

# EXHIBIT 56

New York State Department of Environmental Conservation  
2176 Guiderland Avenue, Schenectady, New York 12306  
Telephone (518) 382-0660



DATE: 1/31/91

Dear Permittee:

Thomas C. Jorling  
Commissioner

The permit you applied for is enclosed. Please read it carefully and note the special conditions that are included in it. The permit is valid for only those activities expressly authorized therein. Work beyond the scope of the permit and the approved project plans may be considered a violation of law and be subject to appropriate enforcement action. Should you object to the permit as issued and are unable to resolve such objections with this office you may, within 30 calendar days of this transmittal request a hearing in writing from the Regional Permit Administrator.

If this permit is associated with a project that will entail construction of new pollution control facilities, or is a modification to existing facilities, the plans for the system design must be approved by this Department or if indicated in the permit by either the NYS Department of Health or delegated local Health Department.

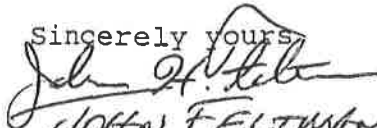
Please note the expiration date of the permit. Applications for permit renewal must be made in advance of the expiration date. Please refer to your permit and/or 6NYCRR 621 (Uniform Procedures) for specific instructions.

The following numbers pertain to this permit and should be referenced on all correspondence related to this permit and any future applications for permits associated with this facility/project area.

DEC PERMIT NO:	4-3894-00004100009 -0
FACILITY NAME:	TACONIC PLASTICS LTD EPA# 00006
LOCATION (Co.) (T,C,V):	(E) PENNSBURG, RENSSELAER COUNTY

If this box is checked, this is an Air Pollution Control (APC) Permit to Construct. When the project is completed, you must resubmit your application to this office for approval of an Air Pollution Control (APC) Permit to Operate the emission point.

If you have any questions on the extent of work authorized, or your obligations under the permit, please feel free to contact me.

Sincerely yours  
  
JOHN FELTON  
Division of Regulatory Affairs  
Region 4

15WC30  
GENFORMS\1GF3  
Enclosures  
cc: (Air Permits Only)

TACONIC\_Paper-0039092

ORIGINAL APPLICATION FOR E.P. 00006 (TEFLON COATERS)  
HORIZONTAL STACK DESIGN

THIS PACKAGE CONTAINS:

EPA Application Form 1

EPA Application Form 2C

SPDES Thermal Discharge & MSA Supplement Form

Drawing # EPA00010 Schematic of Water Flow

Drawing # EPA00000 Site Location Map

SEQR Part #1: Project Information

Industrial Chemical Survey Form

ENGINEER REPORT & SUPPORTING DATA

NOTE: EPA FORM 2C PART II-ABC WAS REVISED BLANKS CHECKED & RE-SUBMITTED TO REGION 4 & DIV OF WATER ON 13 DEC 88. THE REVISED APPLICATION IS INCLUDED AT THE END OF THIS DOCUMENT.

NOTE: MSDS FORM FOR TRITON X-100 SUBMITTED (FAXED) TO P. EMPIE (AIR) 29 JAN 89.



CONTINUED FROM THE FRONT

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

A. FIRST		B. SECOND	
(specify)	7	(specify)	
C. THIRD		D. FOURTH	
(specify)	7	(specify)	

III. OPERATOR INFORMATION

A. NAME  
Taconic Plastics, Ltd.

is the name listed in Form VIII-A also the same?  
 YES  NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F - FEDERAL    M - PUBLIC (other than federal or state)  
S - STATE      O - OTHER  
P - PRIVATE

P (specify)

D. PHONE (area code & no.)  
518 658 3202

E. STREET OR P.O. BOX  
P.O. Box 69

F. CITY OR TOWN  
Petersburg

G. STATE  
NY

H. ZIP CODE  
12138

I. INDIAN LAND  
Is the facility located on Indian lands?  
 YES  NO

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)

N

D. PSD (Air Emissions from Proposed Sources)

9 2

B. UIC (Underground Injection of Fluids)

U

E. OTHER (specify)

3834000126 (specify) Process exhaust to air

C. RCRA (Hazardous Wastes)

R

E. OTHER (specify)

(specify)

I. 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.

II. NATURE OF BUSINESS (provide a brief description)

Coating of fiberglass cloth with Teflon, Silicone rubber, and/or Silicone adhesive.

II. CERTIFICATION (see instructions)

I, the undersigned, 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 knowledge or those persons immediately responsible for obtaining the information contained in the 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)  
Harvey v. Teal, Technical Director

B. SIGNATURE  
*Harvey v. Teal*

C. DATE SIGNED  
8 Nov 88

COMMENTS FOR OFFICIAL USE ONLY



CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

YES (complete the following table)

NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				5. DUR- ATION (in days)
		a. DAYS, PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

YES (complete Item III-B)

NO (to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

YES (complete Item III-C)

NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of waste-water treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

YES (complete the following table)

NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COM- PLIANCE DATE	
	a. No.	b. SOURCE OF DISCHARGE		a. RE- QUIRED	b. PRO- JECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.  MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED





**I. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (Identify the test(s) and describe their purposes below)

NO (go to Section VIII)

**CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

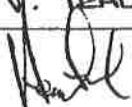
YES (List the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print) <b>HARVEY V. TEAL, TECHNICAL DIRECTOR</b>	B. PHONE NO. (area code & no.) <b>518-658-3202</b>
SIGNATURE 	D. DATE SIGNED <b>8 NOV 88</b>

