

STORAGE  
IFICATION

PG. 1 of 1

STATE OF CONNECTICUT  
Department of Environmental Protection  
UNDERGROUND STORAGE FACILITIES PROGRAM  
HAZARDOUS MATERIALS MANAGEMENT UNIT  
165 Capitol Avenue, Hartford, CT 06106

TEL. 556-4630



EPHM-6 NEW 10/85

3. FOR STATE AGENCY USE ONLY  
B. DATE RCVD BY D.E.P. 9-2-86  
A. SITE I.D.  
C. DATE ENTERED

LOCATION

OR

SUBSEQUENT NOTIFICATION

(If checked, enter No.)

SITE I.D.

0005

PLEASE TYPE. ALL THREE COPIES MUST BE LEGIBLE!

Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

D. GRID COORDINATES

X Y

E. DOES FACILITY MEET NEW

YES

4. LOCATION OF FACILITY	SITE NAME Haddam Maint. Garage (Higganum)	NO. AND STREET Candlewood Hill Rd	NEAREST INTERSECTING STREET Rte. 9	CITY OR TOWN Haddam	STATE CT	5. LATITUDE 0	LONGITUDE -72
6. BUSINESS NAME AND MAILING ADDRESS	NAME Same	NO. AND STREET		CITY OR TOWN	STATE	ZIP CODE 06441	TELEPHONE (345)
7. FACILITY OWNER	NAME State of Conn., D.O.T.	NO. AND STREET 24 Wolcott Hill Road		CITY OR TOWN Wethersfield	STATE CT	ZIP CODE 06109	TELEPHONE (566)
8. TYPE OF OWNER	<input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> FEDERAL (G.S.A. No. _____)						
9. OPERATOR/CONTACT PERSON	NAME A. Andeen	NO. AND STREET Candlewood Hill Road		CITY OR TOWN Higganum	STATE CT	ZIP CODE 06441	TELEPHONE (345)-2088

SECTION C

10. TANK ID.	11a. DATE OF INSTALLATION (Mo./Yr.)	11b. LIFE EXPECTANCY (# of years)	12a. TOTAL CAPACITY (Gals.)	IN USE	12b. STATUS			13. TYPE OF CONTENTS OIL/PETROLEUM PRODUCT CHEMICAL LIQUID	14. CONTENTS- CHEMICAL NAME OF PRINCIPAL SUBSTANCE (not trade name.) (Enter C.A.S. No., If known)	15. CONSTRUCTION MATERIALS			16. PROTECTION				17. INTEGRAL PIPING SYSTEM			18. MONITORING SYSTEM (Specify type from list B)	19. FAILURE DETERMINATION: CONDUCTED? (If "YES", enter DATE and attach results). (If "NO", enter "NO")	
					EST. QUANTITY LEFT STORED (if any). (Gals.)	DATE TANK LAST USED (Mo./Yr.)	REMOVED			STEEL	FIBERGLASS REINFORCED PLASTIC	OTHER (Specify from list A)	a. INTERNAL		b. EXTERNAL		a. CORROSION AND PROTECTION (See list A&B)	b. DATE OF INSTALLATION OR REPLACEMENT (Mo./Yr.)				
Example	5/75	30	5000	X				X		Heating fuel #2		X			X			H	5	5/75	U	NO
Example	7/60	-	8000				X	8/78	X	1,1,1-Trichloroethane CAS #79016	X				X			E	7	7/60	U	-
R-1	1960	15	3,000	X					X	Regular Gas	X				X			H	7	1960	0	No
H-1	1962	15	2,000	X					X	Heating Oil #2	X				X			H	7	1962	0	No
W-1	1968	15	1,000	X					X	Waste Oil	X				X			H	7	1968	0	No
R-2	1960	15	3,000	X					X	Reg. Gas	X				X			H	7	1960	0	No
D-1	1955	15	550	X					X	Diesel	X				X			H	7	1955	0	No
H-2	1941	15	2,000	X					X	Heating Oil #2	X				X			H	7	1941	u	No

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION? <input checked="" type="checkbox"/> YES	22. 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. Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.	22a. SIGNATURE 	22b. DATE SIGNED 4/28/86
21. COMMENTS:		22c. NAME (Type or Print) Daniel P. Young	22d. OFFICIAL TITLE (of owner or authorized representative). Mgr. Facilities & Grounds

COPY 1 - SEND TO DEP, 165 CAPITOL AVE, HARTFORD, CT 06106

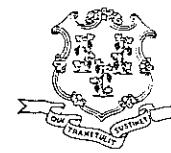
# UNDERGROUND STORAGE FACILITY NOTIFICATION

2. PG 1 of 2



STATE OF CONNECTICUT  
Department of Environmental Protection  
UNDERGROUND STORAGE FACILITIES PROGRAM  
Bureau of Waste Management  
79 ELM STREET, Hartford, CT 06106-5127  
TEL: (203) 424-3374

EPHM-6 Rev. 5/94



FOR STATE AGENCY USE ONLY		A. DATE ENTERED 6-1-98
B. FEE BILLED	C. FEE RECEIVED	
D. GRID COORDINATES X Y		E. DOES FACILITY MEET NEW REQUIREMENTS? YES NO

SECTION A

1a. ☒ FIRST NOTIFICATION  
OR  
1b. ☒ SUBSEQUENT NOTIFICATION (If checked, enter no.)

