SPCC Plan Checklist

Date of Investigation: 6/23/78 Time of Investigation: 11:00 AM

1) Facility Name: GAF, Gloucester City (a) Owner:
(b) Operator:

2) Location: Charles + Walter St
Gloucester City, NJ (609) 456-1200

3) Classification of facility: Industrial Plant

4) Nearest navigable water: Delaware River

5) Spill history indicated (for previous 12 months):

6) Responsible official: Tony ~~Schiabo~~ Schivo, Jack Eck

7) Management official:

8) P.E. Certification: Stanley Stempien, P.E. NJ # 15904

9) Does Plan consider:
   a. Prediction of potential spills ✓
   b. Facility drainage ✓
   c. Topo maps
   d. Containment of bulk storage ✓
   e. Facility for transfer operation ✓
   f. Proper security ✓
   g. Inspection and records procedure ✓
   h. Training ✓

10) Does Plan require construction of additional facilities?
If so, is it discussed in Plan (including schedule)?

11) Storage capacity: 1-400,000 gal #6 oil
1-26,000 gal #2 oil
1-1,000 gal kerosene
1-10,000 gal kerosene u/g
1-1,000 gal Gas u/g
1-550 } gal diesel
1-1,000 }
1-2,200 gal lube oil

12) Number of hours facility is manned:

13) NPDES Permit No. _____

14) Coast Guard Manual Yes

General Appraisal: Plant + facility are OK

Recommendation: _____

Signature of Investigator: Clark K. Lin Date: 6/23/78

216789

RIN 7550-15I

U.S. ENVIRONMENTAL PROTECTION AGENCY
OIL AND SPECIAL MATERIALS CONTROL DIVISION

INSPECTION/ENFORCEMENT REPORT
(Form E)

0. FOR CONTROL USE ONLY: 02E2062

1. SPCC NUMBER: 139140

If the SPCC number is not entered, complete the Facility Identification Form.

2. DATE OF INSPECTION: 06/23/78 (MO DAY YR)

3. HAS AN INSPECTION/ENFORCEMENT REPORT BEEN PREVIOUSLY COMPLETED FOR THE DATE OF INSPECTION (above)?

☐ YES ☒ NO (If answer is "Yes" – complete No. 5, if applicable, then skip to No. 12.)

COMPLETE ALL APPLICABLE SECTIONS BELOW

4. a. INSPECTOR'S LAST NAME: PRICE

b. INSPECTOR'S ORGANIZATION: US EPA RPSB

5. SPILL I.D. *(if inspection result of spill)*:

6. ESTIMATED NUMBER MAN-HOURS INVOLVED IN INSPECTION: *(whole hours)*

7. IS FACILITY SUBJECT TO PART 112?

☒ YES ☐ NO *(If answer is "No" – complete No. 8 then stop)*

COMPLETE ALL APPLICABLE SECTIONS BELOW

8. PURPOSE OF INSPECTION

A ☐ PLAN PREPARATION ONLY B ☐ PLAN PREPARATION AND IMPLEMENTATION

9.

A ☐ PREVIOUS VIOLATION CORRECTED B ☒ NO VIOLATION FOUND

(If 9A or B is checked – STOP HERE.)

10. VIOLATION CODE/REFERRAL *(If 10 is checked – 11. is required.)*

Violation Code (check as many as three):

Z ☐ Failure to prepare <u>any</u> SPCC Plan

A ☐ Failure to prepare an SPCC Plan in accordance with 112.7

B ☐ Failure to have SPCC Plan certified as required by 112.3(d)

C ☐ Failure to implement SPCC Plan

D ☐ Failure to submit information after triggering spill as required by 112.4(a)

E ☐ Failure to amend plan as required by 112.4(d)

F ☐ Failure to implement amendment as required by 112.4(e)

G ☐ Failure to amend, certify or implement <u>after facility change</u> as required by 112.5(a)

H ☐ Failure to review, amend, certify or implement as required by 112.5(b)