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

OUTFALL NO.  
001

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						d. NO. OF ANALYSES	3. UNITS (specify if blank)		4. INTAKE (optional)		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM	X			STANDARD UNITS		X		

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						d. NO. OF ANALYSES	4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

A. ANALYST AND CAS NO. (if available)	B. SE-LEVEL PRESENT	D. SE-LEVEL ABSENT	C. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		E. LONG TERM AVG. VALUE (if available)		F. NO. OF ANALYSES	G. CONCENTRATION	H. MASS	I. LONG TERM AVERAGE VALUE		J. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)		X												
n. Surfactants	X													
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

001

CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, nonprocess wastewater, outfalls, and nonrequired GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

I. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TEST ANALYSES REQUIRED	B. BELIEVED PRESENT	C. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	8. CONCENTRATION	9. MASS	e. LONG TERM AVERAGE VALUE		6. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
<b>DIOXIN</b>															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TESTING REQUIRED	B. DELIVERED PRESENT	C. RECEIVED ASSENT	B. MAXIMUM DAILY VALUE		D. MAXIMUM 30 DAY VALUE (if available)		C. LONG TERM AVRG. VALUE (if available)		D. NO OF ANALYSES	B. CONCENTRATION	D. MASS	B. LONG TERM AVERAGE VALUE		D. NO OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (Chloromethyl) Ether (642-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodibromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloroethyvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichlorobromomethane (75-27-4)			X												
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X												
15V. 1,2-Dichloroethane (107-06-2)			X												
16V. 1,1-Dichloroethylene (75-35-4)			X												
17V. 1,2-Dichloropropane (78-87-5)			X												
18V. 1,3-Dichloropropane (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

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EPA I.D. NUMBER (copy from Item 1 of Form 1) **001** OUTFALL NUMBER

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TESTING REQUIREMENTS	B. BELIEVED PRESENT	C. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	e. CONCENTRATION	f. MASS	g. LONG TERM AVERAGE VALUE		h. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>															
22V. 1,1,1-Trichloroethane (75-09-2)		X													
23V. 1,1,1,2,2,2-Tetrachloroethane (79-34-8)		X													
24V. Tetrachloroethylene (127-18-4)		X													
25V. Toluene (108-88-3)		X													
26V. 1,2-Dichloroethylene (156-60-6)		X													
27V. 1,1,2,2-Tetrachloroethane (71-55-6)		X													
28V. 1,1,2-Trichloroethane (79-00-5)		X													
29V. 1,2-Dichloroethylene (79-01-6)		X													
30V. Trichlorofluoromethane (75-69-4)		X													
31V. Vinyl Chloride (75-01-4)		X													
<b>GC/MS FRACTION - ACID COMPOUNDS</b>															
1A. 2-Chlorophenol (95-57-8)		X													
2A. 2,4-Dichlorophenol (120-83-2)		X													
3A. 2,4-Dimethylphenol (105-67-9)		X													
4A. 4-Nitrophenol (594-52-1)		X													
5A. 2,4-Dinitrophenol (51-28-5)		X													
6A. 2-Nitrophenol (88-75-5)		X													
7A. 4-Nitrophenol (100-02-7)		X													
8A. p-Chloro-M-Cresol (59-50-7)		X													
9A. Pentachlorophenol (87-86-5)		X													
10A. Phenol (105-95-2)		X													
11A. 2,4,6-Trichlorophenol (87-61-3)		X													

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	6. MAXIMUM DAILY VALUE		d. MAXIMUM 30 DAY VALUE (if available)		e. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	7. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphthylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (a) Anthracene (56-55-3)			X												
6B. Benzo (a) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (ghi) Perylene (191-24-2)			X												
9B. Benzo (k) Fluoranthene (207-08-9)			X												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)			X												
11B. Bis (2-Chloroethyl) Ether (111-44-4)			X												
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)			X												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloronaphthalene (91-58-7)			X												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (a,h) Anthracene (59-70-3)			X												
20B. 1,2-Dichlorobenzene (95-50-1)			X												
21B. 1,3-Dichlorobenzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT						4. UNITS:		5. INTAKE (optional)			
	A. TESTING REQUIRED	B. BELIEVED PRESENT	C. OBSERVED PRESENT	D. MAXIMUM DAILY VALUE		E. MAXIMUM 30 DAY VALUE (if available)		F. LONG TERM AVG. VALUE (if available)		G. NO. OF ANALYSES	H. CONCENTRATION	I. MASS	J. LONG TERM AVERAGE VALUE		K. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-48-7)			X												
23B. 3,3'-Dichlorobenzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitrotoluene (121-14-2)			X												
28B. 2,6-Dinitrotoluene (506-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachlorobenzene (118-74-1)			X												
34B. Hexachlorobutadiene (87-68-3)			X												
35B. Hexachlorocyclopentadiene (77-47-4)			X												
36B. Hexachloroethane (87-72-1)			X												
37B. Indene (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorene (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitrosodimethylamine (62-76-9)			X												
42B. N-Nitrosodi-N-Propylamine (821-64-7)			X												



CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARKER			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	A. TESTING OR QUANT	B. BELIEVED SENT	C. BELIEVED SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	8. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)</b>															
43B. N-Nitrosodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Trichlorobenzene (120-82-7)			X												
<b>GC/MS FRACTION - PESTICIDES</b>															
1P. Aldrin (309-00-2)			X												
2P. $\alpha$ -BHC (319-84-6)			X												
3P. $\beta$ -BHC (319-85-7)			X												
4P. $\gamma$ -BHC (58-89-9)			X												
5P. $\delta$ -BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. $\alpha$ -DDT (50-29-3)			X												
8P. $\beta$ -DDT (72-55-9)			X												
9P. $\gamma$ -DDT (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. D-Endosulfan (115-29-7)			X												
12P. D-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Endrinol (74-44-8)			X												

TACONIC Paper-0039107

001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK 'X'			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING RE-QUIRE-MENTS	b. BE-RIEVED PRE-SENT	c. BE-RIEVED AS-SENT	b. MAXIMUM DAILY VALUE		d. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANAL-YSES	a. CONCENT-RATION	b. MASS	b. LONG TERM AVERAGE VALUE		b. NO. OF ANAL-YSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENT-RATION	(2) MASS						
GC/MS FRACTION - PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-67-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES)

Thermal Discharge And Material  
Storage Area Supplement For  
Application Form C

(Attach to Application Form)

1. Thermal Discharges

Does the temperature of any of the discharges from this facility exceed  
70°F. at any time?  YES  NO

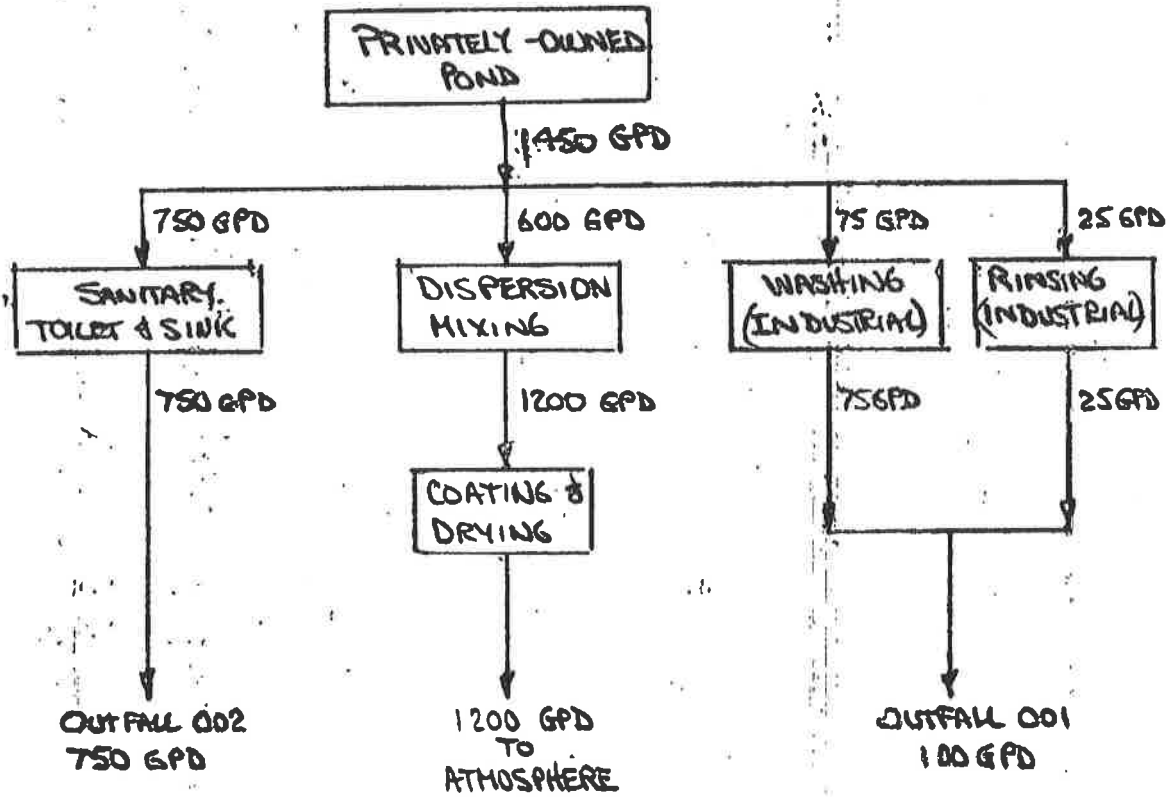
If yes, attach the following information, and specify which outfall(s) it relates  
to:

- a) Range of measured discharge temperatures
- b) Maximum discharge temperature
- c) Discharge configuration (that is, whether surface, subsurface, effluent  
diffuser, etc.)
- d) Chemical additives utilized (also see Section 4 on Form C)

2. Material Storage Areas

Is storm runoff or leachate from any material storage area (such as: coal  
piles, raw material or finished product stockpiles, etc.) discharged to either  
surface waters or groundwaters?  YES  NO

If "yes", please attach a brief description of types and quantities of  
materials stored, size of storage area, etc., and show its location and the  
location of any discharge points on the map required by Section 6 of Form C.



SCHEMATIC OF WATER FLOW

TACONIC PLASTICS, LTD  
 PETERSBURG NY 12138

DRAWING # EPA-00010

# PART 1—PROJECT INFORMATION

Prepared by Project Sponsor

NOTICE: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire form, Parts A through E. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Provide any additional information you believe will be needed to complete Parts 2 and 3.