SITE I.D.  
61-9005

PLEASE TYPE OR PRINT. ALL THREE COPIES MUST BE LEGIBLE.  
Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

4. LOCATION OF FACILITY	SITE NAME Higganum Repair, D.O.T.	NO. AND STREET 11 Candlewood Rd.	NEAREST INTERSECTING STREET RT9-A	CITY OR TOWN Higganum	STATE CT	5. LATITUDE 0	LONGITUDE 0
6. BUSINESS NAME AND MAILING ADDRESS	NAME Same	NO. AND STREET	CITY OR TOWN	STATE	ZIP CODE	TELEPHONE (203) 344-2222	
7. FACILITY OWNER	NAME State of CT, D.O.T.	NO. AND STREET 2800 Berlin Tpke	CITY OR TOWN Newington	STATE CT	ZIP CODE 06131	TELEPHONE (860) 594-2233	
8. TYPE OF OWNER	<input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> FEDERAL (G.S.A. NO. )						
9. OPERATOR/CONTACT PERSON	NAME Philip Parcak	NO. AND STREET 2800 Berlin Tpke	CITY OR TOWN Newington	STATE CT	ZIP CODE 06131	TELEPHONE (860) 594-2233	

SECTION B

10.	11a.	11b.	12a.	12b. STATUS			13. TYPE OF CONTENTS	14. CONTENTS	15. CONSTRUCTION MATERIALS	16. PROTECTION		17. INTEGRAL PIPING SYSTEM		18.	19. FAILURE DETERMINATION CONDUCTED?										
TANK I.D.	DATE OF INSTALLATION (Mo./Yr.)	LIFE EXPECTANCY (# of years)	TOTAL CAPACITY (Gals.)	IN USE	ABANDONED IN PLACE	EST. QUANTITY LEFT STORED (if any) (Gals.)	REMOVED	DATE TANK LAST USED (Mo./Yr.)	OIL/PETRO-LEUM PRODUCT	CHEMICAL LIQUID	CHEMICAL NAME OF PRINCIPAL SUBSTANCE (not trade name; (Enter C.A.S. No., if known)	STEEL	FIBERGLASS REINFORCED PLASTIC	OTHER (Specify from List A)	LINED	UNLINED	CATHODIC PROTECTION	COATED/WRAPPED	CATHODIC PROTECTION	OTHER (Specify from List B)	CONSTRUCTION MATERIAL (See List A)	PROTECTION (See List B)	DATE OF INSTALLATION OR REPLACEMENT (Mo. Yr.)	MONITORING SYSTEM (Specify type from list B)	(If "YES", enter "DATE" and attach results), (If "NO", enter "NO")
Example	5/75	30	5000	X					X		Heating fuel #2		X			X				H	3	H	5/75	U	NO
Example	7/60	-	8000				X	8/78		X	1,1,1, - Trichloroethane CAS #79016	X				X				E	7	W	7/60	U	-
✓ D1		15	550				x	3/89			Diesel Fuel														
U2		15	3,000				x	3/89			Unleaded Gas														
✓ H3		15	2,000				x	3/89			Heating Oil														
✓ H4		15	2,000				x	3/89			Heating Oil														
WO5		15	1,000				x	3/89			Waste Oil														
															RECEIVED										
															APR - 3 1998										
															DEP WASTE MANAGEMENT BUREAU UNDERGROUND STORAGE TANK ENFORCEMENT PROGRAM										
✓ D1R1	3/89	30	4,000	x					x		Diesel Fuel					x			A	3/8	H	3/89	K,L,O Q,M	YES	8/15
U2R1	3/89	30	4,000	x					x		Unleaded Gas					x			A	3/8	H	3/89	K,L,O Q,M	YES	8/15
H3R1	3/89	30	2,000	x					x		Heating Oil					x			A	3/8	H	3/89	K,L,O Q	NO	

SECTION C

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION? ☒ YES  
21. COMMENTS:  
H1R1 → H3R1    WO5R1  
H2R1 → H4R1    H1R1 → U2R1

SECTION D

22. 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.  
Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.


22a. SIGNATURE X	22b. DATE SIGNED APR 4, 1998
22c. NAME (Type or Print) Philip E. Parcak	22d. OFFICIAL TITLE (of owner or authorized representative) Trans. Superv. Eng./Cons

COPY 1: SEND TO DEP: 165 CAPITOL AVE. HARTFORD, CT 06106

UNDERGROUND STORAGE TANK FACILITY NOTIFICATION

2PG of 22

STATE OF CONNECTICUT  
Department of Environmental Protection  
UNDERGROUND STORAGE FACILITIES PROGRAM  
Bureau of Waste Management  
79 ELM STREET, Hartford, CT 06106-5127  
TEL. (203) 424-3374



EPHM-6 Rev. 5/94

☒ FIRST NOTIFICATION OR

☐ SUBSEQUENT NOTIFICATION (If checked, enter no.)

SITE I.D.

PLEASE TYPE OR PRINT. ALL THREE COPIES MUST BE LEGIBLE

Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

4. LOCATION OF FACILITY

5. BUSINESS NAME AND MAILING ADDRESS

6. FACILITY OWNER

7. TYPE OF OWNER

8. OPERATOR/CONTACT PERSON

Higganum Repair, D.O.T.

11 Candlewood Rd.

RT-9A

Higganum

CT

ZIP CODE

TELEPHONE

STATE

ZIP CODE

TELEPHONE

PRIVATE

STATE

MUNICIPAL

FEDERAL (G.S.A. NO.)

NAME

NO. AND STREET

CITY OR TOWN

STATE

ZIP CODE

TELEPHONE

10. TANK I.D.

11a. DATE OF INSTALLATION (Mo./Yr.)

11b. LIFE EXPECTANCY (# of years)

12a. TOTAL CAPACITY (Gals.)

