Signature]		11 21 79					
18. Transporter 2 Acknowledgment of Receipt of Materials		Signature		MONTH DAY YEAR					
Printed/Typed Name		Signature		MONTH DAY YEAR					
19. Discrepancy Indication Space									
29,680 # / Envirite Scale									
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					
Ken Berry		[Signature]		11 21 79					

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

Copy 1 - TSD Facility: Mail to Destination State

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

PAC 4864123



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Waste Management

P. O. Box 8550

Harrisburg, PA 17105-8550

FOR SHIPMENT OF HAZARDOUS, INFECTIOUS
AND CHEMOTHERAPEUTIC WASTE.

Form approved.

OMB No. 2050-0039

Expires 9-30-91

ER-WM-51 REV. 1/91

OFFICIAL PENNSYLVANIA MANIFEST FORM

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law but is required by State law.	
3. Generator's Name and Mailing Address Waste Energy Facility		City of Harrisburg 1670 S. 19th Street Harrisburg, Pa. 17104		A. State Manifest Document Number PAC 4864145		
4. Generator's Phone (717) 236-5361 Attn: John Lukens		6. US EPA ID Number		B. State Gen. ID SAME		
5. Transporter 1 Company Name Keystone Block Transportation Cd		8. US EPA ID Number		C. State Trans. ID PA- [A H] 0 2 3 6		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (215) 925-6915		
9. Designated Facility Name and Site Address Envirite Corporation 1600 Pennsylvania Ave. York, Pa. 17404		10. US EPA ID Number		E. State Trans. ID PA- [] [] [] []		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		F. Transporter's Phone ()		
a. RQ, HAZARDOUS WASTE SOLID, N.O.S. (D0006, D0003) ORM-E NA9189 (INCINERATOR ASH CONTAMONATED WITH Cd, Pb)		No. Type		G. State Facility's ID		
		No. Type		H. Facility's Phone (717) 846-1900		
		No. Type				
		No. Type				
		No. Type				
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
Lab Pack Physical State		Lab Pack Physical State				
a. [] [S]		c. [] []		a. 502 121 181		
b. [] []		d. [] []		b. [] []		
15. Special Handling Instructions and Additional Information						
11a. APPR. #YS 0639 DOT ERG #31 Emergency Contact: Ed Egenrieder 236-5361						
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.						
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		
EDWARD EGENRIEDER		Edward Egenrieder		12/17/91		
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		MONTH DAY YEAR		
Printed/Typed Name		Signature		MONTH DAY YEAR		
SAMUEL NOTABARTOLO		Samuel Notabartolo		12/17/91		
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		MONTH DAY YEAR		
Printed/Typed Name		Signature		MONTH DAY YEAR		
19. Discrepancy Indication Space						
30840#1 ENVIRITE SCALE						
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		
JEAN L HALL		Jean L Hall		12/17/91		

EPA Form 8700-22 (Rev. 9/88) Previous editions are obsolete

Copy 1 - TSD Facility: Mail to Destination State

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DER (717) 787-4343

GENERATOR

FACILITY

PAC 4864145



<input checked="" type="checkbox"/> A. TOXIC	<input type="checkbox"/> E. SOLUBLE	<input type="checkbox"/> I. HIGHLY VOLATILE
<input type="checkbox"/> B. CORROSIVE	<input type="checkbox"/> F. INFECTIOUS	<input type="checkbox"/> J. EXPLOSIVE
<input type="checkbox"/> C. RADIOACTIVE	<input type="checkbox"/> G. FLAMMABLE	<input type="checkbox"/> K. REACTIVE
<input type="checkbox"/> D. PERSISTENT	<input type="checkbox"/> H. IGNITABLE	<input type="checkbox"/> L. INCOMPATIBLE
		<input type="checkbox"/> M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
PA 0435

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible groundwater contamination with heavy metals.

01 ☒ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible contamination of surface water due to run-off.

01 ☒ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: None

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☒ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible for persons to make direct contact with the ash.

01 ☒ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: 12
(Acres)

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Bottom ash and fly ash has been deposited onto the ground at Residue Area A and possible failure of PVC liner under Residue Area B-1.

01 ☒ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Potential is small due to the fact that surface water (public water) is used by residents and businesses surrounding the site.

01 ☒ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible long term health effects due to exposure to the ash.

01 ☒ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: Unknown

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible long term health effects due to exposure to the ash.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

PA 0435

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

None noted

01 ☒ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

None noted

01 ☒ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Potential for contamination of gardens.

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: Unknown

04 NARRATIVE DESCRIPTION

Runoff and/or erosion, also potential for failure of PVC liner under Residue Area B-7.

01 ☒ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Potential due to run-off and/or erosion of ash.

01 ☒ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

Possible for contamination of sewer.

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

None noted

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: Unknown

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

State Files
Sample Analysis

FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment, EPA Form 2070-12.

