QC
HR
1-7-78

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
2	NY 06760

File this form in the regional Hazardous Waste Log File and submit a copy 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	B. STREET	
CERRO WIRE + CABLE	ROBBINS LANE	
C. CITY	**D. STATE**	**E. ZIP CODE**
SYOSSETT	NY	11791

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*	X	X			
C. REMEDIAL ACTION NEEDED *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION NEEDED *(if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR DISPOSITION

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION *(mo., day, & yr.)*

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
ERNEST SCHWALZ	264-5680	12-12-79

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

SITE VISIT TO CONFIRM THAT NO DRUMS ARE BURIED

B. PROPOSED INVESTIGATIVE ACTIVITY *(Detailed Information)*

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION *(mo, day, & yr)*	3. TO BE PERFORMED BY *(EPA, Contractor, State, etc.)*	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) PRELIM SITE VISIT	JAN 4 80	EPA	6	—
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

228623

EPA Form T2070-4 (10-79)

Continued from front

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY *(Continued)*

d. TYPE OF LAB ANALYSIS (1)				
(2)				
e. OTHER *(specify)* (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B *(on front & above)* AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER *(specify)*	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY *(On Site & Off-Site)*: List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE *(mo, day, & yr)*	3. EST. END DATE *(mo, day, & yr)*	4. ACTION AGENCY *(EPA, State, Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site & Off-Site)*: List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE *(mo, day, & yr)*	3. EST. END DATE *(mo, day, & yr)*	4. ACTION AGENCY *(EPA, State Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER *(specify)*		

Priority 2 (?) Site Name Cerro Wire & Cabl (3 Lagoons) Region 1

County Nassau

30002/01/02/03

INITIAL EVALUATION OF INDUSTRIAL AND HAZARDOUS WASTE SITES A

I. General Site Information

1. Site Location Robbins Lane, Syesset, NY 11791

2. Current owners [X] or operators [ ] : Same as above

Address

Contact Phone

3. Time during which site was used: to

4. Type of Site: Industrial Disposal [ ] Mixed Disposal Area [ ]

Drum Storage [ ] Lagoon [X] Other (specify) [ ]

5. Size of Site (approx.) acres, and/or dimensions

6. Exposed waste: yes [ ] no [ ]

II. Waste Characterization (See Section III for more details.)

1. Generator Cerro wire & Cable Waste Types OH sludge containing Heavy metals

Composition CN, Cu, N, Fe ~~Total Quantity~~ Bulk [ ] Drum [ ]

2. Generator Waste Types

Composition Total Quantity Bulk [ ] Drum [ ]

3. Generator Waste Types

Composition Total Quantity Bulk [ ] Drum [ ]

4. Generator Waste Types

Composition Total Quantity Bulk [ ] Drum [ ]

Report prepared by: W.M Phone

Phone

HAZARDOUS WASTE SITE STATUS

Name & Address
Cerro Wire & Cable
Robbins Lane
Syosset, NY

Site Number NY ~~0000~~ 2120
Has other # 0000 [illegible]

Staff Responsible
E. Schmalz

County
Nassau

Agency Responsible
____ EPA ____ State ____ None

Preliminary Assessment Rating
Medium

Date of Assessment
11-28-79

Tentative Disposition
Investigative Action needed - EPA

Date of Disposition
12-12-79

Site Inspection Requested | Date of Request | Date of Inspection | Date of Repor

____ Yes ____ No

See Mike DeBoni memo Nov 28, 1979 giving a list of "candidate sites" for inspection

Site Inspection Rating

JRB Rating

Sampling Requested | Date of Request | Date of Sampling | Date of Report

____ Yes ____ No

Final Strategy Determination -
(based on sampling results)

Date of Determination

Enforcement by EPA

____ Yes ____ No

Date of Case Development Plan

Enforcement Team Leader

Technical Staff -

Legal Staff -

S&A Field Staff -

FIT Staff -

Enforcement Case Filed Date

Administrative Order Issued Date

Current Location of File

X Assessment Staff

____ Case Development Staff

____ Enforcement Division

____ Other

File Holder

E. Schmalz

PRELIMINARY CRITERIA FOR INITIAL SITE EVALUATION

The following outlines the preliminary criteria which will be utilized to perform initial (desk, non-field) evaluations of hazardous waste sites. This initial screening is the first step in the overall process to identify and prioritize problem sites. Based on the results of the screening, a decision will be made on whether a preliminary site inspection is appropriate.

