

ETA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION SITE NUMBER (to be assigned by HQ)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Waste Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Ex. Central Foundry B. STREET (or other identifier) RT 37

C. CITY Massena D. STATE NY E. ZIP CODE 13662 F. COUNTY NAME St. Lawrence

G. SITE OPERATOR INFORMATION
1. NAME Mr. Robert Hestrichs Plant Manager 2. TELEPHONE NUMBER
3. STREET same 4. CITY same 5. STATE 6. ZIP CODE

H. REALTY OWNER INFORMATION (if different from operator of site)
1. NAME 2. TELEPHONE NUMBER
3. CITY 4. STATE 5. ZIP CODE

I. SITE DESCRIPTION PCB sludge disposal area

J. TYPE OF OWNERSHIP
 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE

II. TENTATIVE DISPOSITION (Complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) B. APPARENT SERIOUSNESS OF PROBLEM
 1. HIGH 2. MEDIUM 3. LOW 4. NONE

C. PREPARER INFORMATION
1. NAME Darrell Swedziski 2. TELEPHONE NUMBER 315 782 0100 ext 522 3. DATE (mo., day, & yr.) 6-17-83

III. INSPECTION INFORMATION

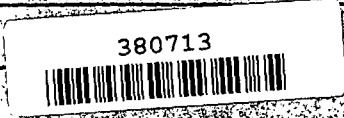
A. PRINCIPAL INSPECTOR INFORMATION
1. NAME Darrell Swedziski 2. TITLE Sanitary Engineer
3. ORGANIZATION NYS DEC 4. TELEPHONE NO. (area code & no.) 315 782 0100 ext 522

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.

C. SITE REPRESENTATIVES INTERVIEWED (Company officials, workers, residents)

1. NAME	2. TITLE	3. TELEPHONE NO.	4. ADDRESS
<u>David Fayette</u>	<u>Superintendent of Maintenance Operations</u>		
<u>Beno Chertier</u>	<u>Engineer</u>		
<u>J.V. Evans</u>	<u>Plant Engineer</u>		



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III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Waste generated and disposed on site until 1978; Waste now transported off-site to approved Disposal Facility			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
		<input type="checkbox"/> 1. PERMISSION <input type="checkbox"/> 2. WARRANT

J. WEATHER (describe)

IV. SAMPLING INFORMATION

Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER	X	NYS Health Lab - P.I. contract lab	Jan. 82
b. SURFACE WATER	X	NYS Health Lab	10-15-82
c. WASTE	X	P.I. contract lab	Jan. -82
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL	X	P.I. contract lab	Jan. 82
h. VEGETATION			
i. OTHER (specify)	X	NYS Health Lab	10-1-82
River sediment			

3. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PII, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

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IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

2. PHOTOS IN CUSTODY OF:

1. GROUND 2. AERIAL

SITE MAPPED?

YES. SPECIFY LOCATION OF MAPS:

Central Foundry & NYS DEC

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

2. INACTIVE (Those sites which no longer receive wastes.)

3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

1. NO

2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres):

approx 50 acres

D. ARE THERE BUILDINGS ON THE SITE?

1. NO

2. YES (specify): *Foundry Buildings*

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

Y	A. TRANSPORTER	B. STOREP	C. TREATER	D. DISPOSE
1.	1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2.	2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3.	3. BARGE	3. DRUMS	3. VOLUME REDUCTION	<input checked="" type="checkbox"/> 3. OPEN DUMP
4.	4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	<input checked="" type="checkbox"/> 4. SURFACE IMPOUNDMENT
5.	5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6.	6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
			7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
			8. SOLVENT RECOVERY	8. OTHER (specify):
			9. OTHER (specify):	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

1. STORAGE 2. INCINERATION 3. LANDFILL 4. SURFACE IMPOUNDMENT 5. DEEP WELL
 6. CHEM/BIO/PHYS TREATMENT 7. LANDFARM 8. OPEN DUMP 9. TRANSPORTER 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

1. LIQUID 2. SOLID 3. SLUDGE 4. GAS

B. WASTE CHARACTERISTICS

1. CORROSIVE 2. IGNITABLE 3. RADIOACTIVE 4. HIGHLY VOLATILE
 5. TOXIC 6. REACTIVE 7. INERT 8. FLAMMABLE
 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Dames & Moore Report Jan 1982

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VII. WASTE RELATED INFORMATION (continued)