12b. STATUS

13. TYPE OF CONTENTS

14. CONTENTS

15. CONSTRUCTION MATERIALS

16. PROTECTION

17. INTEGRAL PIPING SYSTEM

18. MONITORING SYSTEM

19. FAILURE DETERMINATION CONDUCTED?

Example

5/75

30

5000

X

X

Heating fuel #2

X

X

H 3 H

5/75

U

NO

Example

7/60

-

8000

X

8/78

X

I,I,I - Trichloroethane CAS #79016

X

X

E 7 W

7/60

U

-

H4RI

3/89

30

4,000

x

x

Heating Oil

x

x

A 3/8 H

3/89

K,L,O,Q

NO

WO5RI

3/89

15

550

x

x

Waste Oil STIP3

x

x

A/B 8 H

3/89

L,S,R

NO

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION? ☒ YES

21. COMMENTS:

22. 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.  
Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

22a. SIGNATURE

Philip E. Parcak

22b. DATE SIGNED

NOV 4, 1997

22c. NAME (Type or Print)

22d. OFFICIAL TITLE (of owner or authorized representative)

Trans. Superv. Eng./Cons.

RECEIVED

APR - 3 1998

DEP WASTE MANAGEMENT BUREAU  
UNDERGROUND STORAGE TANK  
ENFORCEMENT PROGRAM

COPY 1: SEND TO DEP: 165 CAPITOL AVE. HARTFORD, CT 06106

2000 gal  
UARI

Bids # 81-115

RECEIVED

APR - 3 1998

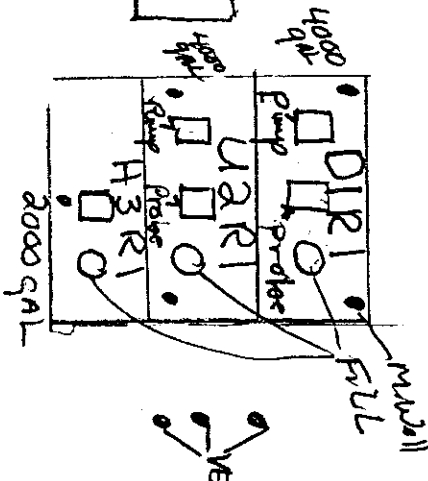
DEP WASTE MANAGEMENT BUREAU  
UNDERGROUND STORAGE TANK  
ENFORCEMENT PROGRAM

dispensers



VENT

H166ANUM



## FACILITY NOTIFICATION

2. 1 2

STATE OF CONNECTICUT  
Department of Environmental Protection  
UNDERGROUND STORAGE FACILITIES PROGRAM  
HAZARDOUS MATERIALS MANAGEMENT UNIT  
165 Capitol Avenue, Hartford, CT 06106  
TEL. 556-4630

EPHM-6 NEW 10/85



3. FOR STATE AGENCY USE ONLY	A. SITE I.D.
B. DATE RCVD. BY D.E.P.	C. DATE ENTERED
5-24-90	

PLEASE TYPE. ALL THREE COPIES MUST BE LEGIBLE!

Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

SECTION B

4. LOCATION OF FACILITY	SITE NAME Haddam Repair Garage (Higganum)	NO. AND STREET Candlewood Hill Rd.	NEAREST INTERSECTING STREET Rte. 154	CITY OR TOWN Haddam	STATE CT	5. LATITUDE	6. LONGITUDE
5. BUSINESS NAME AND MAILING ADDRESS	NAME Same	NO. AND STREET		CITY OR TOWN	STATE	ZIP CODE	TELEPHONE
7. FACILITY OWNER	NAME State of Conn. D.O.T.	NO. AND STREET 24 Wolcott Hill Rd.		CITY OR TOWN Wethersfield	STATE CT	ZIP CODE 06441	TELEPHONE 345-4144
8. TYPE OF OWNER	<input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> FEDERAL (G.S.A. No. _____)					ZIP CODE 06109	TELEPHONE 566-5585

SECTION C

10. TANK ID.	11a. DATE OF INSTALLATION (Mo., Yr.)	11b. LIFE EXPECTANCY (in yr.)	12a. TOTAL CAPACITY (Gals.)	IN USE	ABANDONED IN PLACE	12b. STATUS		13. TYPE OF CONTENTS	14. CONTENTS	15. CONSTRUCTION MATERIALS				16. PROTECTION				17. INTEGRAL PIPING SYSTEM	18. MONITORING SYSTEM	19. FAILURE DETERMINATION				
						EST. QUANTITY LEFT STORED (if any, Gals.)	DATE TANK LAST USED (Mo./Yr.)			STEEL	FIBERGLASS	REINFORCED PLASTIC	OTHER (Specify from list A)	a. INTERNAL	b. EXTERNAL	c. OTHER (Specify from list B)								
Example	5/75	30	5000	X				X	Heating fuel #2		X			X										
Example	7/60		8000				X	8/78	1, 1, 1, - Trichloroethane CAS #79016	X				X				H	5	5/75	U	NO		
R-1	1960	15	3000				x	3/89	Unleaded Gas	x				x				E	7	7/60	U			
H-1	1962	15	2000				x	3/89	Heating Oil #2	x				x				H	7	1960	O	NO		
W-1	1968	15	1000				x	3/89	Waste Oil	x				x				H	7	1962	O	NO		
R-2	1960	15	3000				x	3/89	Unleaded Gas	x				x				H	7	1968	O	NO		
D-1	1955	15	550				x	3/89	Diesel	x				x				H	7	1960	O	NO		
H-2	1941	15	2000				x	3/89	Heating Oil #2	x				x				H	7	1955	O	NO		
RI-RI	3/89	30	4000	x					Unleaded Gas		x			x				H	7	1941	O	NO		
DI-RI	3/89	30	4000	x					Diesel		x			x				A-P	3	3/89	L,O,Q	NO		

SECTION D

20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION? ☒ YES

21. COMMENTS: Sec. 19 - All fiberglass tanks and related piping have been tested at time of installation in presence of inspector. Tanks @ 5 psi for 1 hour, piping @ 50 psi for 2 hours. All satisfactory.