EPA Case Number PA-0435 Site Name Harrisburg Steam Generating Facility

Site Description

The Harrisburg Steam Generating Facility is a refuse incinerator which is located on 60 acres of land. There are two areas where residue (fly ash and bottom ash) has been disposed, covering approximately 12 acres.

Area of site (acres)

60

Hazardous portion, if not entire site

12 acres

Description of processes/operations which took place at the site

The Harrisburg Steam Generating Facility burns refuse (municipal and industrial waste) and generates steam for electricity. The flyash and bottom ash has been/is being disposed of on site at two spots located on the HSBF property.

Waste handling/disposal practices

The bottom ash and fly ash has been disposed of onto the ground at Residue Area A and onto a PVC liner at Residue Area B-1.

Site topography and runoff drainage pathways

Refer to site sketch.

Surface or subsurface drainage areas (leachate) noted?

None noted

Odors/stains noted?

None

Stressed vegetation noted?

None

Location and description of streams or receiving waters adjacent to site. Include flow direction and observations. Note location on attached map.

Refer to map

Monitoring wells on site or in vicinity. Note location on attached map.

Refer to map.

Additional comments--Further description of site

Residue Area B-1 is lined with a PVC liner while Residue Area A is unlined.

SITE CONTACTS

Name and Title	Affiliation	Phone
Bill Strauss	Superintendent	(717) 236-5361
John Lukens	Maintenance Supervisor	(717) 236-5361

INSPECTION INFORMATION

Name and title of inspector(s) Anthony L Rathfon

Agency DER Phone number (717) 657-4588

Date 1/26/87 Time on site 3.5 HRS.

Weather conditions: Sunny, cold, light wind
Low 30's.

ATTACHMENTS

- o Topographic map identifying site location. Include name of quadrangle map.
- o Site sketch map showing location of monitoring wells, domestic wells, municipal water supplies, and areas of concern (lagoons, leachate seeps, drums, etc.)
- o Any available sampling results or state monitoring data with map showing sample locations.

SITE NAME Harrisburg Steam Generating Facility SITE I.D. NO. PA-0435

ACTIVITY:

PA SI JOINT PA JOINT SI
Other (specify)

NAME	DATE	HOURS
Anthony L. Rathfon	1/26/87	6.0
"	1/27/87	2.0
"	1/28/87	5.0
"	1/30/87	7.5
"	2/2/87	3.0
"	2/3/87	4.5
"	2/6/87	4.5
"	2/12/87	4.0
"	2/27/87	4.5
"	5/19/87	3.0
Francis P. Fair	5/19/87	2.0
		<u>46.0 HRS</u>

INSTRUCTIONS:

1. Complete & attach this form to each PA, SI, etc.
2. Submit this form separately for joint activities in cases where EPA/FIT will prepare the report.
3. Use a separate form for each site or project.
4. Report time to the nearest hundredth hour (e.g., 4.75)
5. Include supervisory time (quality review/assurance, etc.) and time spent preparing final report (typing, duplicating, etc.)

5068 JV SW
(HARRISBURG WEST)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



A DIVISION OF SKELLY AND LOY
2601 North Front Street Harrisburg, PA 17110

(717) 232-0593

LABORATORY ANALYSIS REPORT

NAME: CITY OF HARRISBURG PROJECT NO: 4668
ADDRESS: HARRISBURG STEAM GENERATING FA CLIENT NO: 160
1670 SOUTH 19TH STREET SAMPLE NO: 23181
HARRISBURG, PA 17104
ATTENTION: CHUCK KING DATE RECVD: 9/26/85
REF. NO: PD # 23896-85

THU, OCT 24 1985

SAMPLE IDENTIFICATION: WELL AT 19TH STREET FIELD

DATE: 9/30/85

-TEST-	-----DETERMINATION-----	---RESULTS---	---UNITS---
-----	ANNUAL SAMPLE ANALYSIS	-----	
AL	ALUMINUM, TOTAL	<.1	MG/L
ALB	ALBUMINOID NITROGEN	<.1	MG/L
ALKT	ALKALINITY, TOTAL (as CaCO3)	145	MG/L
AS	ARSENIC, TOTAL	<.005	MG/L
BOD	BIOCHEMICAL OXYGEN DEMAND 5 DY	2	MG/L
CD	CADMIUM, TOTAL	<.01	MG/L
CL	CHLORIDE	3	MG/L
COD	CHEMICAL OXYGEN DEMAND	2.7	MG/L
CR	CHROMIUM, TOTAL	<.01	MG/L
F	FLUORIDE	<.1	MG/L
FE	IRON, TOTAL	.01	MG/L
MN	MANGANESE, TOTAL	.20	MG/L
NH3	AMMONIA NITROGEN	<.1	MG/L
NO2	NITRITE NITROGEN	<.005	MG/L
NO3	NITRATE NITROGEN	.56	MG/L
PB	LEAD, TOTAL	<.03	MG/L
PH	PH, LAB	7.84	PH UNITS
PO4O	PHOSPHORUS, ORTHO	<.003	MG/L
SC	SPECIFIC CONDUCTANCE AT 25C	318	UMHOS/CM
SO4	SULFATE	38	MG/L
SS	SUSPENDED SOLIDS	<1	MG/L
STS	SETTLEABLE SOLIDS	0.3	ML/L
TOC	TOTAL ORGANIC CARBON	<1	MG/L
TS	TOTAL SOLIDS (TOTAL RESIDUE)	261	MG/L