The initial evaluation criteria is divided into two parts. The first considers the source and nature of the reported complaint or problem. Reports and other supporting evidence (e.g. USGS maps, hydrology and topography data, etc) are evaluated in the second part. An accumulation of five (5) points in either part of the criteria would indicate that a preliminary site visit is warranted. Where appropriate, such visits will be undertaken by the Emergency Response & Inspection Branch.

Use the following tables to determine if a preliminary site visit is warranted. Simply circle applicable criteria and total points.

U.S. Environmental Protection Agency
Region _____
Hazardous Waste Site Survey Record

I. Inspection Summary

1. Facility Name: _____

2. Facility I.D. number: _____

3. Address (including city, county, state, zip code):

_____

_____

4. Location (Latitude, Longitude or special instructions):

_____

5. Owner or Responsible Official (title, phone number):

_____

6. Operator (if different than #5)(title, phone number):

_____

_____

7. Owner of Reality (and address): _____

_____

_____

8. Facility Representative(s) Interviewed (title, phone number): _____

9. Inspector's Name (title, division, phone number):

_____

10. Inspection Participants Names (affiliation, phone numbers): _____

_____

_____

11. Date of Inspection: _____

12. Weather: _____

13. Samples collected: yes ( ) no ( )
groundwater ( ) surface water ( ) waste ( ) air ( )
runoff ( ) spill ( ) soil ( ) other ( )

14. Field Measurements: yes ( ) no ( ) types: _____

_____

15. Photos Taken: yes ( ) no ( )

16. Site Mapped: yes ( ) no ( )

17. Local Residents or Workers Interviewed Yes ( ) No ( )

_____

_____

_____

18. Observations and General Remarks: _____

_____

_____

_____

_____

_____

_____

II. Site Information

1. Type of Operation: a. Generator

On-site disposal ( )
Off-site disposal ( )

b. Storage ( ) (if yes, complete supplemental "storage information" form)

c. Treatment/disposal

Incineration ( ) (if yes, complete supplemental "incineration information" form)

Landfill ( ) (if yes, complete supplemental "landfill information" form)

Surface Impoundment ( ) (if yes, complete supplemental surface "impoundment information" form)

Deep Well Injection ( ) (if yes, complete supplemental "deep well injection information" form)

Chemical/Physical/Biological Treatment ( ) (if yes, attach description on separate sheet)

Landfarm ( ) (if yes, complete supplemental "landfarm information" form)

Open Dump -- No systematic management ( ) (attach description on separate sheet)

Recyclor ( ) (attach description on separate sheet)

d. Transporter ( ) (attach description on a separate sheet)

2. Site Active yes ( ) no ( )

2a. Site Abandoned yes ( ) no ( )

3. Authorization:
   a. NPDES Permit ( )
   b. SPCC plan ( )
   c. State permits ( ) Type_____
   d. Air permit ( )
   e. Other ( )

4. Waste Oil or Oil based compounds on site Yes ( ) No ( )

4a. Waste Types and Amounts Disposed at Site (List all oil and oil compound wastes first):_____

_____

_____

_____

_____

(attach extra sheet if needed)(indicate source of information)

4(b). Is waste type consistent with information on Preliminary Assessment? Yes ( ) No ( )

5. List sources of wastes (generator and hauler, as known):

_____

_____

_____

_____

_____

_____

6. Identify Off-site Facilities Used For Disposal: _____

_____

_____

_____

_____

_____

7. Approximate Area of Site _____

8. Distance to Surface Waters in vicinity _____

9. Distance to Nearest Drinking Water Supply _____

10. Identify type of drinking water supply

( ) private
( ) public (city of _____)
( ) well
( ) surface water

11. Proximity to Public Buildings and/or Residences: _____

_____

_____

_____

12. Estimate Depth to Groundwater (basis of estimate):

_____

_____

13. Site is located in:
a. Known fault zone ( )
b. Karst zone ( )
c. 100-year Floodplain ( )
d. A regulatory Floodway ( )
e. Wetland ( )
f. Critical habitat ( )
g. Recharge zone to a sole source aquifer ( )

14. Comment on the following:

a-slope_____

_____

_____

b-soils permeability_____

_____

_____

c-recharge or discharge area_____

_____

_____

d-bedrock exposure in area (type)_____

_____

_____

e-type of geologic material observed (overburden, bedrock, sand, gravel, clay, etc)_____

_____

_____

_____

III. Field Evaluation Factors

If at any time during this site inspection you discover any condition requiring immediate containment or other emergency response measures, initiate remedial measures by contacting appropriate local authorities, Regional emergency response team, and H.Q. Hazardous Waste Task Force.

