



8/29/11

CERCLIS Number:
PAN000306740

5. General Site Characteristics

<p>Predominant Land Uses Within 1 Mile of Site (check all that apply):</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Agriculture</td> <td><input type="checkbox"/> DOI</td> </tr> <tr> <td><input checked="" type="checkbox"/> Commercial</td> <td><input type="checkbox"/> Mining</td> <td><input type="checkbox"/> Other Federal Facility</td> </tr> <tr> <td><input checked="" type="checkbox"/> Residential</td> <td><input type="checkbox"/> DOD</td> <td>_____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Forest/Fields</td> <td><input type="checkbox"/> DOE</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> DOI	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Mining	<input type="checkbox"/> Other Federal Facility	<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> DOD	_____	<input checked="" type="checkbox"/> Forest/Fields	<input type="checkbox"/> DOE	<input type="checkbox"/> Other _____	<p>Site Setting:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Urban</td> </tr> <tr> <td><input checked="" type="checkbox"/> Suburban</td> </tr> <tr> <td><input type="checkbox"/> Rural</td> </tr> </table>	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Suburban	<input type="checkbox"/> Rural	<p>Years of Operation:</p> <p>Beginning Year _____</p> <p>Ending Year _____</p> <p><input checked="" type="checkbox"/> Unknown</p>
<input type="checkbox"/> Industrial	<input type="checkbox"/> Agriculture	<input type="checkbox"/> DOI															
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Mining	<input type="checkbox"/> Other Federal Facility															
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<input checked="" type="checkbox"/> Suburban																	
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<p>Type of Site Operations (check all that apply):</p> <table style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Manufacturing (must check subcategory) <ul style="list-style-type: none"> <input type="checkbox"/> Lumber and Wood Products <input type="checkbox"/> Inorganic Chemicals <input type="checkbox"/> Plastic and/or Rubber Products <input type="checkbox"/> Paints, Varnishes <input type="checkbox"/> Industrial Organic Chemicals <input type="checkbox"/> Agricultural Chemicals (e.g., pesticides, fertilizers) <input type="checkbox"/> Miscellaneous Chemical Products (e.g., adhesives, explosives, ink) <input type="checkbox"/> Primary Metals <input type="checkbox"/> Metal Coating, Plating, Engraving <input type="checkbox"/> Metal Forging, Stamping <input type="checkbox"/> Fabricated Structural Metal Products <input type="checkbox"/> Electronic Equipment <input type="checkbox"/> Other Manufacturing <input type="checkbox"/> Mining <ul style="list-style-type: none"> <input type="checkbox"/> Metals <input type="checkbox"/> Coal <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Non-metallic Minerals </td> <td style="vertical-align: top;"> <input type="checkbox"/> Retail <input type="checkbox"/> Recycling <input type="checkbox"/> Junk/Salvage Yard <input type="checkbox"/> Municipal Landfill <input type="checkbox"/> Other Landfill <input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> DOI <input type="checkbox"/> Other Federal Facility _____ <input type="checkbox"/> RCRA <ul style="list-style-type: none"> <input type="checkbox"/> Treatment, Storage, or Disposal <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Subtitle D <ul style="list-style-type: none"> <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> "Converter" <input type="checkbox"/> "Protective Filer" <input type="checkbox"/> "Non- or Late Filer" <input type="checkbox"/> Not Specified <input checked="" type="checkbox"/> Other <u>Farming, Residential</u> </td> </tr> </table>		<input type="checkbox"/> Manufacturing (must check subcategory) <ul style="list-style-type: none"> <input type="checkbox"/> Lumber and Wood Products <input type="checkbox"/> Inorganic Chemicals <input type="checkbox"/> Plastic and/or Rubber Products <input type="checkbox"/> Paints, Varnishes <input type="checkbox"/> Industrial Organic Chemicals <input type="checkbox"/> Agricultural Chemicals (e.g., pesticides, fertilizers) <input type="checkbox"/> Miscellaneous Chemical Products (e.g., adhesives, explosives, ink) <input type="checkbox"/> Primary Metals <input type="checkbox"/> Metal Coating, Plating, Engraving <input type="checkbox"/> Metal Forging, Stamping <input type="checkbox"/> Fabricated Structural Metal Products <input type="checkbox"/> Electronic Equipment <input type="checkbox"/> Other Manufacturing <input type="checkbox"/> Mining <ul style="list-style-type: none"> <input type="checkbox"/> Metals <input type="checkbox"/> Coal <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Non-metallic Minerals 	<input type="checkbox"/> Retail <input type="checkbox"/> Recycling <input type="checkbox"/> Junk/Salvage Yard <input type="checkbox"/> Municipal Landfill <input type="checkbox"/> Other Landfill <input type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> DOI <input type="checkbox"/> Other Federal Facility _____ <input type="checkbox"/> RCRA <ul style="list-style-type: none"> <input type="checkbox"/> Treatment, Storage, or Disposal <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Subtitle D <ul style="list-style-type: none"> <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> "Converter" <input type="checkbox"/> "Protective Filer" <input type="checkbox"/> "Non- or Late Filer" <input type="checkbox"/> Not Specified <input checked="" type="checkbox"/> Other <u>Farming, Residential</u>	<p>Waste Generated:</p> <p><input type="checkbox"/> Onsite</p> <p><input type="checkbox"/> Offsite</p> <p><input type="checkbox"/> Onsite and Offsite</p> <p>Unknown</p> <p>Waste Deposition Authorized By:</p> <p><input type="checkbox"/> Present Owner</p> <p><input type="checkbox"/> Former Owner</p> <p><input type="checkbox"/> Present & Former Owner</p> <p><input type="checkbox"/> Unauthorized</p> <p><input checked="" type="checkbox"/> Unknown</p> <p>Waste Accessible to the Public:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Unknown</p> <p>Distance to Nearest Dwelling, School, or Workplace:</p> <p style="text-align: center;">_____ Feet</p>													
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6. Waste Characteristics Information