7. Estimate the amount (specify unit of measure) of waste by category, mark 'X' to indicate which wastes are present.

A. SLUDGES		B. SOLVENTS		C. CHEMICALS		D. SOLIDS		E. OTHER	
AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE
25,000	gal								
(1) PAINT, PIGMENTS		(1) OILY WASTES		(1) HALOGENATED SOLVENTS		(1) ACIDS		(1) FLYASH	
(2) METALS SLUDGES		(2) OTHER (specify)		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS	
(3) POTW				(3) OTHER (specify)		(3) CAUSTICS		(3) MILLING/MINE TAILINGS	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES	
(5) OTHER (specify)						(5) DYES/INKS		(5) NON-FERROUS SMELTING WASTES	
						(6) CYANIDE		(6) OTHER (specify)	
						(7) PHENOLS			
						(8) HALOGENS			
						(9) PCBs			
						(10) METALS			
						(11) OTHER (specify)			

8. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard):

1. SUBSTANCE	2. FORM (mark 'X')		3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	SOLID	LIQ.	VERY HIGH	HIGH	MED.	LOW			
PCB sludge	X			X				~ 25,000	gal

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

A. HUMAN HEALTH HAZARDS

residents within 2000 feet down gradient using drinking water from private wells; public water supply intake within 3 miles down river

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B. NON-WORKER INJURY/EXPOSURE

C. WORKER INJURY/EXPOSURE

open sludge deposits on site

D. CONTAMINATION OF WATER SUPPLY

St. Regis Indian Reservation water intake
on St. Lawrence River less than 3 miles
down river

E. CONTAMINATION OF FOOD CHAIN

F. CONTAMINATION OF GROUND WATER

Residents of Indian Reservation drawing
from private wells within 2000 feet downstream,
Groundwater contamination confirmed by
NYS Health Lab

G. CONTAMINATION OF SURFACE WATER

River water and sediment contamination
by PCB's confirmed by NYS Health Lab

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VIII. HAZARD DESCRIPTION (continued)

H. DANIEL TO FLOHA, FAUNA

I. FISH KILL

J. CONTAMINATION OF AIR

K. NOTICEABLE ODORS

L. CONTAMINATION OF SOIL

*sludge dumped on ground and into
between grade pits*

M. PROPERTY DAMAGE

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III. HAZARD DESCRIPTION (continued)

N. FIRE OR EXPLOSION

O. SPILLS/LEAKING CONTAINERS, RUNOFF/STANDING LIQUID

P. SEWER, STORM DRAIN PROBLEMS

Q. EROSION PROBLEMS

R. INADEQUATE SECURITY

S. INCOMPATIBLE WASTES

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VIII. HAZARD DESCRIPTION (continued)

T. MIDNIGHT DUMPING

U. OTHER (specify)

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	~ 150		unknown	2000 to 4000 feet
2. IN COMMERCIAL OR INDUSTRIAL AREAS	~ 700 workers at plant			within 1000 feet
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) 3 to 5 feet	B. DIRECTION OF FLOW East or North east	C. GROUNDWATER USE IN VICINITY drinking water
D. POTENTIAL YIELD OF AQUIFER unknown	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) less than 2000 feet	F. DIRECTION TO DRINKING WATER SUPPLY east

C. TYPE OF DRINKING WATER SUPPLY

1. NON-COMMUNITY < 15 CONNECTIONS

2. COMMUNITY (specify town) > 15 CONNECTIONS

St. Regis Reservation Water Supply

3. SURFACE WATER

4. WELL

X. WATER AND HYDROLOGICAL DATA (continued)

1

4. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')

I. RECEIVING WATER

1. NAME St. Lawrence 2. SEWERS 3. STREAMS/RIVERS
 4. LAKES/RESERVOIRS 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

International River Class A

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN

- A. KNOWN FAULT ZONE B. KARST ZONE C. 100-YEAR FLOOD PLAIN D. WETLAND
 E. A REGULATED FLOODWAY F. CRITICAL HABITAT G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. OVERBURDEN	B. BEDROCK (specify below)	C. OTHER (specify) below:
<input checked="" type="checkbox"/> 1. SAND	<input checked="" type="checkbox"/> <u>limestone</u>	
<input checked="" type="checkbox"/> 2. CLAY		
<input checked="" type="checkbox"/> 3. GRAVEL		

XIII. SOIL PERMEABILITY

- A. UNKNOWN B. VERY HIGH (100,000 to 1000 cm/sec.) C. HIGH (1000 to 10 cm/sec.)
 D. MODERATE (10 to .1 cm/sec.) E. LOW (.1 to .001 cm/sec.) F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

1. YES 2. NO

different from known C.W. contamination

H. DISCHARGE AREA

1. YES 2. NO

different surface water run-off to River

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

1% to 5%

North to North east

J. OTHER GEOLOGICAL DATA

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UNKNOWN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

NONE YES (summarize in this space)

This facility has no permits for disposal of solid or hazardous wastes. A draft RCRA permit for storage of hazardous waste has been submitted; PCB storage is not included.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

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