22. 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. Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.

22a. SIGNATURE

X Daniel P. Young

22c. NAME (Type or Print)

Daniel P. Young

22b. DATE SIGNED

4/2

22d. OFFICIAL TITLE (or)

Chief of Eng.

COPY 1: SEND TO DEP: 165 CAPITOL AVE. HARTFORD, CT 06106

3. FOR STATE AGENCY USE ONLY		A. SITE ID	
B. DATE RCVD. BY D.E.P. 5-24-90		C. DATE ENTERED	
MINUTES - Y -		E. DOES FACILITY MEET NEW REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE		LATITUDE	

PLEASE TYPE. ALL THREE COPIES MUST BE LEGIBLE!  
Refer to INSTRUCTIONS FOR FILING NOTIFICATION before completing form.

LOCATION OF FACILITY		SITE NAME		NO. AND STREET		NEAREST INTERSECTING STREET		CITY OR TOWN		D. GRID COORDINATES		E. DOES FACILITY MEET NEW REQUIREMENTS?	
BUSINESS NAME AND MAILING ADDRESS		NAME		NO. AND STREET				CITY OR TOWN	STATE	S. LATITUDE	N. LONGITUDE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Haddam Repair Garage (Higganum)		Same		11 Candlewood Hill Rd.		Rte. 154		Haddam	CT				
FACILITY OWNER		NAME		NO. AND STREET				CITY OR TOWN	STATE	ZIP CODE	TELEPHONE		
State of Conn. D.O.T.		State of Conn. D.O.T.		24 Wolcott Hill Road				Wethersfield	CT	06109	345-4144		
TYPE OF OWNER		<input type="checkbox"/> PRIVATE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> MUNICIPAL		<input type="checkbox"/> FEDERAL (G.S.A. No. _____)									
OPERATOR/CONTACT PERSON		NAME		NO. AND STREET				CITY OR TOWN	STATE	ZIP CODE	TELEPHONE		
E. Spencer		E. Spencer		11 Candlewood Hill Road				Haddam	CT	06441	345-4144		
TANK ID.	DATE OF INSTALLATION (Mo., Yr.)	EST. QUANTITY LEFT STORED (if any) (Gals.)	STATUS	DATE TANK LAST USED (Mo., Yr.)	TYPE OF CONTENTS	CONTENTS - CHEMICAL NAME OF PRINCIPAL SUBSTANCE (not trade name.) (Enter C.A.S. No., if known.)	CONSTRUCTION MATERIALS	PROTECTION		INTEGRAL PIPING SYSTEM	MONITORING SYSTEM	FAILURE DETERMINATION CONDUCTED? (If "YES", enter "DATE" and attach results. If "NO", enter "NO")	
11a.	11b.	12a.	12b.	12c.	13.	14.	15.	a. INTERNAL	b. EXTERNAL	c. DATE OF REPLACEMENT (Mo., Yr.)	d. TYPE (Specify from list B)	e.	
Example	5/75	30	5000	X	X	Heating fuel #2	X	X		5	5/75	U	
Example	7/60	—	8000		X	1, 1, 1 - Trichloroethane CAS #79016	X	X		7	7/60	U	
H1-R1	3/89	30	2000	x		Heating Oil #2	x			3	3/89	L,O,Q	
H2-R1	3/89	30	2000	x		Heating Oil #2	x			3	3/89	L,O,Q	
W1-R1	3/89	30	550	x		Waste Oil	x			7	3/89	L	
20. HAVE YOU ATTACHED SKETCH OF TANKS AND LOCATION? <input checked="" type="checkbox"/> YES													
21. COMMENTS: Tank W1-R1 and related piping are cathodically protected by means of galvanic sacrificial anodes.						22. 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. Penalties: any owner who knowingly fails to notify shall be subject to a civil penalty not to exceed \$10,000 for each tank for which notification is not given or for which false information is submitted.				22a. SIGNATURE  Daniel P. Young			
										22b. DATE SIGNED 4/2/98			
										22c. OFFICIAL TITLE (of owner or authorized representative) Chief of Eng. Service s			

COPY 1: SEND TO DEP. 145 CAPITOL AVENUE

**COPY 1:** SEND TO DEP. 165 CAPITOL AVE. HARTFORD, CT 06106

INSTALL MM-YY	LIFE YRS	CAPACITY	USE	LEFT STORED	LAST USED MM-YY	CONTENTS	CAS#	CONSTRUCT MATERIAL	[--PROTECTION--]		PIPING MM-YY	MONITOR SYSTEM	EXPIRES MM-YY	
									INTRL	EXTRL	PIPE			
01-55	15	550	U		00-00	OIL/PETRO		S	2	H	7	01-60	O	01-75
										COMMENT:DIESEL				
01-62	15	2,000	U		00-00	OIL/PETRO		S	2	H	7	01-62	O	01-82
										COMMENT:HF2				
01-50	15	2,000	U		00-00	OIL/PETRO		S	2	H	7	01-50	O	01-70
										COMMENT:HF2				
01-60	15	3,000	U		00-00	OIL/PETRO		S	2	H	7	01-60	O	01-80
										COMMENT:RG				
01-60	15	3,000	U		00-00	OIL/PETRO		S	2	H	7	01-60	O	01-80
										COMMENT:RG				
01-68	15	1,000	U		00-00	OIL/PETRO		S	2	H	7	01-68	O	01-88
										COMMENT:WO				