<p>Source Type: (check all that apply)</p> <table style="width:100%;"> <tr><td><input type="checkbox"/> Landfill</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Surface Impoundment</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Drums</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Tanks and Non-Drum Containers</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Chemical Waste Pile</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Scrap Metal or Junk Pile</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Tailings Pile</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Trash Pile (open dump)</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Land Treatment</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Contaminated Ground Water Plume (unidentified source)</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Contaminated Surface Water/Sediment (unidentified source)</td><td>_____</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Contaminated Soil</td><td>_____</td><td>_____</td></tr> <tr><td><input checked="" type="checkbox"/> Other <u>Potential GW Plume</u></td><td><u>Unknown</u></td><td>_____</td></tr> <tr><td><input type="checkbox"/> No Sources</td><td></td><td></td></tr> </table>	<input type="checkbox"/> Landfill	_____	_____	<input type="checkbox"/> Surface Impoundment	_____	_____	<input type="checkbox"/> Drums	_____	_____	<input type="checkbox"/> Tanks and Non-Drum Containers	_____	_____	<input type="checkbox"/> Chemical Waste Pile	_____	_____	<input type="checkbox"/> Scrap Metal or Junk Pile	_____	_____	<input type="checkbox"/> Tailings Pile	_____	_____	<input type="checkbox"/> Trash Pile (open dump)	_____	_____	<input type="checkbox"/> Land Treatment	_____	_____	<input type="checkbox"/> Contaminated Ground Water Plume (unidentified source)	_____	_____	<input type="checkbox"/> Contaminated Surface Water/Sediment (unidentified source)	_____	_____	<input type="checkbox"/> Contaminated Soil	_____	_____	<input checked="" type="checkbox"/> Other <u>Potential GW Plume</u>	<u>Unknown</u>	_____	<input type="checkbox"/> No Sources			<p>Source Waste Quantity: (include units)</p>	<p>Tier*:</p>	<p>General Types of Waste (check all that apply)</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Metals</td> <td><input type="checkbox"/> Pesticides/Herbicides</td> </tr> <tr> <td><input checked="" type="checkbox"/> Organics</td> <td><input type="checkbox"/> Acids/Bases</td> </tr> <tr> <td><input type="checkbox"/> Inorganics</td> <td><input type="checkbox"/> Oily Waste</td> </tr> <tr> <td><input type="checkbox"/> Solvents</td> <td><input type="checkbox"/> Municipal Waste</td> </tr> <tr> <td><input type="checkbox"/> Paints/Pigments</td> <td><input type="checkbox"/> Mining Waste</td> </tr> <tr> <td><input type="checkbox"/> Laboratory/Hospital Waste</td> <td><input type="checkbox"/> Explosives</td> </tr> <tr> <td><input checked="" type="checkbox"/> Radioactive Waste</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Construction/Demolition Waste</td> <td></td> </tr> </table> <p>Physical State of Waste as Deposited (check all that apply):</p> <p><input checked="" type="checkbox"/> Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Powder</p> <p><input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas</p>	<input checked="" type="checkbox"/> Metals	<input type="checkbox"/> Pesticides/Herbicides	<input checked="" type="checkbox"/> Organics	<input type="checkbox"/> Acids/Bases	<input type="checkbox"/> Inorganics	<input type="checkbox"/> Oily Waste	<input type="checkbox"/> Solvents	<input type="checkbox"/> Municipal Waste	<input type="checkbox"/> Paints/Pigments	<input type="checkbox"/> Mining Waste	<input type="checkbox"/> Laboratory/Hospital Waste	<input type="checkbox"/> Explosives	<input checked="" type="checkbox"/> Radioactive Waste	<input type="checkbox"/> Other _____	<input type="checkbox"/> Construction/Demolition Waste	
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* C = Constituent, W = Wastestream, V = Volume, A = Area