It is expected that completion of the full EAF will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

NAME OF ACTION <b>Teflon Coater</b>			
LOCATION OF ACTION (Include Street Address, Municipality and County) <b>Coonbrook Rd., Rensselaer County, Petersburg, NY 12138</b>			
NAME OF APPLICANT/SPONSOR <b>Taconic Plastics, Ltd.</b>		BUSINESS TELEPHONE <b>(518) 658-3202</b>	
ADDRESS <b>R.D. 1, Coonbrook Rd.,</b>			
CITY/PO <b>P.O. Box 69, Petersburg,</b>		STATE <b>NY</b>	ZIP CODE <b>12138</b>
NAME OF OWNER (if different)		BUSINESS TELEPHONE	
ADDRESS			
CITY/PO		STATE	ZIP CODE
DESCRIPTION OF ACTION <b>Relocate existing coating facility approx. 300 yards</b>			

Please Complete Each Question—Indicate N.A. if not applicable

## A. Site Description

Physical setting of overall project, both developed and undeveloped areas:

1. Present land use:  Urban  Industrial  Commercial  Residential (suburban)  Rural (non-farm)  
 Forest  Agriculture  Other

2. Total acreage of project area: 15± acres.

APPROXIMATE ACREAGE	PRESENTLY	AFTER COMPLETION
Meadow or Brushland (Non-agricultural)	15 acres	15 acres
Forested	_____ acres	_____ acres
Agricultural (Includes orchards, cropland, pasture, etc.)	_____ acres	_____ acres
Wetland (Freshwater or tidal as per Articles 24, 25 of ECL)	_____ acres	_____ acres
Water Surface Area	_____ acres	_____ acres
Unvegetated (Rock, earth or fill)	_____ acres	_____ acres
Roads, buildings and other paved surfaces	_____ acres	_____ acres
Other (Indicate type) _____	_____ acres	_____ acres

3. What is predominant soil type(s) on project site? Gravel (HORIZ GRANUL LOAM)

- a. Soil drainage:  Well drained 100 % of site  Moderately well drained \_\_\_\_\_ % of site  
 Poorly drained \_\_\_\_\_ % of site

- b. If any agricultural land is involved, how many acres of soil are classified within soil group 1 through 4 of the NYS Land Classification System? \_\_\_\_\_ acres. (See 1 NYCRR 370).

4. Are there bedrock outcroppings on project site?  Yes  No

- a. What is depth to bedrock? \_\_\_\_\_ (in feet)

2

5. Approximate percentage of proposed project site with slopes:  0-10% 100 %  10-15% \_\_\_\_\_ %  
 15% or greater \_\_\_\_\_ %
6. Is project substantially contiguous to, or contain a building, site, or district, listed on the State or the National Registers of Historic Places?  Yes  No
7. Is project substantially contiguous to a site listed on the Register of National Natural Landmarks?  Yes  No
8. What is the depth of the water table? 10 (in feet)
9. Is site located over a primary, principal, or sole source aquifer?  Yes  No
10. Do hunting, fishing or shell fishing opportunities presently exist in the project area?  Yes  No
11. Does project site contain any species of plant or animal life that is identified as threatened or endangered?  
 Yes  No According to \_\_\_\_\_  
 Identify each species \_\_\_\_\_
12. Are there any unique or unusual land forms on the project site? (i.e., cliffs, dunes, other geological formations)  
 Yes  No Describe \_\_\_\_\_
13. Is the project site presently used by the community or neighborhood as an open space or recreation area?  
 Yes  No If yes, explain \_\_\_\_\_
14. Does the present site include scenic views known to be important to the community?  
 Yes  No
15. Streams within or contiguous to project area: \_\_\_\_\_  
 a. Name of Stream and name of River to which it is tributary Coonbrook, -) Little Hoosick
16. Lakes, ponds, wetland areas within or contiguous to project area:  
 a. Name \_\_\_\_\_ b. Size (in acres) \_\_\_\_\_
17. Is the site served by existing public utilities?  Yes  No  
 a) If Yes, does sufficient capacity exist to allow connection?  Yes  No  
 b) If Yes, will improvements be necessary to allow connection?  Yes  No
18. Is the site located in an agricultural district certified pursuant to Agriculture and Markets Law, Article 25-AA, Section 303 and 304?  Yes  No
19. Is the site located in or substantially contiguous to a Critical Environmental Area designated pursuant to Article 8 of the ECL, and 6 NYCRR 617?  Yes  No
20. Has the site ever been used for the disposal of solid or hazardous wastes?  Yes  No

## B. Project Description

1. Physical dimensions and scale of project (fill in dimensions as appropriate)
- a. Total contiguous acreage owned or controlled by project sponsor 15.1 acres.
- b. Project acreage to be developed: 1 acres initially; \_\_\_\_\_ acres ultimately.
- c. Project acreage to remain undeveloped 14 acres.
- d. Length of project, in miles: \_\_\_\_\_ (If appropriate)
- e. If the project is an expansion, indicate percent of expansion proposed \_\_\_\_\_ %;
- f. Number of off-street parking spaces existing \_\_\_\_\_ proposed \_\_\_\_\_
- g. Maximum vehicular trips generated per hour \_\_\_\_\_ (upon completion of project)
- h. If residential: Number and type of housing units:
- |            | One Family | Two Family | Multiple Family | Condominium |
|------------|------------|------------|-----------------|-------------|
| Initially  | _____      | _____      | _____           | _____       |
| Ultimately | _____      | _____      | _____           | _____       |
- i. Dimensions (in feet) of largest proposed structure 20 height; 100 width; 240 length.
- j. Linear feet of frontage along a public thoroughfare project will occupy is? 150 ft.

