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**SITE POLLUTION LIABILITY
ADDENDUM
(CLAIMS MADE FORM)**

Complete for Each Location

1. Facility Name: _____

2. Location: _____

3. Age: _____

4. Describe any pre-existing conditions at this location:

5. Describe in detail current the current operations:

6. Describe Historical Site Use/Conditions:

7. Physical Setting:
a. Distance to nearest residential area: _____
b. Distance to nearest drinking water well: _____
c. Distance to nearest surface water: _____
d. Depth to Groundwater: _____

e. Provide a brief description of adjacent properties:
East: _____
West: _____
North: _____
South: _____

8. Chemical Use:

Chemical Name	Quantity		Storage Method			
	Total/Year	At Any One Time	Drum	AST	UST	Other

9. Wastewater Handling:

Constituent	Discharge Limit	Receiving Body	Outfall #	Treatment

10. Waste Generation:

Waste	Quantity/Year	Treatment	Disposal	Quantity	Date Started

11. Off Site Disposal:

Waste	Quantity/Year	Treatment	Disposal	Quantity	Date Started

12. On Site Disposal:

<p>Active Landfill:</p> <p>a. Total Acreage: _____</p> <p>b. Permitted: Yes No</p> <p>c. Lined: Yes No</p> <p>d. Liner Details: _____</p> <p>e. Leachate Collection: Yes No</p> <p>f. Monitoring Wells: Yes No</p> <p>g. Number of Wells: _____</p> <p>h. Age: _____</p> <p>i. Type of Waste Accepted: _____</p>
<p>Closed/In-Active Landfill:</p> <p>a. Total Acreage: _____</p> <p>b. Permitted: Yes No</p> <p>c. Lined: Yes No</p> <p>d. Liner Details: _____</p> <p>e. Leachate Collection: Yes No</p> <p>f. Monitoring Wells: Yes No</p> <p>g. Number of Wells: _____</p> <p>h. Age: _____</p> <p>i. Dates of Operation: _____</p> <p>j. Type of Waste Accepted: _____</p>
<p>Injection Well:</p> <p>a. Years of Operation: _____</p> <p>b. Permitted: Yes No</p> <p>c. Number of Wells: _____</p> <p>d. Type of Waste Accepted: _____</p>

13. Air Emissions:

Source	Quantity/Year	Pollutant	Treatment	Permit Limit	Date Started

14. Underground Tanks:

ID	Date Installed	Capacity (gal)	Contents	Construction ¹	Leak Detection ²	Last Tightness Test	Permit

15. Above Ground Tanks:

ID	Date Installed	Capacity (gal)	Contents	Construction ¹	Containment

¹Construction

SW= Single Wall
 DW=Double Wall
 CPS= Cathodic Protection
 FRP=Fiberglass
 FCS=FRP-Clad Steel
 BS= Bare Steel

²Leak Detection

ATG=Auto Tank Guaging
 INT=Interstitial Monitoring
 DIC=Daily Inventory Control
 MVM=Vapor Monitoring Wells
 MGM=Groundwater Monitoring Wells
 PTT=Precision Tightness Test
 SIR=Statistical Inventory Control

16. Has this location been cited or prosecuted for any violation of any standard or law relating to the release of a substance into the environment? Yes No If yes, provide details: _____

17. Has this location ever been sued or requested to pay any damages or to perform any cleanup activities with respect to any actual or alleged pollution incident either on the facility or to an offsite party or location? Yes No If yes, provide details: _____

18. List all environmental losses paid over the past ten years:

<u>Date</u>	<u>Amount</u>	<u>Details</u>