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CERCLIS Number:
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7. Ground Water Pathway

<p>Is Ground Water Used for Drinking Water Within 4 Miles:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is There a Suspected Release to Ground Water:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>List Secondary Target Population Served by Ground Water Withdrawn From:</p> <table border="0"> <tr> <td>0 - ¼ Mile</td> <td>0</td> </tr> <tr> <td>> ¼ - ½ Mile</td> <td>0</td> </tr> <tr> <td>> ½ - 1 Mile</td> <td>0</td> </tr> <tr> <td>> 1 - 2 Miles</td> <td>207</td> </tr> <tr> <td>> 2 - 3 Miles</td> <td>32</td> </tr> <tr> <td>> 3 - 4 Miles</td> <td>168</td> </tr> <tr> <td>Total Within 4 Miles</td> <td>407</td> </tr> </table>	0 - ¼ Mile	0	> ¼ - ½ Mile	0	> ½ - 1 Mile	0	> 1 - 2 Miles	207	> 2 - 3 Miles	32	> 3 - 4 Miles	168	Total Within 4 Miles	407
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> 3 - 4 Miles	168															
Total Within 4 Miles	407															
<p>Type of Drinking Water Wells Within 4 Miles (check all that apply):</p> <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private <input type="checkbox"/> None	<p>Have Primary Target Drinking Water Wells Been Identified:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <p>If Yes, Enter Primary Target Population:</p> <p style="text-align: center;">39 People</p> <p>Approx 17 wells x 2.26</p>															
<p>Depth to Shallowest Aquifer:</p> <p style="text-align: center;">_____ Feet</p> <p>Karst Terrain/Aquifer Present:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Nearest Designated Wellhead Protection Area:</p> <input type="checkbox"/> Underlies Site <input type="checkbox"/> > 0 - 4 Miles <input checked="" type="checkbox"/> None Within 4 Miles															