Answer and explain:

1. Evidence of Soil Contamination yes ( ) no ( )

_____

_____

_____

2. Evidence of Runoff yes ( ) no ( )

_____

_____

_____

3. Evidence of Spills yes ( ) no ( )

_____

_____

_____

4. Air Emissions yes ( ) no ( )

_____

_____

_____

5. Noticeable Odors yes ( ) no ( )

_____

_____

_____

6. Existing or potential erosion problems yes ( ) no ( )

7. Evidence of Environmental Damage yes ( ) no ( )

8. Evidence of Charred Open Areas, smoke etc. yes ( ) no ( )

9. Potential for Groundwater Contamination Based on the Observed Hydrogeologic Setting yes ( ) no ( )

10. Proper Maintenance and Operation of Runoff Collection and Confining Structures yes ( ) no ( )

11. Controll[illegible] access yes ( ) no ( )[illegible]

12. Available Records For Chemical Analysis of Hazardous Waste Handled at the Facility yes ( ) no ( )

13. Sewers and Drains yes ( ) no ( )
terminus of sewer: _____

14. Presence of hoses, pumps or other water diversion equipment yes ( ) no ( )

15. Proper placarding of Trucks yes ( ) no ( )

16. Contingency and Emergency Plan and Equipment Available yes ( ) no ( )

17. Geologic/Hydrologic/Soil Survey conducted by or for the owner/operator. Yes ( ) No ( )

17(a) Is the survey in item 17 available? Yes ( ) No ( )

18. Engineering plan of facility available. Yes ( ) No ( )

Prepared by _____

Signed _____

Title _____

Date This Report Completed _____

...OLOGICAL AND CHEMICAL [redacted]INATION
...INKING AND SWIMMING POOL WATERS
...ISION OF LABORATORIES AND RESEARCH
...assau County Department of Health

FIELD NO. JS-1-[redacted]
DATE 5/22/79
TIME 2:00PM
COL. BY J. Schechter

☐ ROUTINE
☐ RE-SAMPLE
☑ SPECIAL

☐ PUBLIC WATER
☐ PRIVATE WATER
☐ SWIMMING POOL
☐ INDUSTRIAL WASTE
☐ OTHER (Explain)

PREMISES: Cerro Wire + Cable Co.
NAME OF OWNER OR DISTRICT: N. LATTEN
LOCATION: 8 Robbins LANE SYOSSET, N.Y.
POINT OF COLLECTION: (N) of discharge pipe in ditch
☐ BACTERIOLOGICAL EXAMINATION ☐ CHEMICAL EXAM., COMPLETE ☑ CHEMICAL EXAM., SPECIAL
TAP FLAMED: ☐ YES ☐ NO HOW?
CHLORINE RESIDUAL:
OT OT+A pH
IF SAMPLE IS FROM WELL, IS SANITARY SURVEY
☐ SATISFACTORY? ☐ UNSATISFACTORY? (Explain)

REMARKS, EXPLANATIONS:
GRAB SAMPLE
Cu, Cd, Ni, Pb, Fe, Zn, pH

LAB. NO. 4046
Examined by:
Date rec'd.

☐ ADPS	TYPE (1)
SOURCE (13) ☐ (14) ☐ (21) ☐ (OTHER Explain)	NUMBER (2-6)
LAB. (14-15) I.D.	DATE (7-12)
APC/ML 35° C. 24 hrs. 16-19	
COL I. MPN/100 ML 20-22	

	% Gas Lactose Broth 24 hrs.	48 hrs.	Lactose Broth to Brill-iant Green 24 hrs.	48 hrs.	Lac.	Results Con-firmed
Vol.						
0.1 ml.						
1 ml.						
10 ml.						