DAVID W. LANE
LABORATORY MANAGER

ANALYTICAL LABORATORIES

A DIVISION OF SKELLY AND LOY

2601 North Front Street Harrisburg, PA 17110

(717) 232-0593

LABORATORY ANALYSIS REPORT

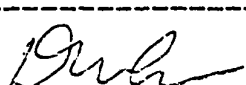
NAME: CITY OF HARRISBURG PROJECT NO: 4668
ADDRESS: HARRISBURG STEAM GENERATING FA CLIENT NO: 160
1670 SOUTH 19TH STREET SAMPLE NO: 23139
HARRISBURG, PA 17104
ATTENTION: CHUCK KING DATE RECVD: 9/26/85
REF. NO: PO # 23896-85

THU, OCT 24 1985

SAMPLE IDENTIFICATION: WELL-EXIT SIDE OF BLDG

DATE: 9/26/85

-TEST-	-----DETERMINATION-----	---RESULTS---	---UNITS---
-----	ANNUAL SAMPLE ANALYSIS	-----	
AL	ALUMINUM, TOTAL	<.1	MG/L
ALB	ALBUMINOID NITROGEN	<.1	MG/L
ALKT	ALKALINITY, TOTAL (as CaCO3)	295	MG/L
AS	ARSENIC, TOTAL	<.005	MG/L
BOD	BIOCHEMICAL OXYGEN DEMAND 5 DY	<1	MG/L
CD	CADMIUM, TOTAL	<.01	MG/L
CL	CHLORIDE	453	MG/L
COD	CHEMICAL OXYGEN DEMAND	10.4	MG/L
CR	CHROMIUM, TOTAL	.02	MG/L
F	FLUORIDE	<.1	MG/L
FE	IRON, TOTAL	.03	MG/L
MN	MANGANESE, TOTAL	.01	MG/L
NH3	AMMONIA NITROGEN	<.1	MG/L
NO2	NITRITE NITROGEN	<.005	MG/L
NO3	NITRATE NITROGEN	4.6	MG/L
PB	LEAD, TOTAL	<.03	MG/L
PH	PH, LAB	7.58	PH UNITS
PO4O	PHOSPHORUS, ORTHO	.003	MG/L
SC	SPECIFIC CONDUCTANCE AT 25C	1,484	UMHOS/CM
SO4	SULFATE	212	MG/L
SS	SUSPENDED SOLIDS	<1	MG/L
STS	SETTLABLE SOLIDS	<.1	ML/L
TOC	TOTAL ORGANIC CARBON	3.3	MG/L
TS	TOTAL SOLIDS (TOTAL RESIDUE)	1,418	MG/L


DAVID W. LANE
LABORATORY MANAGER

ANALYTICAL LABORATORIES

A DIVISION OF SKELLY AND LOY

2601 North Front Street Harrisburg, PA 17110

(717) 232-0593

LABORATORY ANALYSIS REPORT

NAME: CITY OF HARRISBURG PROJECT NO: 4668
ADDRESS: HARRISBURG STEAM GENERATING FA CLIENT NO: 160
1670 SOUTH 19TH STREET SAMPLE NO: 23138
HARRISBURG, PA 17104
ATTENTION: CHUCK KING DATE RECVD: 9/26/85
REF. NO: PO # 23896-85