11. REFERRED TO ENFORCEMENT *(Date)*: MO DAY YR

ENFORCEMENT INFORMATION *(Complete any/all sections below if possible)*

12. DATE NOV ISSUED *(by enforcement)* MO DAY YR	13. FINE PROPOSED *(by enforcement)* *(whole dollars)*	
14. DATE PRE-HEARING CONFERENCE HELD MO DAY YR	15. DATE HEARING HELD MO DAY YR	16. DATE HEARING APPEALED MO DAY YR
17. DATE FINE COLLECTED MO DAY YR	18. ACTUAL FINE COLLECTED *(whole dollars)*	

THIS WOULD CLOSE CASE

19. COMMENTS *(optional – 10 lines or less, of not more than 60 characters each)*

GAF CORP
GLOUCESTER CITY, NJ

RIN 7550–15I

U.S. ENVIRONMENTAL PROTECTION AGENCY
OIL AND SPECIAL MATERIALS CONTROL DIVISION

FACILITY IDENTIFICATION

(Form A)

NOTE
All non-shaded areas must contain an entry.

0. FOR CONTROL USE ONLY: 02A2062

This form is to be completed in conjunction with other Oil and Special Materials Control Division forms or singly where no SPCC number has been assigned or an SPCC number is unknown. Enter the Locator Code. It consists of the first five alphabetic characters of the Facility Name, followed by the Zip Code for the Facility Site *(for offshore facilities the Zip Code portion should be zero filled.)*

1a. LOCATOR CODE AND LOCATOR ZIP: GAFCO08030
(ALPHABETIC) (ZIP CODE)

b. START-UP DATE: MO / DAY / YR — Enter this date if it is later than 01/10/74

c. HAS THE NAME OF THE FACILITY CHANGED WITHIN THE LAST YEAR *(Yes or No)*: NO

e. HAS THE LOCATION OF THE FACILITY CHANGED WITHIN LAST YEAR? *(Yes or No)*: NO

2. THE FOLLOWING INFORMATION IS RELATED TO THE FACILITY:

a. NAME: GAF CORPORATION

b. TYPE IS ANY PART OF THE FACILITY NON-TRANSPORTATION RELATED? *(Yes or No)*: YES

c. STATE: NJ

d. COUNTY: CAMDEN

e. CITY:

GEOGRAPHIC LOCATION

f. LATITUDE: DEG MIN SEC N

g. LONGITUDE: DEG MIN SEC W

h. SURVEY DESCRIPTION:

3. THE FOLLOWING INFORMATION IS RELATED TO THE OWNER/OPERATOR

a. NAME: GAF CORPORATION

b. MAILING ADDRESS *(Street)*:

c. CITY: GLOUCESTER

d. STATE: NJ

e. ZIP: 08030

f. TELEPHONE: 609-456-1200

4. THE FOLLOWING ARE DIRECTIONS TO FACILITY SITE *(Optional – 25 words or less)*

2062

RIN 7550-15I

U.S. ENVIRONMENTAL PROTECTION AGENCY
OIL AND SPECIAL MATERIALS CONTROL DIVISION

SPILL REPORT

(Form S)

NOTE
All non-shaded areas must contain an entry.

0. FOR CONTROL USE ONLY: 02S2062

1a. SPILL ID: 364-78 (Not required. If unassigned, will be system derived.)

b. SPCC NUMBER: If the SPCC number is not entered, complete the Facility Identification Form.

ENTER THE FOLLOWING ONLY IF THE RESPONSIBLE ORGANIZATION (RO) IS OTHER THAN THE OWNER/OPERATOR OF THE FACILITY

c. RO NAME

RO MAILING ADDRESS

d. STREET

e. CITY

f. STATE

g. ZIP

h. RO TELEPHONE

ENTER THE FOLLOWING ONLY IF THE LOCATION OF THE SPILL IS OTHER THAN THE LOCATION OF THE FACILITY

2a. REGION | b. STATE | c. COUNTY | d. CITY

GEOGRAPHIC LOCATION

e. LATITUDE-NORTH (DEG MIN SEC) | f. LONGITUDE-WEST (DEG MIN SEC) | g. SURVEY DESCRIPTION (¼ SECT ¼ SECT SECT TOWNSHIP RANGE)