Color	23-25	
Turbidity	25-26	
Odor: Cold	27-29	
Odor: Hot	29-30	
Total Iron	31-36	0.82 ml. Sample
Mn.	33-41	ml. Sample
Free CO_2 (Nomograph)	39-41	
Fluoride	46-48	ml. Sample

Bk.		
Ammonia N	45-48	ml. sample
Albuminoid N	49-52	ml. sample
Nitrites N	53-56	ml. sample
Nitrates N	57-60	ml. sample
KMn 04		
$(NH_4)_2C_2O_4$		
Oxygen Consumed	61-63	ml. sample
Chlorides	64-66	ml. sample
Total Hardness	69-71	ml. sample
T-ALK	72-74	ml. sample
Hydrogen Ion Conc.-pH	75-77	7.0

mg/L		
ml. Total Solids		
Dish + Solids		
Dish No.		
Solids	13-16	
Spec. Cond. (Field)	17-20	µmho/cm
µ3/S	21-23	µS/L
D.O. (LA3)	24-26	
Cr +6	27-29	
CA Hardness	30-32	
Temp (Field)	33-35	
Temp (Lab)		
P-ALK	36-39	
Phos. (Total)	40-43	
Phos. (Ortho)	44-47	
Cu	48-50	1.95
Zn	51-53	3.6
Pb	54-56	0.13
Cd	57-60	0.008
Misc.	61-67	
Sulphate	68-71	
Acidity	72-74	
CN		
Ni		0.06

...ING AND SWIMMING POOL WATERS

...ON OF LABORATORIES AND RESEARCH

...sau County Department of Health

DATE 5/22/79

TIME 2:15 PM

COL. BY J. Schedler

☐ RE-SAMPLE ☑ SPECIAL

☐ PRIVATE WATER ☐ SWIMMING POOL ☑ INDUSTRIAL WASTE ☐ OTHER (Explain)

PREMISES Cerro Wire + Cable Co.

NAME OF OWNER OR DISTRICT N. LATTEN

LOCATION Robbins LANE SYOSSET, N.Y.

POINT OF COLLECTION Soil S. of oxide drying

☐ BACTERIOLOGICAL EXAMINATION ☐ CHEMICAL EXAM., COMPLETE ☑ CHEMICAL EXAM., SPECIAL

TAP FLAMED: ☐ YES ☐ NO HOW?

CHLORINE RESIDUAL:

OT OT+A pH

IF SAMPLE IS FROM WELL, IS SANITARY SURVEY

☐ SATISFACTORY? ☐ UNSATISFACTORY? (Explain)

REMARKS, EXPLANATIONS:

Cu, Cd, Ni, Pb, Fe, Zn, (FOR LEACHING POTENTIAL TEST

LAB. NO. 4044

Examined by:

☐ ADPS

SOURCE (13) ☐ 1(R) ☐ 2(T) ☐ OTHER (Explain)

TYPE (1) NUMBER (2-6) DATE (7-12)

LAB. (14-15) I.D.

APC/ML 35° C - 24 hrs.	16-19	
COL I. MPN/100 ML	20-22	
% Gas Lactose Broth 24 hrs.		
% Gas Lactose Broth 48 hrs.		
Lact. Broth to Brilliant Green 24 hrs.		
Lact. Broth to Brilliant Green 48 hrs.		
Lac.		
Results Confirmed		
Vol.		
10 ml.		
1 ml.		
0.1 ml.		
Color	23-24	
Turbidity	25-26	
Odor: Cold	27-28	
Odor: Hot	29-30	
Total Iron ml. Sample	31-35	0.25
Mn. ml. Sample	36-38	
Free CO_2 (Nomograph)	39-41	
Fluoride ml. Sample	42-44	
Bk.		
Ammonia N ml. sample	45-48	
Albuminoid N ml. sample	49-52	
Nitrites N ml. sample	53-56	
Nitrates N ml. sample	57-60	
$KMnO_4$		
$(NH_4)_2C_2O_4$		
Oxygen Consumed ml. sample	61-63	
Chlorides ml. sample	64-68	
Total Hardness ml. sample	69-71	
T-ALK ml. sample	72-74	
Hydrogen Ion Conc.-pH	75-77	
M.A.S.	21-23	
Spec. Cond. (Field)	17-20	
Solids	11-16	
Dish No.		
Dish + Solids		
ml. - Total Solids		
D.O. (LAB)	24-26	
Cr +6	27-29	
CA Hardness	30-32	
Temp (Field)	33-35	
Temp (Lab)	36-39	
P-ALK	36-39	
Phos. (Total)	40-43	
Phos. (Ortho)	44-47	
Cu	48-50	229.0
Zn	51-53	3.2
Pb	54-56	0.91
Cd	57-60	0.044
Misc.	61-67	
Sulphate	68-71	
Acidity	72-74	
CN		
Ni		0.05

Data rept'd. mg/L

Data rec'd. MG/L

DL 58 12/68 DH-1469. 3/72.