~~1/11/77~~  
1/11/77 W/O 016

BLDG. 81-115(B)

\*87-116  
DIESEL  
PUMP

VENT  
\*89-1022

FILL → O

D-1

VENT  
\*89-090

WASTE-OIL  
W-1

REG. GAS  
EXISTING 3000 GAL  
GAS TANK 24" BELOW GRADE

R-1

NEW 52"x52"x9"  
CONC. PAD

9'-0" NEW 3/4"x1/2"  
METAL ISLAND  
FOUND.

(1) 4" CONC. BUMPERS.

NEW ELEC CONDUIT  
28" BELOW GRADE

~~ANNOUNCED~~  
(2) 1,000 GAL GAS TANKS  
REMOVED & JUNKED  
PLUS ALL PIPING

STORES OFFICE

BLDG. 81-115(A)

FUTURE DRIVE

HIGGANUM REPAIR GARAGE  
BLDG. 81-115-A  
REMOVAL OF (2) 1,000 GAL  
STEEL TANKS  
ALTERATIONS TO PLUMBING  
& ELECTRICAL FOR EXISTING  
3,000 GAL TANK  
L.F. MAFFESSOLI  
8/11/80  
NO SCALE

2/11/81 : 1 2



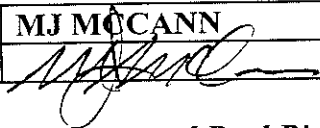


CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106

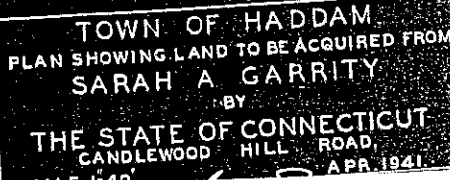
BUREAU OF WASTE MANAGEMENT  
OIL AND CHEMICAL SPILL RESPONSE DIVISION

EMERGENCY INCIDENT FIELD REPORT

Case Number :	98-05433	Assigned By:	914	Assigned To (Lead ERC) :	923
Additional ERC's On Scene :	na				
Date Reported :	8/14/98	Time Reported :	1052	Release Town :	HADDAM
Location of Reported Release :	DOT GARAGE/11 CANDLEWOOD HILL RD				
Reported By :	PAUL BISCUTI	Phone:	860-537-0751	Phone :	
Representing :	G.E.I. CONSULTANTS				
Responsible Party :	CT. DEPT. OF TRANS.	Phone :	860-345-4144		
Street :	BERLIN TPK	Town :	NEWINGTON	State :	CT Zip Code
Responsibility accepted:	X	Yes :	No :	Date :	8/01/98 Time : 1200
Accepted/Denied by Whom :	CT DEPT. OF TRANSPORTION			OCSRDC ERC :	923
Release Type :	X	Petroleum	Chemical	Dielect	HazWaste Sewage Related
	Gaseous Emission	Biomedical	Other (Explain)		
Release Substance :	HYDRAULIC FLUID				
	Unknown at this time	Date of Release :	HISTORIC	Time of Release :	CONTINUOUS
Status of Release :	X	Historic	X	Terminated	Ongoing Other
Total Quantity Involved :	70	X	Gallons	CuYd	CuFeet Drums Lbs.
Media :	Air	Ground Soil	Ground Surface	Groundwater	Surface Water
X	Inside of a Structure	Other (Explain)			
Emergency Measures :	REMEDATION BY LEPC				
Type of Waterbody Impacted :	L.I.S	River	Stream/Brook	Groundwater	Pond
	Catch Basin	Sanitary Sewer	Floor Drain	Drywell	X No Waterbody affected
Total Quantity Recovered (Gallons) :	70	Total Quantity in Waterbody (Gallons) :		0	
Total Quantity Recovered From Waterbody (Gallons) :		0			
Name of Waterbody Impacted :	NA				
Threatens Navigable Waterway :	Yes	X	No	Potential OPA-90 Case	Yes No
Pathway Identified :	Yes	No	Details :		
U.S. EPA Contacted :	Yes	No	Time/Date :	FOSC	
USCG Contacted :	Yes	No	Time/Date :	FOSC	
Property Owner # 1	CT DEPT. OF TRANSPORTAION			Phone :	860-345-4144
Street :	BERLIN TPK	Town :	NEWINGTON	State:	CT Zip Code:
Property Owner # 2				Phone :	
Street :		Town :		State:	Zip Code:

Transportation Incident :		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Type :	<input type="checkbox"/>	Tractor Trailer	<input type="checkbox"/>	Truck				
<input type="checkbox"/>	Passenger	<input type="checkbox"/>	Vessel	<input type="checkbox"/>	Other	Make/Model :								
Vehicle Registration/Number :					Trailer Registration/Number :									
Owner of Vehicle/Vessel :					Phone :									
Street :			Town :			State :		Zip Code :						
Operator of Vehicle :					Drivers License Number :									
Street :			Town :			State :		Zip Code :						
Connecticut State Police Press Release Attached :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Trooper #					
If No, Explain :														
State Licensed Contractor Retained :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Hired by Whom :					
Name of Contractor (s) Retained :														
Time/Date Requested :					Time/Date Arrived :									
Name of Contractor (s) Retained :														
Spill Fund Authorized :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Authorized By :					
Time of Fund's Authorization :					Date of Fund's Authorization :									
<b>MITIGATION EQUIPMENT</b>														
<input type="checkbox"/>	Sea / Sorbent Boom	<input type="checkbox"/>	Sorbent Pads	<input type="checkbox"/>	# of Vacuum Trucks	<input type="checkbox"/>	Speedy Dry / Absorbents							
<input type="checkbox"/>	Hand Tools	<input type="checkbox"/>	Boat	<input type="checkbox"/>	Excavation Equip.	<input type="checkbox"/>	Overpacks / Drums							
<b>EVIDENCE AVAILABLE ON THIS INCIDENT</b>														
Photographs of Scene		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Video Tape of Scene		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
If No, Explain :														
Photographs Taken By :					Video Tape Taken By :									
Photographs Developed :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Photographs/Videos Submitted :		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Samples Taken :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Analytical Results Attached :		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If No, Explain :														
Samples Taken By :					Date Samples Taken :									
Laboratory Performing Analysis :					DOHS Laboratory					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Split Samples :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Split With Whom:					
Chain of Custody :					<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Analysis Required :					
If No, Explain :														
<b>CASE STATUS OF INCIDENT</b>														
Open :		<input type="checkbox"/>	Closed :	<input checked="" type="checkbox"/>	Report Author:	MJ MCCANN								
Signature of Case Emergency Response Coordinator : 														

**INSPECTOR'S REPORT :** 8/14/98 1100hrs. Contacted Paul Biscuti, GEI Consulting, performing remediation of hydraulic fluid impacted sump pit area under garage floor of DOT maintenance garage. To send all applicable reports and analysis to OCSRd.





STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION



NOV 19 1991

WATER COMP

TO: Edgar T. Hurle - Director of Environmental Planning 11/15/91  
DOT-Bureau of Policy & Planning, 24 Wolcott Hill Rd. Wethfld.

FROM: David J. Fox - Senior Environmental Analyst *D.J.F.* x 2711  
DEP-Office of Environmental Review, S.O.B. - Room #114

RE: DOT Transportation Maintenance Facility, Haddam (Project No. 60-132)

The Department of Environmental Protection has reviewed the Finding of No Significant Impact for the above referenced project. The following comments are enclosed for your consideration.

The FONSI indicates that a new well for domestic water will be installed. The Bureau of Water Management is aware that the groundwater in the area of the facility has been adversely impacted by sodium, chloride, solvents and metals (chromium). In fact, the existing DOT well located in the western portion of the site and a few neighboring water supply wells have been impacted by elevated sodium and chloride levels and low levels of chlorinated solvents and/or chromium. This situation warrants careful planning and further investigation with regard to siting the new well.

The FONSI does not explain whether the new well is proposed due to the water quality of the existing well or for logistical reasons. A Salt Storage and Maintenance Facility Study prepared for ConnDOT recommends deepening wells affected by contamination or the use of bottled water. It is not known whether these options have been considered for the proposed domestic supply. If there is sufficient evidence that indicates the underlying stratified drift and bedrock aquifers are contaminated, consideration should be given to treating the existing well water or utilizing bottled water for drinking purposes rather than drilling a new well that may yield undesirable water quality.

It is not known whether the new well will be for domestic water only or include capacity for vehicle washing, etc. If the proposed new well has the capacity to yield more than 50,000 gallons/day, then a permit may be required from the Inland Water Resources Management Division pursuant to Section 22a-368 of the Connecticut General Statutes for the diversion of waters of the State. For further information, contact the division at 566-7160. In addition, if the existing well will no longer be used for any purpose including waterquality monitoring, it should be properly abandoned in accordance with the Department of Consumer Protection, Well Drilling Board's



Regulations, section 25-128-57 of the Regulations of Connecticut State Agencies, to prevent the possibility of a cross connection.

The FONSI indicates that a new septic system will be installed. When the existing septic system is abandoned, the septic tank should be pumped and then excavated or backfilled with clean fill material. Leaching pit structures should also be removed. During such excavation, soils from the side walls and bottoms should be tested for volatile organic compounds (VOC's) using an HNU meter or similar device, particularly since garage floor drains may have been routed to these structures. If VOC's are detected, random soil samples should be collected and analyzed by a State certified laboratory for verification. Fuel tanks and holding graves should be similarly screened. In light of the water quality goal of GA for the site and vicinity (a fact not noted in the FONSI), all contaminated soils found on site should be removed and disposed of properly.

The FONSI states that the new road salt shed and appurtenances will be designed and constructed with the latest available technology to mitigate potential adverse impacts. Although the new facility will be an improvement over the existing conditions, it is not clear at this stage whether all necessary steps have been taken to protect groundwater from potential salt contamination. This is especially important because neighboring properties are served by on-site wells (also not noted in the FONSI). For example, it is not stated whether the reserve salt pile to be relocated east of the proposed shed will be properly covered and protected from stormwater runoff. The Water Engineering and Enforcement Division requests that detailed plans for the road salt shed and storage areas be forwarded for their review, when available. For further information concerning groundwater quality and protection, contact William Warzecha at 566-3654.

The FONSI notes that water from the wash bay will be circulated through an oil separator to a holding tank. All floor drains from every bay must be discharged to an approved holding tank system equipped with a visual and audible high level alarm; subsurface discharges via floor drains are not permitted. All liquid material removed from the holding tanks shall be done by a licensed hauler. Detailed plans for the holding tanks should also be submitted to the Water Engineering and Enforcement Division for review.