THU, OCT 24 1985

SAMPLE IDENTIFICATION: WELL B1

DATE: 9/26/85

-TEST-	-----DETERMINATION-----	--RESULTS--	--UNITS--
-----	ANNUAL SAMPLE ANALYSIS	-----	
AL	ALUMINUM, TOTAL	<.1	MG/L
ALB	ALBUMINOID NITROGEN	.3	MG/L
ALKT	ALKALINITY, TOTAL (as CaCO3)	430	MG/L
AS	ARSENIC, TOTAL	<.005	MG/L
BOD	BIOCHEMICAL OXYGEN DEMAND 5 DY	2.9	MG/L
CD	CADMIUM, TOTAL	<.01	MG/L
CL	CHLORIDE	28	MG/L
COD	CHEMICAL OXYGEN DEMAND	29.5	MG/L
CR	CHROMIUM, TOTAL	.03	MG/L
F	FLUORIDE	<.1	MG/L
FE	IRON, TOTAL	.83	MG/L
MN	MANGANESE, TOTAL	.31	MG/L
NH3	AMMONIA NITROGEN	<.1	MG/L
NO2	NITRITE NITROGEN	<.005	MG/L
NO3	NITRATE NITROGEN	5.3	MG/L
PB	LEAD, TOTAL	<.03	MG/L
PH	PH, LAB	7.31	PH UNITS
PO4O	PHOSPHORUS, ORTHO	.003	MG/L
SC	SPECIFIC CONDUCTANCE AT 25C	1,908	UMHOS/CM
SO4	SULFATE	42	MG/L
SS	SUSPENDED SOLIDS	<1	MG/L
STS	SETTLEABLE SOLIDS	<.1	ML/L
TOC	TOTAL ORGANIC CARBON	11	MG/L
TS	TOTAL SOLIDS (TOTAL RESIDUE)	1,389	MG/L


DAVID W. LANE
LABORATORY MANAGER

ANALYTICAL LABORATORIES

A DIVISION OF SKELLY AND LOY

2601 North Front Street Harrisburg, PA 17110

(717) 232-0593

LABORATORY ANALYSIS REPORT

NAME: CITY OF HARRISBURG PROJECT NO: 4668
ADDRESS: HARRISBURG STEAM GENERATING FA CLIENT NO: 160
1670 SOUTH 19TH STREET SAMPLE NO: 23141
HARRISBURG, PA 17104
ATTENTION: CHUCK KING DATE RECVD: 9/26/85
REF. NO: PO # 23896-85

THU, OCT 24 1985

SAMPLE IDENTIFICATION: DOWNSTREAM AT CAMERON

DATE: 9/26/85

-TEST-	-----DETERMINATION-----	---RESULTS---	---UNITS---
-----	ANNUAL SAMPLE ANALYSIS	-----	
AL	ALUMINUM, TOTAL	<. 1	MG/L
ALB	ALBUMINOID NITROGEN	. 2	MG/L
ALKT	ALKALINITY, TOTAL (as CaCO3)	172	MG/L
AS	ARSENIC, TOTAL	<. 005	MG/L
BOD	BIOCHEMICAL OXYGEN DEMAND 5 DY	<1	MG/L
CD	CADMIUM, TOTAL	<. 01	MG/L
CL	CHLORIDE	31	MG/L
COD	CHEMICAL OXYGEN DEMAND	4. 1	MG/L
CR	CHROMIUM, TOTAL	<. 01	MG/L
F	FLUORIDE	<. 1	MG/L
FE	IRON, TOTAL	. 10	MG/L
MN	MANGANESE, TOTAL	. 02	MG/L
NH3	AMMONIA NITROGEN	<. 1	MG/L
NO2	NITRITE NITROGEN	. 008	MG/L
NO3	NITRATE NITROGEN	3. 7	MG/L
PB	LEAD, TOTAL	<. 03	MG/L
PH	PH, LAB	8. 07	PH UNITS
PO4O	PHOSPHORUS, ORTHO	. 047	MG/L
SC	SPECIFIC CONDUCTANCE AT 25C	435	UMHOS/CM
SO4	SULFATE	42	MG/L
SS	SUSPENDED SOLIDS	<1	MG/L
STS	SETTLEABLE SOLIDS	<. 1	ML/L
TOC	TOTAL ORGANIC CARBON	<1	MG/L
TS	TOTAL SOLIDS (TOTAL RESIDUE)	328	MG/L


DAVID W. LANE
LABORATORY MANAGER

ANALYTICAL LABORATORIES

A DIVISION OF SKELLY AND LOY

2601 North Front Street Harrisburg, PA 17110

(717) 232-0593

LABORATORY ANALYSIS REPORT

NAME: CITY OF HARRISBURG PROJECT NO: 4668
ADDRESS: HARRISBURG STEAM GENERATING FA CLIENT NO: 160
1670 SOUTH 19TH STREET SAMPLE NO: 23140
HARRISBURG, PA 17104
ATTENTION: CHUCK KING DATE RECVD: 9/26/85
REF. NO: PO # 23896-85