2. How much natural material (i.e., rock, earth, etc.) will be removed from the site? \_\_\_\_\_ tons/cubic yards
3. Will disturbed areas be reclaimed?  Yes  No  N/A
- a. If yes, for what intended purpose is the site being reclaimed? \_\_\_\_\_
- b. Will topsoil be stockpiled for reclamation?  Yes  No
- c. Will upper subsoil be stockpiled for reclamation?  Yes  No
4. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site? \_\_\_\_\_ acres.
5. Will any mature forest (over 100 years old) or other locally-important vegetation be removed by this project?  
 Yes  No
6. If single phase project: Anticipated period of construction finished months, (including demolition).
7. If multi-phased:
- a. Total number of phases anticipated \_\_\_\_\_ (number).
- b. Anticipated date of commencement phase 1 \_\_\_\_\_ month \_\_\_\_\_ year, (including demolition).
- c. Approximate completion date of final phase \_\_\_\_\_ month \_\_\_\_\_ year.
- d. Is phase 1 functionally dependent on subsequent phases?  Yes  No
8. Will blasting occur during construction?  Yes  No
9. Number of jobs generated: during construction 10; after project is complete 5.
10. Number of jobs eliminated by this project 0.
11. Will project require relocation of any projects or facilities?  Yes  No If yes, explain \_\_\_\_\_  
Relocate present facility approx. 300 yds. to new facility
12. Is surface liquid waste disposal involved?  Yes  No
- a. If yes, indicate type of waste (sewage, industrial, etc.) and amount \_\_\_\_\_
- b. Name of water body into which effluent will be discharged \_\_\_\_\_
13. Is subsurface liquid waste disposal involved?  Yes  No Type acid ammonia - leach
14. Will surface area of an existing water body increase or decrease by proposal?  Yes  No  
Explain \_\_\_\_\_
15. Is project or any portion of project located in a 100 year flood plain?  Yes  No
16. Will the project generate solid waste?  Yes  No
- a. If yes, what is the amount per month \_\_\_\_\_ tons
- b. If yes, will an existing solid waste facility be used?  Yes  No
- c. If yes, give name \_\_\_\_\_; location \_\_\_\_\_
- d. Will any wastes not go into a sewage disposal system or into a sanitary landfill?  Yes  No
- e. If Yes, explain \_\_\_\_\_
17. Will the project involve the disposal of solid waste?  Yes  No
- a. If yes, what is the anticipated rate of disposal? \_\_\_\_\_ tons/month.
- b. If yes, what is the anticipated site life? \_\_\_\_\_ years.
18. Will project use herbicides or pesticides?  Yes  No
19. Will project routinely produce odors (more than one hour per day)?  Yes  No
20. Will project produce operating noise exceeding the local ambient noise levels?  Yes  No
21. Will project result in an increase in energy use?  Yes  No  
If yes, indicate type(s) \_\_\_\_\_
22. If water supply is from wells, indicate pumping capacity \_\_\_\_\_ gallons/minute.
23. Total anticipated water usage per day 1500 gallons/day.
24. Does project involve Local, State or Federal funding?  Yes  No  
If Yes, explain \_\_\_\_\_

**25. Approvals Required:**

- City, Town, Village Board  Yes  No
- City, Town, Village Planning Board  Yes  No
- City, Town Zoning Board  Yes  No
- City, County Health Department  Yes  No
- Other Local Agencies  Yes  No
- Other Regional Agencies  Yes  No
- State Agencies  Yes  No
- Federal Agencies  Yes  No

Type	Submittal Date
Building Permit	

**C. Zoning and Planning Information**

1. Does proposed action involve a planning or zoning decision?  Yes  No  
 If Yes, indicate decision required:  
 zoning amendment  zoning variance  special use permit  subdivision  site plan  
 new/revision of master plan  resource management plan  other \_\_\_\_\_
2. What is the zoning classification(s) of the site? None
3. What is the maximum potential development of the site if developed as permitted by the present zoning?  
No Zoning
4. What is the proposed zoning of the site? None
5. What is the maximum potential development of the site if developed as permitted by the proposed zoning?  
No Zoning
6. Is the proposed action consistent with the recommended uses in adopted local land use plans?  Yes  No
7. What are the predominant land use(s) and zoning classifications within a 1/4 mile radius of proposed action?  
None
8. Is the proposed action compatible with adjoining/surrounding land uses within a 1/4 mile?  Yes  No
9. If the proposed action is the subdivision of land, how many lots are proposed? N/A  
 a. What is the minimum lot size proposed? \_\_\_\_\_
10. Will proposed action require any authorization(s) for the formation of sewer or water districts?  Yes  No
11. Will the proposed action create a demand for any community provided services (recreation, education, police, fire protection)?  Yes  No  
 a. If yes, is existing capacity sufficient to handle projected demand?  Yes  No
12. Will the proposed action result in the generation of traffic significantly above present levels?  Yes  No  
 a. If yes, is the existing road network adequate to handle the additional traffic?  Yes  No

**D. Informational Details**

Attach any additional information as may be needed to clarify your project. If there are or may be any adverse impacts associated with your proposal, please discuss such impacts and the measures which you propose to mitigate or void them.

**E. Verification**

I certify that the information provided above is true to the best of my knowledge.

