

NOTIFICATION OF AN INACTIVE HAZARDOUS SUBSTANCE OR WASTE DISPOSAL SITE

Please read instructions before completing.

I. SITE NAME AND LOCATION:

Site Name (one site per form) _____
Location (street address) _____
City _____ US EPA ID# (if known) _____
County _____
Directions to Site _____

Attach a USGS topographic map or map of equal or reasonably similar scale (1 inch = 2000 ft.) showing the location and vicinity of the site or facility. Label map with the site name.

II. PERSON COMPLETING FORM (Mark with an X to the right):

| | |
|---------------------------------------|------------------------|
| Name _____ | Present Owner _____ |
| Mailing Address _____ | Past Owner _____ |
| _____ | Present Operator _____ |
| _____ | Past Operator _____ |
| City _____ State _____ Zip Code _____ | Other _____ |
| Telephone with Area Code _____ | E-mail _____ |

III. PRESENT OWNER:

| | |
|--|-----------------------|
| Individual Owner or Company Name _____ | Corporation _____ |
| _____ | Partnership _____ |
| Executive Officer _____ | Individual _____ |
| Mailing Address _____ | Government Unit _____ |
| _____ | Other _____ |
| City _____ State _____ Zip Code _____ | (specify) _____ |
| Telephone with Area Code _____ | E-mail _____ |

IV. CURRENT SITE USE:

Mark with an X the item or items which describe the current use of the site.

| | | | | | |
|--------------|-------|-----------------|-------|-----------------|-------|
| Residential | _____ | Farm Land | _____ | Retirement Home | _____ |
| Business | _____ | Undeveloped | _____ | Other | _____ |
| Industrial | _____ | School/Day Care | _____ | (specify) | _____ |
| Pasture Land | _____ | Hospital | _____ | | _____ |

V. ON-SITE RESIDENTS:

Are there any on-site residents? (Mark with an X) _____ Yes _____ No

Number of children (<7 years old) living on site _____ Number of adults _____

VI. SURROUNDING PROPERTY USE:

Mark with an X the appropriate description of the area surrounding the site (More than one may apply.)

| | | | | | |
|--------------|-------|-----------------|-------|-----------------|-------|
| Residential | _____ | Farm Land | _____ | Retirement Home | _____ |
| Business | _____ | Undeveloped | _____ | Other | _____ |
| Industrial | _____ | School/Day Care | _____ | (specify) | _____ |
| Pasture Land | _____ | Hospital | _____ | | _____ |

VII. Site Operations (Mark with an X, more than one may apply):

| | | Current | Previous |
|-----|--|---------|----------|
| 1. | Mining..... | _____ | _____ |
| 2. | Paper and wood production..... | _____ | _____ |
| 3. | Textiles..... | _____ | _____ |
| 4. | Fertilizer..... | _____ | _____ |
| 5. | Printing/Painting..... | _____ | _____ |
| 6. | Leather tanning..... | _____ | _____ |
| 7. | Iron/Steel foundry..... | _____ | _____ |
| 8. | Chemical, general..... | _____ | _____ |
| 9. | Plating/Polishing..... | _____ | _____ |
| 10. | Military/ammunition..... | _____ | _____ |
| 11. | Firing range..... | _____ | _____ |
| 12. | Rubber/plastics..... | _____ | _____ |
| 13. | Utility companies/transformer..... | _____ | _____ |
| 14. | Sanitary/refuse..... | _____ | _____ |
| 15. | Photo finishing..... | _____ | _____ |
| 16. | Lab/hospital..... | _____ | _____ |
| 17. | Wood treating..... | _____ | _____ |
| 18. | Battery reclamation..... | _____ | _____ |
| 19. | Pesticides formulation, packaging and/or distribution..... | _____ | _____ |
| 20. | Herbicide formulation, packaging and/or distribution..... | _____ | _____ |
| 21. | Other agricultural formulation, packaging and/or distribution..... | _____ | _____ |
| 22. | Dry cleaning..... | _____ | _____ |
| 23. | Petrochemical processing or refining..... | _____ | _____ |
| 24. | Furniture manufacturing or finishing..... | _____ | _____ |
| 25. | Drum reconditioning..... | _____ | _____ |
| 26. | Unknown..... | _____ | _____ |
| 27. | Other (specify)..... | _____ | _____ |