THU, OCT 24 1985

SAMPLE IDENTIFICATION: UPSTREAM AT 19TH STREET

DATE: 9/26/85

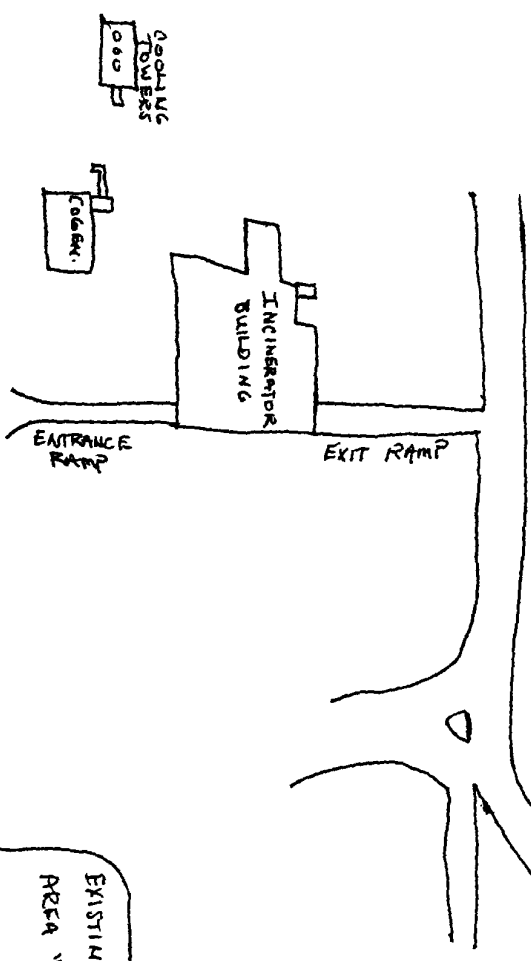
-TEST-	-----DETERMINATION-----	--RESULTS--	--UNITS--
-----	ANNUAL SAMPLE ANALYSIS	-----	
AL	ALUMINUM, TOTAL	<.1	MG/L
ALB	ALBUMINOID NITROGEN	.2	MG/L
ALKT	ALKALINITY, TOTAL (as CaCO3)	167	MG/L
AS	ARSENIC, TOTAL	<.005	MG/L
BOD	BIOCHEMICAL OXYGEN DEMAND 5 DY	<1	MG/L
CD	CADMIUM, TOTAL	<.01	MG/L
CL	CHLORIDE	29	MG/L
COD	CHEMICAL OXYGEN DEMAND	14.1	MG/L
CR	CHROMIUM, TOTAL	.01	MG/L
F	FLUORIDE	<.1	MG/L
FE	IRON, TOTAL	.12	MG/L
MN	MANGANESE, TOTAL	.02	MG/L
NH3	AMMONIA NITROGEN	.2	MG/L
NO2	NITRITE NITROGEN	.023	MG/L
NO3	NITRATE NITROGEN	3.9	MG/L
PB	LEAD, TOTAL	<.03	MG/L
PH	PH, LAB	7.89	PH UNITS
PO40	PHOSPHORUS, ORTHO	.095	MG/L
SC	SPECIFIC CONDUCTANCE AT 25C	413	UMHOS/CM
SO4	SULFATE	44	MG/L
SS	SUSPENDED SOLIDS	<1	MG/L
STS	SETTLEABLE SOLIDS	<.1	ML/L
TOC	TOTAL ORGANIC CARBON	4.7	MG/L
TS	TOTAL SOLIDS (TOTAL RESIDUE)	317	MG/L


DAVID W. LANE
LABORATORY MANAGER

HARRISBURG STEAM GENERATING FACILITY, SITE SKETCH

⊕ EXISTING BACKGROUND WELL "B"
(WELL AT 19TH STREET FIELD)

⊕ EXISTING BACKGROUND WELL "A"
(WELL EXIT SIDE OF BUILDING)



⊕ EXISTING MONITORING WELL "B1"

⊕ EXISTING MONITORING WELL "A"

STEAM SAMPLING LOCATION NO. 4
(DOWNSTREAM OF CHANNEL)

REF: ASAC-0
21/11/1

Backround
will be
side of
wall

Exit Ramp

INCUBATOR BUILDING

2/2/2020

EXISTING
RESIDUE AREA 81"

206 EN

٢٥٥٧

EXISTING
ESIDE AREA
"A"

EXISTING MONITORING WELL "A"

SPRING CREEK

STREAM SAMPLING
Location No. 4



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

Comments	
C	
C	

Installation's EPA ID Number										Approved		Date Received (yr. mo. day)			22 043 D446/IN					
C	P	A	D	1	5	0	7	4	1	6	1	9	T/A	C		8	8	0	4	0

[illegible]

Street or P.O. Box

C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

	City or Town																State	ZIP Code
C	H	A	R	R	I	S	B	U	R	G							P	a
4																	7	1
																	0	5

Street or Route Number

[illegible]

City or Town															State	ZIP Code	
C	H	A	R	R	I	S	B	U	R	G						Pa	17105

Name and Title (last, first, and job title)

C	1	CONTE	JAMES	ENGAS	7172313887
2	2				

A. Name of Installation's Legal Owner

C	HARRIS	STEARNS, LTD	P
R	SHUR		

A. Hazardous Waste Activity

☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.