The stormwater drainage system for the maintenance facility involves a discrete discharge to a drainage ditch that conveys water to wetlands and would likely be subject to the new Environmental Protection Agency stormwater regulations for industrial activities. Stormwater discharges from construction sites larger than 5 acres are also covered by these regulations. The Bureau of Water Management is drafting a general permit which will cover these discharges. For further information concerning the regulations or the general permit and to obtain the necessary application forms, contact Kenneth Major at 566-5903.

During the field review, evidence of erosion was observed in the existing drainage ditch in the northeast portion of the parcel. The FONSI does not document the extent of increased impervious surface

which will result from the project or whether any increased stormwater flows will cause adverse impacts. The installation of splash pads or flow dissipators at the discharge point and protection of the banks of the ditch should be considered. We do appreciate the plans to use a gross particle separator to renovate the stormwater.

In addition, particularly given the water quality goal of GA, chemical storage and handling at the facility should be conducted in a manner that protects the ground and surface waters of the State. A best management practices plan for chemical storage and handling should be devised for the maintenance facility. This would include the oil, grease, antifreeze, solvents and other chemicals routinely used in vehicle maintenance activities. For example, every effort should be made to utilize above ground storage tanks.

Because of the facility's location near the Connecticut River, in an area well known for its historic and scenic value, it is surprising that the document does not mention the potential aesthetic impact from the river environs. During a site visit as part of our review, the Goodspeed Opera House was visible from the site of the proposed salt shed. Admittedly, the view was screened by the trees to the north and east of the facility; it was visible, however, even though some of the leaves had not yet fallen. Attempts to sight the maintenance facility from the area of the opera house were unsuccessful.

We note that the Gateway Commission has been informed of the project and that it has been determined that it poses no impact to their concerns; we trust that visual impacts from the river were considered. The FONSI should specifically address the issue of potential aesthetic impact from the river and the historic East Haddam area. If any adverse impacts are identified, they should be mitigated by plantings of sizes and types necessary to provide effective screening. These observations also emphasize the importance of maintaining the existing vegetated buffer surrounding the site.

The Natural Diversity Data Base reports that the tidal area of Clark Creek supports a population of Sagittaria montevedensis ssp. spongiosus, an arrowleaf, which is proposed for listing as a species of special concern pursuant to section 26-306 of the Connecticut General Statutes. Although no direct impact to this area would result from the construction of the maintenance facility, this finding is reported to emphasize the importance of employing Best Management Practices to control erosion and sedimentation as noted on page 17 of the FONSI.

Before any buildings are to be demolished, they must be inspected for asbestos containing materials. If such material is present, the National Emissions Standards for Hazardous Air Pollutants - Subpart M requires that the Federal EPA be notified 10 days prior to demolition. Such material must be removed prior to demolition. For further information, contact the EPA at (617) 223-4859. The disposal of materials containing asbestos requires the approval of the Bureau of Waste Management pursuant to section 22a-209-8(i) of the Regulations of Connecticut State Agencies. Proper disposal technique requires that the material be bagged and labeled and placed in an approved secure

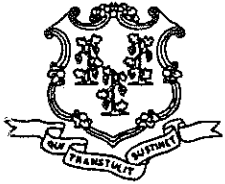
landfill. For further information and to obtain the necessary approval, contact the Bureau at 566-5847.

In addition, the Bureau of Air Management has independently submitted comments on the FONSI in a memo from Carl Pavetto dated November 14, 1991.

Thank you for the opportunity to review this project. If there are any questions concerning these comments, please contact me.

DJF:lma

cc: William Warzecha, WEED  
Nancy Murray, NRC  
Ken Major, WEED  
Fred Banach, WPD  
Phil McLellan, OPM  
Karl Wagener, CEQ



**STATE OF CONNECTICUT**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**Bureau of Waste Management, Oil and Chemical Spill Response Division**



**Emergency Incident Report**

Case No.: 98-05433

Staff Receiving Call: 914 PORTER, JOHN

Assigned To: 923 MCCANN, MIKE

Date Reported: 08/14/1998

Time Reported: 10:52

Date of Release: 08/14/1998

Time of Release: UNKNOWN

Town of Release: HADDAM

State of Release: CT

Location of Reported Release: HIGGANUM - 11 CANDLEWOOD HILL RD

Reported By: PAUL BISCUITI

Phone: (860) 537-0751

Representing: GEI CONSULTANTS

Responsible Party: STATE DOT.

Phone: (860) 345-4144

Street Address: SAA

Town:

State:

Zip Code:

Does the Responsible Party Accept Financial Responsibility? YES

Release Type: PETROLEUM

Release Substance: HYDRAULIC FLUID

Media: INSIDE BUILDING

Total Quantity: 70 Gallons 0 Cubic Yards 0 Cubic Feet 0 Drums 0 Pounds

Emergency Measures: HYDRAULIC FLUID IN A SUMP PIT.