VIII. ENVIRONMENTAL PERMITS:

List all previous and current environmental permits below:

| Type of Permit, specify (e.g. landfill, nondischarge, etc.) | Past (check one) | Present | Permit Number | Date Issued | Issuing Agency |
|--|---------------------|---------|---------------|-------------|----------------|
| _____ | Past | Present | _____ | _____ | _____ |
| _____ | Past | Present | _____ | _____ | _____ |
| _____ | Past | Present | _____ | _____ | _____ |
| _____ | Past | Present | _____ | _____ | _____ |
| _____ | Past | Present | _____ | _____ | _____ |
| _____ | Past | Present | _____ | _____ | _____ |

IX. KNOW OR SUSPECTED RELEASES OF HAZARDOUS SUBSTANCES OR WASTE TO THE ENVIRONMENT:

List all on-site spills, disposals and other releases of hazardous substances or materials containing hazardous substances.

| Material/ Chemical Released (known and suspected) | Physical State of Material (Use codes below) | Approx. Volume Released | Date of Release | Suspected Contaminants (Use codes below) | Source of Release (e.g. tank, buried drums, landfill, product spill, etc) | Known or Suspected Contamination | | | |
|---|--|-------------------------------|--------------------|---|--|----------------------------------|------------------|----------|-------|
| | | | | | | Ground water | Surface water | Sediment | Soil |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

<Enter "K" if Known and "S" if Suspected>

Physical State Codes

- G – Containerized Gas
- L – Liquid
- S – Solid/Powder
- Sl – Sludge

Codes for Suspected Contaminants

- A – Acids
- ab – Asbestos
- Am – Ammonia
- B – Bases
- C – Cyanide
- D – Dioxins
- M – Metals
- Mu – Mixed Municipal Waste
- O – Organic Chemicals
- P – PCBs
- Pe – Petroleum Products
- Ps - Pesticides
- W – Waste Oil

X. TOTAL AREA OF ALL DISPOSALS, SPILLS, OR RELEASES OF HAZARDOUS SUBSTANCES OR WASTE (Mark with an X):

- _____ less than 1 acre
- _____ 1 acre or more, but less than 5 acres
- _____ 5 acres or more, but less than 10 acres
- _____ 10 acres or more
- _____ Unknown

XI. AVAILABILITY OF ENVIRONMENTAL ANALYTICAL DATA (Mark with an X):

Do any environmental reports or laboratory analytical data exist for the site? _____Yes _____No
If yes, attach reports or data to this form.

XII. IDENTIFY WHETHER ANY OF THE FOLLOWING ARE PRESENT OR WERE PRESENT IN THE PAST AT THE SITE (Mark with an X, more than one may apply):

- _____ Debris pile(s) _____ Tanks(s) above ground _____ Spill(s)
- _____ Land treatment of sludges _____ Septic tanks(s) _____ Wastewater lagoons(s)
- _____ Landfill(s) or buried waste _____ Surface impoundments(s) _____ Drums(s)
- _____ Tanks(s) underground _____ Underground injection of waste
- _____ Other (specify) _____

XIII. ACCESSIBILITY OF SITE (Mark with an X, more than one may apply):

- _____ 24-hour security guard
- _____ Security guard < 24-hour/day
- _____ Physical barrier (steep bank, creek, walls, etc.)
Describe physical barriers _____
- _____ Site completely surrounded by fence
- _____ Site partially surrounded by fence
- _____ Locked gate
- _____ Unlocked gate
- _____ No control of access to site
- _____ Other (specify) _____

XIV. WATER SUPPLY SOURCES:

Identify whether the following are present on site or on adjacent property. (Mark with an X)

| | Present on site | | Present on Adjacent Property | |
|----------------------|-----------------|-------|------------------------------|-------|
| | Yes | No | Yes | No |
| Spring | _____ | _____ | _____ | _____ |
| Well | _____ | _____ | _____ | _____ |
| Surface Water Intake | _____ | _____ | _____ | _____ |

XV. SITE SURFACE WATER:

Indicate whether any surface water bodies (e.g. streams and lakes) exist on the site or the property adjacent to the site.

XVI. CERIFICATION AND SIGNATURE:

I certify that to the best of my knowledge and belief, the information supplied on this form is complete and accurate.

Signature _____ Date _____

Name and Title (*Type or Print*) _____

Mailing Address _____

_____ STATE

_____ COUNTY

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day _____, _____.

(Official Seal)

NOTARY PUBLIC

My commission expires _____, _____.