☐ 2. Transporter

☐ 3. Treater/Storer/Disposer

☐ 4. Underground Injection

☐ 5. Market or Burn Hazardous Waste Fuel
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Marketer

☐ c. Burner

B. Used Oil Fuel Activities

**RECEIVED
PA SECTION
MAR 1 1988**

☐ 6. Off-Specification Used Oil Fuel Marketed (or On site Burner)
(enter "X" and mark appropriate boxes below)

☐ a. Generator Marketing to Burner

☐ b. Other Markets

☐ c. Burner

☐ 7. Specification Used Oil Fuel Marketed (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☒ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate boxes)

☐ A. Air ☐ B. Rail ☒ C. Highway ☐ D. Water ☐ E. Other (specify) _____
APR 5 1968

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below:

☒ A. First Notification ☐ B. Subsequent Notification (*complete item C*)

ID — For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

James D. Conte

Name and Official Title (type or print)

JAMES D. CONTE

Date Signed

3/25/88



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

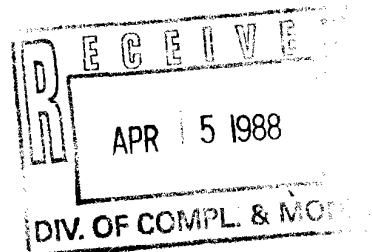
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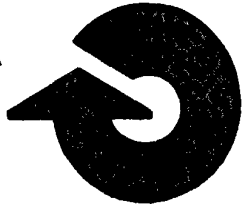
CONTE, JAMES ENG ASST
HARRISBURG STEAM WORKS LTD
10TH & WALNUT ST
HARRISBURG PA 17105

INSTALLATION ADDRESS

10TH & WALNUT ST
HARRISBURG PA 17105

EPA Form 8700-12B (4-80)





ENVIRITE CORPORATION

TECHNOLOGY FOR THE ENVIRONMENT

DER
WASTE MANAGEMENT

JAN 22 1988

HARRISBURG REGION

January 13, 1988

Ms. Serena A. DiMagno
DIMAGNO ASSOCIATES, INC.
227 State Street
Harrisburg, PA 17101

RE: Harrisburg Steam Works

Dear Serena:

Thank you for the opportunity to analyze the samples of sludge from the Harrisburg Steam Works. Enclosed please find our service proposals to handle the sludges from the steam process.

Our analyses have shown that these wastes can be delisted by our ENVIRITE treatment service. Treatment to delist removes your RCRA liabilities because your waste will no longer be chemically or legally recognized as hazardous. After our laboratory has verified our after-treatment results, we will provide written certification to document this successful delisting. No other waste disposal option provides this unique benefit.

Enclosed are two "Module I" forms which must be approved by the PA D.E.R. prior to our acceptance of your waste. Waste generators are responsible for completing sections II, V and VI. ENVIRITE can perform the organic and inorganic analysis usually necessary to complete the "Module I" for a one-time fee of \$600.00 each. If you have any questions, please call. We will be happy to assist you with any part of your portion.

Thank you for your interest in ENVIRITE. We look forward to future business together.

Sincerely,

ENVIRITE CORPORATION

Matthew C. Kichman

Matthew C. Kichman
Technical Service Representative

MCK:ll
enclosure

KLETT LIEBER ROONEY & SCHORLING

ATTORNEYS AT LAW

40TH FLOOR, ONE OXFORD CENTRE
PITTSBURGH, PENNSYLVANIA 15219-6498
TELEPHONE (412) 392-2000

Howard J. Wein
(412) 392-2160

FACSIMILE (412) 392-2128

October 19, 1990

DER
WASTE MANAGEMENT

OCT 23 1990

HARRISBURG REGION

Michael R. Steiner
Assistant Regional Director
Bureau of Waste Management
Harrisburg Regional Office
One Ararat Boulevard
Harrisburg, PA 17116

Dear Mr. Steiner:

This letter is written in response to your letter of April 20, 1990, affirming the Department's position that certain batches of ash generated by the City's resource recovery facility (the "Facility") can be characterized as hazardous under state law, and thus must be disposed of as a hazardous waste.

Based on its understanding that such letter did not represent a final action by the Department, the City has taken the opportunity to consider fully the Department's position and its impact on the City and the Facility. After careful evaluation of federal and state laws and policies, as well as present, and perhaps future, costs of complying with the Department's interpretation of the law with respect to ash generated by resource recovery facilities, the City must respectfully disagree with the Department's position.

The City believes that the ash from the Facility is exempt under law from regulation as a hazardous waste; that safe disposal should be the main focus and that safety is best served by disposal at the City's B-2 site; that the cost of disposing of the ash as a hazardous waste is exorbitant and a threat to the existence of an environmentally beneficial facility; and that the DER's characterization of the ash as hazardous is in error.