Applicant/Sponsor Name Taconic Plastics, Ltd. Date 9/12/88  
 Signature [Signature] Title President TECHNICAL DIRECTOR

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment.



**INDUSTRIAL CHEMICAL SURVEY**  
**PART I**



SPDES ONLY

ENTER THE I.D. NUMBER ON THE FIRST PAGE OF THE PRODUCTION & WASTEWATER QUESTIONNAIRE

Please refer to attached table 2

FOR ASSISTANCE WITH THIS FORM, CALL JOHN PULASKI AT THE NYSDEC: (518) 457-2570

COMPANY NAME <b>Taconic Plastics, Ltd.</b>		SIC CODE (if known)	
COMPANY MAILING ADDRESS <b>P.O. Box 69</b>		CITY <b>Petersburg</b>	STATE <b>NY</b>
		ZIP CODE <b>12138</b>	
CONTACT NAME <b>Harvey V. Teal</b>		TELEPHONE Area <b>518 658 3202</b>	
PRINCIPAL BUSINESS OF PLANT <b>Coated Fabrics Mfg.</b>			

NOTE: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in NY and submitted for each.)

**PART II**  
**Discharge Information**

WATER	1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? Name of System <u>N/A</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? Permit Number <span style="border: 1px solid black; padding: 2px;">  </span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	3. Do you discharge liquid wastes in any other manner? Explain <u>Sink drain discharge to surface</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If any of the above are "Yes": a. Do you discharge process or chemical wastes - (i.e. water used in manufacturing including direct contact cooling water and scrubber water)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Do you discharge non-contact cooling water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. Do you discharge collected storm drainage only?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d. Do you discharge sanitary wastes only?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

AIR	1. Does your facility have sources of possible emissions to the atmosphere?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (if applicable)	<span style="border: 1px solid black; padding: 2px;">3 8 3 4 0 0 0 1 2 6</span>

LIQUID WASTES	1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.																								
	<table border="1" style="width: 100%;"> <tr> <td>Name</td> <td colspan="3"><b>Taconic Plastics, Ltd.</b></td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td><b>P.O. Box 69 Petersburg</b></td> <td><b>NY</b></td> <td><b>12138</b></td> </tr> <tr> <td>Name</td> <td colspan="3"><b>Taconic Valley Refuse Service</b></td> </tr> <tr> <td>Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td></td> <td><b>Stephentown, NY</b></td> <td><b>NY</b></td> <td><b>12168</b></td> </tr> </table>	Name	<b>Taconic Plastics, Ltd.</b>			Address	City	State	Zip Code		<b>P.O. Box 69 Petersburg</b>	<b>NY</b>	<b>12138</b>	Name	<b>Taconic Valley Refuse Service</b>			Address	City	State	Zip Code		<b>Stephentown, NY</b>	<b>NY</b>	<b>12168</b>
Name	<b>Taconic Plastics, Ltd.</b>																								
Address	City	State	Zip Code																						
	<b>P.O. Box 69 Petersburg</b>	<b>NY</b>	<b>12138</b>																						
Name	<b>Taconic Valley Refuse Service</b>																								
Address	City	State	Zip Code																						
	<b>Stephentown, NY</b>	<b>NY</b>	<b>12168</b>																						
	2. List Location(s) of Landfill(s) owned and used by your facility.																								
	1 <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Active <input type="checkbox"/> Inactive <input type="checkbox"/>																							
	2 <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Active <input type="checkbox"/> Inactive <input type="checkbox"/>																							

PESTICIDES	1. Does this facility:	
	Manufacture Pesticides or Pesticide Product Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Produce Pesticides or Pesticide Product Ingredients? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Formulate Pesticides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackage Pesticides? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	2. EPA Establishment Number	<span style="border: 1px solid black; padding: 2px;">  </span>



ENGINEER REPORT AND SUPPORTING DATA

FOR

TACONIC PLASTICS, LTD.  
COONBROOK ROAD  
PETERSBURG, NY

PLANT CONSOLIDATION PROJECT

PREPARED BY

Harvey V. Teal

Taconic Plastics, Ltd, plans to consolidate their coating and treating processes within a recently-constructed building at their Petersburg, NY site. This effort is expected to improve operating efficiency, reduce fuel consumption, and allow better containment and control of emissions. The target date for this consolidation is December 31, 1988.

Taconic has performed textile coating operations at this site since 1960. To date, these processes have been conducted within Plant #1, shown on the accompanying drawings. Taconic now plans to transfer these processes to Plant #4. Highlights of this plan include:

- (1) Construction of new coating/drying ovens in Plant #4, identical in capacity to the units now in use in Plant #1.
- (2) Physical transfer of a surface treater unit from Plant #1 to Plant #4.
- (3) Construction of a 24" dia x 100 ft long horizontal perforated stack for exhaust from the above processes. (Proposed EP 0000G)
- (4) Physical transfer of a horizontal coater unit from Plant #3 to Plant #4.
- (5) Physical transfer of the 18" dia. x 20ft vertical stack from Plant #3 to Plant #4, for exhaust of the above process. (Proposed EP 0000H)
- (6) Installation of a 1000-gallon concrete settling tank, with subsurface leach pit to control runoff from the floor drain, industrial sink drain, and Ammonia rinse process in Plant #4. (Proposed wastewater outfall #001)

The proposed equipment and facility changes will not cause an increase in emissions from current levels, since essentially only an equipment location change is involved. Daily coating and treating operations will be conducted in Plant #4, while Plant #1 coating/drying equipment will be maintained for standby use.