8. Surface Water Pathway

<p>Type of Surface Water Draining Site and 15 Miles Downstream (check all that apply):</p> <input checked="" type="checkbox"/> Stream <input checked="" type="checkbox"/> River <input checked="" type="checkbox"/> Pond <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input type="checkbox"/> Other _____	<p>Shortest Overland Distance From Any Source to Surface Water:</p> <p style="text-align: center;">50 Feet</p> <p style="text-align: center;">_____ Miles</p>																				
<p>Is There a Suspected Release to Surface Water:</p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Site is Located in:</p> <input type="checkbox"/> Annual - 10 yr Floodplain <input type="checkbox"/> > 10 yr - 100 yr Floodplain <input type="checkbox"/> > 100 yr - 500 yr Floodplain <input checked="" type="checkbox"/> > 500 yr Floodplain																				
<p>Drinking Water Intakes Located Along the Surface Water Migration Path:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>List All Secondary Target Drinking Water Intakes:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Water Body</th> <th>Flow (cfs)</th> <th>Population Served</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">N/A</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="3" style="text-align: right;">Total within 15 Miles</td> <td> </td> </tr> </tbody> </table>	Name	Water Body	Flow (cfs)	Population Served	N/A												Total within 15 Miles			
Name		Water Body	Flow (cfs)	Population Served																	
N/A																					
Total within 15 Miles																					
<p>Have Primary Target Drinking Water Intakes Been Identified:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
<p>If Yes, Enter Population Served by Primary Target Intakes:</p> <p style="text-align: center;">16,783 People</p>																					
<p>Fisheries Located Along the Surface Water Migration Path:</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>List All Secondary Target Fisheries:</p> <table border="1"> <thead> <tr> <th>Water Body/Fishery Name</th> <th>Flow (cfs)</th> </tr> </thead> <tbody> <tr> <td>Allegheny River</td> <td>6,130</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Water Body/Fishery Name	Flow (cfs)	Allegheny River	6,130																
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<p style="margin-left: 40px;">Kiskiminetas River Lee's Lake</p>																					



8. Surface Water Pathway (continued)

Wetlands Located Along the Surface Water Migration Path:

- Yes
 No

Have Primary Target Wetlands Been Identified:

- Yes
 No

List Secondary Target Wetlands:

Water Body	Flow (cfs)	Frontage Miles
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Sensitive Environments Located Along the Surface Water Migration Path:

- Yes
 No

Have Primary Target Sensitive Environments Been Identified:

- Yes
 No

List Secondary Target Sensitive Environments:

Water Body	Flow (cfs)	Sensitive Environment Type
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Soil Exposure Pathway

Are People Occupying Residences or Attending School or Daycare on or Within 200 Feet of Areas of Known or Suspected Contamination:

- Yes
 No

If Yes, Enter Total Resident Population:

_____ People

Number of Workers Onsite:

- None
 1 - 100
 101 - 1,000
 >1,000

Have Terrestrial Sensitive Environments Been Identified on or Within 200 Feet of Areas of Known or Suspected Contamination:

- Yes
 No

If Yes, List Each Terrestrial Sensitive Environment:

Bald Eagle, Indiana Bat

10. Air Pathway

Is There a Suspected Release to Air:

- Yes
 No

Enter Total Population on or Within:

Onsite	N/A
0 - ¼ Mile	52
> ¼ - ½ Mile	134
> ½ - 1 Mile	1,523
> 1 - 2 Miles	11,888
> 2 - 3 Miles	7,744
> 3 - 4 Miles	5,298
Total Within 4 Miles	26,639

Wetlands Located Within 4 Miles of the Site:

- Yes
 No

Other Sensitive Environments Located Within 4 Miles of the Site:

- Yes
 No

List All Sensitive Environments Within ¼ Mile of the Site:

Distance	Sensitive Environment Type/Wetlands Area (acres)
Onsite	Bald Eagle, Indiana Bat
0 - ¼ Mile	Bald Eagle, Indiana Bat
> ¼ - ½ Mile	Bald Eagle, Indiana Bat