Section 3001(i) of the Resource Conservation and Recovery Act, 42 U.S.C. §§ 6901, 6941(i) ("RCRA"), as interpreted by two recent federal cases, clearly exempts ash generated by resource recovery facilities from regulation as a hazardous waste. Environmental Defense Fund v. Wheelabrator Technologies, Inc., No. 88 Civ. 0560 (S.D.N.Y. Nov. 21, 1989), Environmental Defense Fund v. City of Chicago, 84 C 3045 (N.D.Ill. Nov. 8, 1989). The City believes that the state is bound by this interpretation as well. Section 3001(i) initially exempted household waste from regulation under Subchapter C of RCRA.

KLETT LIEBER ROONEY & SCHORLING

Michael R. Steiner

Page 2

October 19, 1990

Pennsylvania adopted this exemption in the Solid Waste Management Act, 35 P.S. § 6018.10, et seq. ("SWMA"), and regulations interpreting it. 25 Pa. Code § 75.261(c)(6). Further, Pennsylvania, pursuant to Section 6926 of RCRA, developed its hazardous waste program to achieve primary authority for hazardous waste management activities within its borders. When Congress clarified that household waste was exempt from regulation as a hazardous waste by specifically acknowledging that ash generated by resource recovery facilities could qualify for this exemption, Pennsylvania, while not specifically adopting the clarification, did not reject it and so is bound by it.¹

Furthermore, Congress deliberately acted to verify that ash is included in the household waste exemption in accord with its policy to encourage resource recovery facilities. While a state may enact more stringent regulations than the federal government, it cannot act in conflict with clearly stated federal policy. ENSCO, Inc. v. Dumas, 807 F.2d 243 (8th Cir. 1986). By requiring the Facility to incur enormous expense, at a threat to its very existence, to dispose of its ash as a hazardous waste, the state is in direct conflict with a clear federal policy favoring resource recovery facilities. See Wheelabrator; City of Chicago.

Several bills pending before Congress concerning resource recovery facilities focus on the safe disposal of ash generated by such facilities. H.R. 2162, S. 196. The City's ash could be safely disposed of at the B-2 site. The technical specifications for the B-2 ash monofill, designed and constructed in accordance with current municipal waste regulations which went into effect in April, 1988, are more stringent than the specifications currently under consideration by Congress in the above-referenced bills. Indeed, in nearly every technical aspect, the B-2 site is essentially the equivalent of a hazardous waste landfill under both current and proposed Pennsylvania regulations. Safety concerns will also be served by the elimination of the need to transport the ash great distances to a hazardous waste treatment or disposal facility. Based upon the above, it is the City's belief that the risk to the environment will be minimized if the City is permitted to dispose of the ash at the newly permitted and soon to be completed double-lined B-2 site.

¹ After Congress amended RCRA in 1984 and included this clarification, the Environmental Quality Board amended its hazardous waste regulations, without rejecting the application of this exemption.

KLETT LIEBER ROONEY & SCHORLING

Michael R. Steiner

Page 3

October 19, 1990

The financial impact of handling and disposing of the ash as hazardous, however, could be financially devastating to the Facility and its customers, and further, could be harmful to the environment in the long run. The economic consequences caused by substantial additional ash disposal costs, over and above what the City has expended to design and construct the B-2 site, will cause a hardship to Harrisburg, its citizens and to other customers of the Facility including the Commonwealth. In addition, the state may risk the loss of a valuable resource recovery facility which conserves landfill space by reducing the volume needed for disposal, and generates steam and electrical energy as well.

Finally, the City contends that the characterization of the ash as hazardous is improper, in that it relies on the EP toxicity test, which has frequently been criticized as being an inaccurate indicator of the presence of hazardous substances in ash material. The City believes it has adequate safeguards in place at the Facility to prevent the acceptance of hazardous waste. (See attached Rules and Regulations of Facility, which are disseminated to all users of the Facility.) The City contends that the resulting ash, which has occasionally barely exceeded the limitations for lead by virtue of the EP toxicity test, is not hazardous, and may safely be disposed of at the B-2 site.

If you have any questions on the City's position with respect to this issue, please call me.

Very truly yours,


Howard J. Wein

HJW/mts
Enclosure

cc: Hon. Stephen R. Reed (w/o encl.)
John Lukens (w/o encl.)
Daniel R. Lispi (w/o encl.)
Michael J. Heilman, Esq. (w/encl.)

86019-01

RECEIVED

LAW OFFICES OF
SOCHA AND MAFFETT
2201 North Second Street
Harrisburg, Pennsylvania 17110

JAN 25 1989

BRINJAC, KAMBIC
& ASSOC., INC.

FRANCIS M. SOCHA
RICHARD F. MAFFETT, Jr.