BACTERIOLOGICAL EXAMINATION OF SURFACE WATERS

Division of Laboratories & Research
Nassau County Department of Health

Lab. No.	Field No. JS-1-79	Area		Total Coliform MPN/100 ml	☑	< 3.0
Sample Point Name: Cerro Wire + Cable Co. SYOSSET, N.Y.	Sampled By: J. Schultz	Point		Chlorophyl a	☐	
		Date	5/22/79	Color	☐	
Sample Point Location: ~~[illegible]~~ West of Discharge Pipe in Ditch	☐ Routine ☑ Special	Time	2:00 PM	Salinity P.P.T.	☐	
Dilutions: 10; 1.0; 1/10; 1/C; 1/M; 1/10M; 1/CM; 1/MM		Air Temp °F		Fecal Coliform MPN/100 ml.	☑	< 3.0
Remarks or visual observations: Bureau of Wastewater Management inoc. 5/24/79		Water Temp °F		Fecal Streptococcus MPN/100 ml.	☑	< 3.0
		Wind		Wave Height Decimal feet		
Special Test	Result	Weather: (1) Fair (2) Cloudy (3) Rain		Sample Type: (1) Shore Line (2) Off-Shore (4) Other (5) F.W.Pond/Stream (6) Drain		

DL 204 2/75 DH-2394. 3/75.

BACTERIOLOGICAL EXAMINATION OF SURFACE WATERS
Division of Laboratories & Research
Nassau County Department of Health

Sample Point Name: Cerro Wire + Cable Co, Syosset, N.Y.	Field No.: JS-3-79	Area		Total Coliform MPN/100 ml	☑	430,000.0
	Sampled By: J.S.	Point		Chlorophyl a	☐	
		Date	5/22/79	Color	☐	
Sample Point Location: Overflowing cesspool SW of SEPTIC TANK	☐ Routine ☑ Special	Time	2:30 PM	Salinity P.P.T.	☐	
		Air Temp °F		Fecal Coliform MPN/100 ml.	☑	430,000.0
Dilutions: 10; 1.0; 1/10; 1/C; 1/M; 1/10M; 1/CM; 1/MM		Water Temp °F		Fecal Streptococcus MPN/100 ml.	☑	9300.0
Remarks or visual observations: Bureau of Wastewater Management		Wind		Wave Height Decimal feet		
inc 5/24/79		Weather: (1) Fair (2) Cloudy (3) Rain		Sample Type: (1) Shore Line (2) Off-Shore (4) Other (5) F.W.Pond/Stream (6) Drain		
Special Test	Result					

DL 204 2/75 DH-2394. 3/75.

S. Environmental Protec[illegible]n Agency

REGION 2

CERRO WIRE + CABLE
SYOSSET L.I.

HAZARDOUS WASTE SITE

TENTATIVE DISPOSITION*

DISPOSITION	By Whom
1. Remedial action to be undertaken by EPA, state, local government, or private parties.	COUNTY + DEC
2. Further investigation necessary to determine potential harm and appropriate remedial action.	
3. Further investigation necessary to develop enforcement action.	

- o if #3 is a federal enforcement action, the remainder of this form need not be filled out. Complete the "Case Development Plan."
- o if #3 is a state enforcement action, indicate what type of enforcement action and the expected initiation date.

RATIONALE FOR DISPOSITION

Explain why the option chosen above was selected.
The county is aware + involved in the site. They are certain the problem will be controlled by the firm.

INVESTIGATORY WORK TO DATE

Reconnaissance or sampling surveys conducted (indicate dates and identify agency which conducted survey).

* If no action is necessary, skip this form and complete the "Final Strategy Determination" form.

TECHNICAL REMEDIES (if known)

Identify any short-term (emergency) actions needed to secure the site:

o indicate who will do what, when contacted, and when to be initiated and completed

_____

_____

_____

o estimate resources needed and cost

_____

_____

Identify the remedial actions required.

o indicate who will do what, when contacted, and when to be initiated and completed

_____

_____

_____

o estimate resources needed and cost

_____

_____

Identify all potentially liable parties (owner, operator, generator, or transporter) and estimate financial resources:

_____

_____

_____

_____

_____

_____

INVESTIGATORY WORK NEEDED

Identify additional data needed:

_____

_____

_____

_____

Identify the field, analytical, or expert support needed:

Type	Source: Fed	State	Contractor	Other	Unkno
Field:					
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
Analytical:					
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
Expert:					
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___
_____	___	___	___	___	___

o Project manpower resource need for Federal work.