h. DIRECTIONS TO SPILL SITE *(Optional-25 words or less)*

3. SPILL INFORMATION

a. SPILL DATE (MO DAY YR)	b. SPILL TIME (HR MIN)	c. REPORTING DATE (MO DAY YR)	d. REPORT'G TIME (HR MIN)	e. REPORTED BY *(Name)*
04/14/78	1115	04/14/78	1215	FLOOD

f. TELEPHONE: 609-456-1200

g. GENERAL WATER BODY *(Check one only)*
- [X] INLAND
- [ ] COASTAL
- [ ] GREAT LAKES

h. SPECIFIC WATER BODY *(Check one only)*
- [X] RIVER
- [ ] STREAM *(creek)*
- [ ] LAKE
- [ ] RESERVOIR
- [ ] POND
- [ ] BEACH
- [ ] OPEN WATER
- [ ] BAY *(estuary or sound)*
- [ ] PORT *(harbor area)*
- [ ] TERMINAL *(dock)*
- [ ] CHANNEL
- [ ] CANAL
- [ ] INLET
- [ ] TRIBUTARY

i. WATER BODY NAME *(If none, enter "none")*: NONE

j. RIVER MILE INDEX *(If known)*

RIN 7550-151

4. SPILL MATERIAL S

(Check only one of the following four digit codes which best designates the characteristics of the spilled material.)

a. OILS

- [ ] 1101 ANIMAL OIL
- [ ] 1102 ASPHALT
- [ ] 1103 CREOSOTE
- [ ] 1104 CRUDE
- [ ] 1105 CUTTING OIL
- [ ] 1106 GASOLINE
- [ ] 1107 JET FUEL
- [ ] 1108 LUBRICATION OIL
- [ ] 1109 NAPHTHA
- [ ] 1110 NO. 1 FUEL *(Kerosene, No. 1 Diesel)*
- [ ] 1111 NO. 2 FUEL *(No. 2 Diesel)*
- [ ] 1112 NO. 4 FUEL
- [ ] 1113 NO. 6 FUEL *(Bunker C, Navy Special, Residual Oil)*
- [ ] 1114 PARAFFIN WAX
- [ ] 1115 VEGETABLE OIL
- [ ] 1116 BILGE WASTE OIL
- [ ] 1117 ENGINE WASTE OIL
- [ ] 1118 INDUSTRIAL WASTE OIL
- [ ] 1119 GREASE
- [ ] 1120 UNKNOWN OIL
- [ ] 1199 OTHER *(Specify)*:

HAZARDOUS SUBSTANCES

- [x] 1299 *(Specify trade or common name)*: PCB

OTHER SUBSTANCES

- [ ] 1301 SEWAGE
- [ ] 1302 SLUDGE
- [ ] 1399 MISCELLANEOUS *(Specify)*:

c. AMOUNT SPILLED: 400

d. AMOUNT REACHING WATER *(Enter '0000001' for unknown)*: 0

e. AMOUNT UNIT *(Check only one of the following unit abbreviations)*

- [x] GALS
- [ ] LBS

5. SPILL SOURCE *(Check only one of the following four digit codes on this page which best describes the spill source.)*

ONSHORE TRANSPORTATION *(ONT)*

- [ ] 2101 HIGHWAY CARGO TRANSFER
- [ ] 2102 HIGHWAY DRY BULK
- [ ] 2103 HIGHWAY FUELING
- [ ] 2104 HIGHWAY GENERAL CARGO
- [ ] 2105 HIGHWAY LIQUID BULK
- [ ] 2106 HIGHWAY PASSENGER
- [ ] 2107 PIPELINE
- [ ] 2108 RAIL CARGO TRANSFER
- [ ] 2109 RAIL DRY BULK
- [ ] 2110 RAIL FUEL
- [ ] 2111 RAIL GENERAL CARGO
- [ ] 2112 RAIL LIQUID BULK
- [ ] 2199 OTHER *(Specify)*:

OFFSHORE TRANSPORTATION *(OFT)*

- [ ] 2201 BULK CARGO TRANSFER
- [ ] 2202 DRY CARGO BARGE
- [ ] 2203 DRY CARGO VESSEL
- [ ] 2204 FISHING VESSEL
- [ ] 2205 FUELING
- [ ] 2206 NAVAL VESSEL
- [ ] 2207 NON-BULK CARGO TRANSFER
- [ ] 2208 PASSENGER VESSEL
- [ ] 2209 PIPELINE
- [ ] 2210 RECREATIONAL VESSEL
- [ ] 2211 TANK BARGE
- [ ] 2212 TANKER
- [ ] 2213 TOWBOAT *(Tugboat)*
- [ ] 2299 OTHER *(Specify)*:

ONSHORE NONTRANSPORTATION *(ONN)*

- [ ] 2301 BULK STORAGE
- [x] 2302 INDUSTRIAL PLANT *(Processing)*
- [ ] 2303 MARKETING DISTRIBUTORS
- [ ] 2304 PIPELINE *(Flowline or other Intra-facility)*
- [ ] 2305 PRODUCTION *(Oil or Gas)*
- [ ] 2306 REFINERY
- [ ] 2399 OTHER *(Specify)*:

OFFSHORE NONTRANSPORTATION *(OFN)*

- [ ] 2401 DRILLING *(Oil or Gas)*
- [ ] 2499 OTHER *(Specify)*:
- [ ] 2402 PIPELINE *(Flowline or other Intra-facility)*
- [ ] 2403 PRODUCTION

6. SPILL CAUSE *(Check only one of the following four digit codes on this page which best describes the spill cause.)*

CASUALTY

- [ ] 3101 CAPSIZING *(Overturning)*
- [x] 3102 COLLISION WITH FIXED OBJECT
- [ ] 3103 COLLISION WITH VEHICLE OR VESSEL
- [ ] 3104 EXPLOSION
- [ ] 3105 FIRE
- [ ] 3106 GROUNDING
- [ ] 3107 SINKING *(Floundering)*
- [ ] 3108 WELL BLOWOUT
- [ ] 3199 OTHER *(Specify)*:

EQUIPMENT FAILURE

- [ ] 3201 ALARM
- [ ] 3202 AUTOMATIC SHUTDOWN
- [ ] 3203 CORROSION, PIPELINE
- [ ] 3204 CORROSION, TANK
- [ ] 3205 DEFECTIVE VALVES
- [ ] 3206 HOSE RUPTURE
- [ ] 3207 PIPELINE RUPTURE
- [ ] 3208 PUMP
- [ ] 3209 TANK RUPTURE
- [ ] 3210 WELD FAILURE, FACTORY
- [ ] 3211 WELD FAILURE, FIELD
- [ ] 3299 OTHER *(Specify)*:

PERSONNEL ERROR

- [ ] 3301 INCORRECT VALVE HANDLING
- [ ] 3302 IMPROPER HOSE CONNECTION
- [ ] 3303 IMPROPERLY SECURED FLANGES
- [ ] 3304 TANK OVERFLOW
- [ ] 3399 OTHER *(Specify)*:

DELIBERATE DISCHARGES

- [ ] 3401 DUMPING
- [ ] 3402 DISPOSAL OF WASTE OIL
- [ ] 3403 PUMPING BALLAST
- [ ] 3404 PUMPING BILGES
- [ ] 3405 VANDALISM
- [ ] 3499 OTHER *(Specify)*:

NATURAL PHENOMENON

- [ ] 3501 FLOODING
- [ ] 3502 FREEZING
- [ ] 3503 HEAVY SEAS
- [ ] 3504 HEAVY WINDS
- [ ] 3505 NATURAL SEEPAGE
- [ ] 3599 OTHER *(Specify)*:

7. COMMENTS – INCLUDING REMOVAL METHOD *(Optional-25 words or less)*

GAF CORP
GLOUCESTER, NJ