Has the Release Been Terminated?: NO

Type of Waterbody Affected:

Name of Waterbody Affected: UNK

Total Quantity Recovered: 0

Total Quantity in Water: 0

Corrective Actions Taken: INSPECTOR ASSIGNED

Discharge Class:

Cause of Incident: SEEPAGE

Agencies Notified:

Status: CLOSED



**INTERDEPARTMENTAL  
MESSAGE**

**STATE OF CONNECTICUT**

STO-201 REV. 4/94  
(Stock No. 6938-051-01)

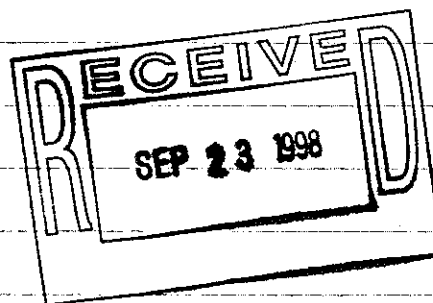
Printed on recycled (or recovered) paper

<b>To</b>	NAME, TITLE	Oil and Chemical Spills	DATE	9/14/98
	AGENCY, ADDRESS	Department of Environmental Protection, 79 Elm Street		
<b>From</b>	NAME, TITLE	Michael W. Loneragan, Manager of Environmental Compliance	TELEPHONE	
	AGENCY, ADDRESS	Department of Transportation, 2800 Berlin Turnpike		

**Subject:** Report of Spill  
CTDOT Repair Garage  
Higganum, CT

Transmitted herewith is the spill reporting form for the  
above mentioned site. If you have any questions please contact  
Ms. Jennifer Korb at (860) 594-2067.

*Haddam  
Spill File  
Thanks*



\*



STATE OF CONNECTICUT  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
79 Elm Street  
Hartford, Connecticut 06106-5127

Bureau of Waste Management  
Oil and Chemical Spill Response Division

REPORT OF PETROLEUM OR CHEMICAL PRODUCT DISCHARGE, SPILLAGE OR RELEASE

1. When did the incident occur? date 8 / 14 / 98 time 8 :00 am  

month day year
2. Where did the incident occur? ConnDot Repair Garage, Higganum, CT
3. How did the incident occur? (Describe the cause) Leaking hydraulic cylinder
4. Under whose control was the chemical or petroleum product at the time of the incident?  
Name: General Supervisor  
Mailing address and street: 11 Candlewood Hill Rd., P.O. Box 658  
Town: Higganum State: CT Zip: 06441 Telephone: (860)345-4144
5. Who is the owner of the property onto which the spill occurred?  
ConnDot

If this is a corporate property or property owned jointly who represents the owner?

Corporate property ☐ Property owned jointly ☐

- Name: N/A
- Mailing address and street: \_\_\_\_\_
- Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_
6. When was the incident verbally reported to the Department of Environmental Protection?  
Date 8 / 14 / 98 time 2:00 pm  

month day year

7. Who reported the incident and who were they representing?

Name: Paul Biscuti, P.E. on behalf of ConnDot

Mailing address and street: C/O GEI Consultants, Inc., P.O. Box 297

Town: Colchester State: CT Zip: 06415 Telephone: (860)537-0751

8. What were the chemicals or petroleum products released, spilled or discharged? Give an exact description of each of the materials involved in the incident, including chemical names, percent concentrations, trade names, etc. If the chemicals are Extremely Hazardous substances or CERCLA hazardous substances they must be identified as such and include the reportable quantity (RQ). Please attach a Material Safety Data Sheet (MSDS) for each chemical involved.

Auto lift hydraulic oil

9. What were the quantities of chemicals that were released, spilled or discharged to each environmental medium (air, surface water, soil, groundwater)? [NOTE: Connecticut Statutes requires the reporting of any amount of any substance or material released to the environment].

7.5 gallons to subsurface soil

10. Did any of the chemicals travel beyond the property line? [NOTE: Materials that enter the groundwater are considered to have gone beyond the property line.]

unknown

11. What actions were taken to respond to and contain the release, spill, or discharge?

The lift has been taken out of service.

12. What actions are being taken to prevent recurrence of an incident of this type?

Regular maintenance of lift equipment.

Attach additional sheets if necessary.

13. Were there any injuries as a result of the incident? If so, list the names of exposed individuals, their addresses, phone numbers and describe their injuries.

Name: N/A

Mailing address and street: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Attach additional sheets if necessary.

14. What is the appropriate advice regarding medical attention necessary for exposed individuals?

N/A

\_\_\_\_\_

\_\_\_\_\_

15. Are there any known or anticipated health risks, acute or chronic, associated with the release of this chemical or medical advice that should be communicated?

N/A

\_\_\_\_\_

\_\_\_\_\_

16. Was the incident completely cleaned up by the time this report was submitted? If not, what are the anticipated remedial actions and their duration? \_\_\_\_\_

Spill not yet remediated. Facility to be closed in the near  
future. Closure plan will assess site-wide remedial measures.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. CERTIFICATION. I hereby affirm that the foregoing statement is true to the best of my knowledge.

Paul Biscuti Principal Engineer 9-1-48  
Signature Title Date

Paul Biscuti (860) 537-0751  
Print Name Telephone

P.O. Box 297 Colchester CT 06415  
Street Address/P.O. Box City/Town State Zip

This form may be reproduced or computerized as long as it contains all of the information requested and is on an 8 1/2" x 11" white paper, black type format. For serious incidents the questions may be answered in a narrative format which must include the preparer's affidavit.

MAIL TO: State of Connecticut  
Department of Environmental Protection  
Bureau of Waste Management  
Oil and Chemical Spill Response Division  
79 Elm Street  
Hartford, CT 06106-5127

(860) 566-3338 (Emergency)



**STATE OF CONNECTICUT**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**Bureau of Waste Management, Oil and Chemical Spill Response Division**



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Type of Waterbody Affected:

Name of Waterbody Affected: UNK

Total Quantity Recovered: 0

Total Quantity in Water: 0

Corrective Actions Taken: INSPECTOR ASSIGNED

Discharge Class:

Cause of Incident: SEEPAGE

Agencies Notified:

Status: CLOSED

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