The remaining pages of this document contain a summary of existing and proposed facilities, processes, and emission points.

This report is also supplemented with a drawing package as follows:

EPA00000	Site Location Plan
EPA00001	Site Plan
EPA00002	Plot Plan
EPA00003	Location of Emission Points
EPA00004	Detail of Proposed Outfall 001
EPA00005	Detail of Proposed Emission Point 0000G
EPA00006	Detail of Proposed Emission Point 0000H
EPA00007	Process Schematic and Flow Diagram

SUMMARY OF FACILITIES:

ID NAME: PLANT #1

DESCRIPTION: 12,354 sqft concrete block building originally constructed in 1960, with additions dating to 1978.

EMISSION POINTS: (5) Exhaust stacks, Emission Points #0000A thru 0000F.  
(2) Sink drains, discharge to surface, Outfall #004.  
(1) Rensselaer County-approved sewage system for sanitary waste only (non-industrial), Outfall #003.

CURRENT USE: Surface coating and treating operations and raw materials storage (fiberglass cloth and Teflon dispersion)

PROPOSED USE: TPL plans to transfer coating and treating operations to Plant #4 by EOY 1988. Plant #1 building will be used as warehouse for raw and finished goods.

ID NAME: PLANT #2

DESCRIPTION: 100' x 220' steel building constructed 1979-1980

EMISSION POINTS: (1) Rensselaer County-approved sewage system for sanitary waste only (non-industrial) Outfall #002.

CURRENT USE: Administrative offices plus secondary manufacturing operations (cutting, packaging, shipping)

PROPOSED USE: No proposed change from current use.

ID NAME: PLANT #3

DESCRIPTION: 50' x 70' steel building constructed 1985.

EMISSION POINTS: (1) exhaust stack - Emission Point #0000F.

CURRENT USE: Originally intended to house a surface-treating process. Currently not used.

PROPOSED USE: TPL will transfer the surface coating unit and exhaust stack from this building to Plant #4 (E.P. #0000H) by EOY 1988. No other current plans for Plant #3.

PLANT NAME:

PLANT #4

DESCRIPTION:

100' x 240' steel building constructed 1988.  
Located parallel to and adjacent to Plant #2.

EMISSION POINTS:

(existing)

(1) Rensselaer County Health Dept. approved  
sanitary waste system, connected to Plants #2 & 4.  
(Outfall #002)

(proposed)

(1) exhaust stack, E.P. #0000G (Drawing #EPA00005)

(proposed)

(1) exhaust stack, E.P. #0000H (Drawing #EPA00006)

(proposed)

(1) 1000 gallon concrete settling/holding  
tank, installed below grade, with concrete  
dry well, to provide subsurface drainage  
for floor/sink drains and non-hazardous  
industrial discharge. (Outfall #001)  
(Drawing #EPA00004)

CURRENT USE:

Unoccupied, awaiting permits to construct.

PROPOSED USE:

TPL will construct and operate (4) vertical  
drying ovens identical in capacity with the  
existing units in Plant #1; (1) surface treater  
unit, and (1) horizontal coater unit (to be  
moved from Plant #3).

Coating and treating operations will consume  
approximately 1/3 of the floor space in Plant #4  
and will be confined to the west end of the  
plant. The remainder of the building will be  
used for offices and secondary manufacturing  
operations.

SUMMARY OF PROCESSES: (See Drawing # EPA00007)

PROCESS ID:

Vertical drying ovens

DESCRIPTION:

Rolls of glass fabric are dipped in an aqueous  
dispersion containing Teflon (PTFE) resin  
solids, surfactant, and water. After dipping,  
the fabric is dried and fused in a gas-fired  
oven. This process evaporates all of the water  
and approximately half of the surfactant.

EMISSIONS:

Each pound of glass fabric is coated with  
1.33 pounds of resin, .16 pounds of surfactant,  
and 18.9 pounds of water. All of the water  
and one-half of the surfactant are evaporated  
and vented to the atmosphere. At a projected  
rate of 200,000 lbs/year of glass fabric,  
approximately 3,780,000 pounds of water and  
16,000 pounds of surfactant are emitted annually.  
This amounts to an hourly rate of 450 lbs of  
water and 1.9 lbs. of surfactant.  
This process consumes approximately 218 cuft/hr  
of Propane fuel. Combustion exhaust and process  
exhaust are vented together thru a 24" stack at  
11,000 cfm. Due to the percentage of water  
vapor, opacity of the discharge varies with  
ambient temperature and relative humidity.  
Opacity is generally below 10%.

PROCESS ID: Adhesive coating

DESCRIPTION: Rolls of Teflon-coated glass fabric are coated with a mixture of Silicone adhesive and Toluene. After coating, the fabric is passed thru a gas-fired oven. This process evaporates all of the Toluene.

EMISSIONS: The adhesive contains 50% solids (by weight) and 50% Toluene. The adhesive is applied to the fabric at .002" thickness, or .28 lbs/sq yd. The Toluene content is therefore .14 lbs/ sq yd. At a projected rate of 249,600 sqyd/year, 34,944 lbs of Toluene are vented annually. This amounts to an hourly rate of 4.16 lbs of Toluene. The process consumes approximately 144 cuft/hr of Propane fuel. Combustion exhaust is vented together with the Toluene vapor thru an 18" stack at 3,720 cfm. The discharge is colorless.