January 23, 1989

Telephone
(717) 233-4141

David A. Brinjac
BRINJAC, KAMBIC & ASSOCIATES
910 N. Second Street
Harrisburg, PA 17102

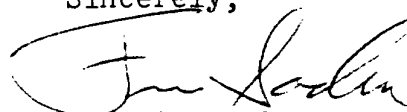
Re: City of Harrisburg
Harrisburg Steam Generating Facility
Residue Disposal Area B, Site B-2
BKA No. 86019-01

Dear Mr. Brinjac:

In reference to your correspondence dated January 20, 1989, please be advised that, as attorney for Thomas J. Flynn, I am authorized to inform you that Mr. Flynn does not desire a sample of the Downtown Carwash well for purposes of obtaining certain construction and consumption information.

Please do not hesitate to contact the undersigned if you have any further questions in regard to this matter.

Sincerely,



Francis M. Socha

FMS/spr

pc: Thomas J. Flynn

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Waste Management

SERVICE REQUEST

K02 JAK
ANTHONY Y. JAK
CALK
File H6 INC
DAUPHIN CO
WILKINSON

Received by F.P. FAIR		Time 8:15	Date 11/2
Person requesting service JOHN LUKENS		Program	Municipality HARRISBURG County DAUPHIN
Address HARRISBURG INCINERATOR		Assigned to TONY R.	Date 11/2
City HARRISBURG	Telephone 236-6455	Priorities	Date Needed
Alleged Violator SULPHURIC ACID SPILL		Urgent	24 Hours
		Routine	
		Low Priority	
Nature of request SPILL - OCCURRED 11/1/89 1:30 PM 950 gallons SULPHURIC ACID SPILLED FROM A LEAKING LINE INTO A CONTAINMENT MOAT. OH MATERIALS AND ELDORADO RESPONDED - PUMPED ACID BACK INTO TANK, NEUTRALIZED RESIDUE IN THE MOAT + PUT RESIDUE INTO THE SANITARY SEWER.			
Directions			
Action or Findings			
Completed by		Date	Hours

HBG file - Tracking

Harrisburg Star
Green Facility
Correspondence

EEI

Evergreen Environmental, Inc.

June 9, 1993

Mr. Leif Ericson
Regional Air Pollution Control Engineer
Southcentral Region Office
Pennsylvania DER
One Ararat Boulevard
Harrisburg, PA 17110

RECEIVED
JUN 10 1993
DER-HBG REGION
AIR QUALITY CONTROL

Dear Leif:

As I discussed with you during our phone conversation, the City of Harrisburg is encountering difficulties finding sufficient quantities of waste to enable them to repay the bonds they were planning to issue to upgrade the Harrisburg Resource Recovery Facility. Ironically, the shortage of waste available to Harrisburg is in part related to DER's Municipal Waste Planning, Recycling, and Waste Reduction Program implemented under the provisions of Act 101. The planning provisions of DER under this Act, and the local county plans developed under this Act, have essentially removed large market shares for a 10 year period and prevented the City from attracting these wastes. The City currently has an appeal of the approval of the Dauphin County Plan in Commonwealth Court to determine whether the Plan's prevention of these wastes was legal. In addition, the Governor's Executive Order, the proposed Pennsylvania Waste Shed Legislation, and similar proposals in Congress have all made the City's efforts to secure contracts for wastes more difficult. The stark reality is that if waste streams are not found, revenues are not guaranteed, bonds cannot be issued, and money for upgrade of the facility will not be available.

In spite of the current difficulties, Harrisburg remains fully committed to proceeding with the upgrade and the City is working diligently trying to find other waste streams which they can capture. For example, I have been working with the City and their engineer to gain approval to take certain residual wastes which could be safely handled by the facility. It now appears unlikely that the schedule which the City presented to you can be maintained and I was asked by Dan Lispi and John Lukens for advice in attempting to secure an extension of the time by which they must be in compliance.

In my initial discussions with the City and DER on this issue, I was of the understanding that there was a deadline under the CAA for municipal waste combustors to be in compliance in Pennsylvania by February 11, 1995, and that there were SIP implications for failure to meet this deadline. However, in discussing this situation with Central Office, I was told that Pennsylvania had never submitted a Plan for designated facilities and that there were no SIP implications of extending a compliance deadline for the incinerator. Furthermore, the federal regulations which address the adoption and submittal of state plans for designated facilities, Part 60, Subpart B, specifically allow States to provide for less stringent emission standards or longer compliance schedules, provided that the State demonstrates:

1. Unreasonable cost of control resulting from plant age, location, or basic process design;
2. Physical impossibility of installing necessary control equipment; or
3. Other factors specific to the facility that make application of a less stringent standard or final compliance time significantly more reasonable.

These specific exemptions are found at §60.24 (f).

My purpose in writing to you is to ask if DER would consider a convincing demonstration by the City of one or more of these above factors relative to an extension of the compliance time for the Harrisburg Resource Recovery Facility beyond the February 1995 deadline. I have enclosed copies of what I believe are the relevant federal requirements for your review. We would be happy to meet with you to discuss these issues.

Sincerely,



Fred P. Osman

cc: Mr. Salvaggio
Mr. Steiner