PROCESS ID: Surface Treatment

DESCRIPTION: Rolls of Teflon-coated glass fabric are treated with a mixture of Sodium and Anhydrous Ammonia. The Sodium and Ammonia are consumed in the process.

EMISSIONS: Each square yard of fabric treated consumes .223 lbs of Ammonia and .00415 lbs of Sodium, approximately .12% of this Ammonia, or .0057 lb/sqyd, remains on the surface of the fabric as the fabric exits the treater head. Of this .0057 lb/sqyd, .0023 lb/sqyd evaporates into the surrounding exhaust hood where it is mixed with makeup air and vented to the atmosphere thru a 24" stack at 200 cfm. The remaining .0034 lb/sqyd is combined with water in a subsequent water rinse dip. Water is replenished at a rate of 25 gal/day. The resulting Aqua Ammonia is routed to a subsurface holding tank where it is diluted with an additional 75 gal/day of water (from washing operations). The discharge then flows to a subsurface leach pit. A projected rate of 20 sqyd/hr, or 168,000 sqyd/yr, produces a discharge of .046 lb/hr to air and .068 lbs/hr to groundwater.

PROCESS ID: Washing

DESCRIPTION: Utensils used for measuring and mixing Teflon dispersion are washed and rinsed daily in a sink.

EMISSIONS: Approximately 75 gal/day water is consumed. The effluent contains a trace of Triton X-100 (Rohm & Haas) surfactant which readily combines with water. The effluent also contains a small amount of colloidal Teflon resin solids which are heavier than water and tend to quickly settle. The effluent is fed to a settling tank to allow efficient collection and periodic pumpout/disposal of collected solids. Runoff from the settling tank is then fed to a subsurface leach pit, to be ultimately discharged to groundwater. Output is estimated at 75 gal/day water, .07 lb/day solids, and .07 lb/day surfactant.

SUMMARY OF EXISTING AND PROPOSED EMISSION POINTS:  
(Drawings # EPA00003, EPA00004, EPA00005, EPA00006)

EP ID NAME: OUTFALL #001 (Proposed)

LOCATION: Westerly end of Plants #2 & 4

DESIGN: 1000 gal. concrete septic tank with 6 ft. dia. concrete dry well. All piping ASTM 3350 1500 PSI sand bearing min. crush test. Floor drain, industrial sink drain, and runoff from Ammonia rinse process connected to inlet of tank. Removable covers on septic tank and dry well to allow inspection/pumpout. Design application rate is 100 gal/day.

EP ID NAME: OUTFALL #002 (Existing)

LOCATION: Easterly end of Plants #2 & #4

DESIGN: RCHD Approved; 1000 gal. concrete septic tank with 1800 sqft leach field. Cast iron piping from buildings to septic tank; polyethylene ASTM 3350, 1500 PSI sand bearing min. crush test from septic tank to distribution box and in field. (2) toilets & lavatories located in Easterly end of Plants #2 & 4 containing no tubs or showers. Based on 21-30 minute soil with a sewage application rate of 0.8 gal/day/sqft; 48 workers; 5 uses/day per worker; 6 gal per use.

Taconic now employs 70 people. 30 of these employees work in the plant in a given day. At 25 gal/day/employee, the estimated sewage output is 750 gal/day.

EP ID NAME: OUTFALL #003 (Existing)

LOCATION: Westerly end of Plant #1

DESIGN: RCHD approved 1000 gal concrete septic tank with 500 sqft of leach field. Cast iron piping from building to septic tank; ASTM 3550 Polyethylene piping from septic tank to field. Based on above percolation rate and 12 employees. (1) toilet & lavatory located in Westerly end of plant.

EP ID NAME: OUTFALL #004 (Existing)

LOCATION: Northerly outside wall of Plant #1

DESIGN: 1-1/2" dia. polyethylene pipe connected to sink drain and passing thru outside wall at approx 2 ft above grade. Discharge to surface. Current output rate approx 50 gal/day.



EP ID NAME: EPO000A, EPO000B, EPO000C, EPO000F (Existing)

LOCATION: Roof of Plant #1

DESIGN: 18" dia x 6 ft high galvanized steel vertical stacks. Top of stacks 6 ft above roof level. Each stack connected to exhaust hood of a coating/drying oven thru a 4,000 cfm fan.

EP ID NAME: EPO000D (Existing)

LOCATION: Easterly end of Plant #1

DESIGN: 18" dia. x 28 ft high galvanized steel exhaust stack. Top of stack 6 ft. above roof level. Connected to a horizontal coating unit thru a 3720 cfm fan.

EP ID NAME: EPO000F

LOCATION: Westerly wall of Plant #3

DESIGN: 18" dia x 20 ft high galvanized steel exhaust stack. Top of stack 6 ft. above roof level. Connected to a horizontal coating unit thru a 3720 cfm fan.

EP ID NAME: EPO000G (Proposed)

LOCATION: Westerly end of Plant #4

DESIGN: 24" dia. x 100 ft long steel exhaust stack with 1/8" circumferential perforations at 36" intervals along entire length. Stack is positioned horizontally at 1 ft above grade so as to disperse emissions at ground level. Connected to (4) coater/dryer units and (1) surface treater unit thru an 11,000 cfm fan.

EP ID NAME: EPO000H (Proposed)

LOCATION: Westerly end of Plant #4

DESIGN: 18" dia. x 20 ft. high galvanized steel exhaust stack; to be removed from EPO000F and installed as 0000H; connected to a horizontal coater unit thru a 3720 cfm fan.