_____

_____

_____

o Project cost of needed contractor work

_____

_____

Identify schedule for completion of investigation and report:

_____

_____

_____

Identify lead regional technical staff member to manage the investigation and report preparation (name, division, and phone number):

_____

_____

_____

Prepared by/(date): _____

Approved by/(date): _____

Storage Facilities

Answer and explain as necessary.

1. Storage Area has Continuous Impervious Base yes ( ) no ( )

2. Storage Area has a Confinement Structure yes ( ) no ( )

3. Evidence of Leakage/Overflow yes ( ) no ( ) (Document where and how much runoff is overflowing or leaking from containment)

4. Estimate Type and Number of Barrel/Containers: _____

_____

5. Glass or plastic storage containers used Yes ( ) No ( )

6. Estimate Number and Capacity of Storage Tanks: _____

_____

7. Note Labeling on Containers: _____

_____

_____

_____

_____

8. Evidence of Leakage Corrosion or Bulging of Barrels/Containers/Storage Tanks yes ( ) no ( ) (Document evidence. Describe location and extent of damage. Photograph)

9. Direct Venting of Storage Tanks yes ( ) no ( )

12. Check Area for Containers Holding Incompatible Substances
yes ( ) no ( ) If yes, document evidence. Describe
locationn and identity of hazardous waste. Photograph)

11. Adequate Container Washing and Reuse Practices yes ( ) no ( )

12. Adequate Practices for Disposal of Empty Storage Containers
yes ( ) no ( )

Incinerators

Answer and explain as necessary:

1. Incineration of all substances approved by regulatory agency yes ( ) no ( )

2. Combustion Efficiency Monitored yes ( ) no ( )
   Explain _____

3. Temperature, Gas Flow, Retention Calculations, Volume of Combustion Zone Monitored yes ( ) no ( )

4. Monitoring Equipment Functioning Properly yes ( ) no ( )

5. Adequate Maintenance of Emmission Control Equipment yes ( ) no ( )

6. Monitoring ports in incinerator Yes ( ) No ( )_____

   Position: _____

   _____

7. Waste Flow Rate Monitored yes ( ) no ( )

8. Cut-off Device Functioning Properly yes ( ) no ( )

9. Stack test yes ( ) no ( ) EPA method: _____
   Agency conducting test: _____ Date: _____

10. Adequate Method for Disposal of Scrubber Liquor Wasterwater yes ( ) no ( )

    Describe: _____

11. Adequate Method for Disposal of Ash Quenching Wastewater or Ash yes ( ) no ( )

    Describe: _____

12. Type of Scrubber medium _____

13. Type of Scrubber _____

14. Mist eliminator yes ( ) no ( )

15. Opacity reading taken yes ( ) no ( ) value: _____

16. Wet stack yes ( ) no ( )

17. Stack Height _____

18. Construction material of stack _____

19. Permit limits _____

_____

_____

emission limits _____

_____

_____

20. Equipment: _____

_____

_____

a) Make _____

b) Age _____

c) Appearance _____

_____

_____

_____

Landfills

Answer and explain as necessary:

1. Evidence of Site Instability (erosion settling, sink holes etc.) yes ( ) no ( )

2. Evidence of Improper Disposal of Bulk liquids, Semi-solids and Sludges into the landfill yes ( ) no ( )

3. Check Records of Cell Location and Contents and Benchmark yes ( ) no ( )

4. Wastes surrounded by Sorbent Material yes ( ) no ( )

5. Diversion structures are Effectively Constructed and Properly Maintained yes ( ) no ( )

6. Evidence of Ponding of Water on Site yes ( ) no ( )

7. Indications of Improper/Inadequate Draining yes ( ) no ( )

8. Adequate Leachate Collection System yes ( ) no ( )

   Type: _____

8a. Surface Leachate Spring Yes ( ) No ( )

9. Records of leachate analysis yes ( ) no ( )

10. Gas Monitoring yes ( ) no ( )

11. Groundwater Monitoring Wells yes ( ) no ( )

12. Artificial membrane liner installed yes ( ) no ( )

13. Specific containment measures (clay bottom, sides, etc.) yes ( ) no ( )

15. Adequate Closure of Inactive Portion of Facility yes ( ) no ( )

16. Cover: type _____

_____

thickness _____

_____

permeability _____

_____

daily application Yes ( ) No ( ) _____

_____

Answer and explain as necessary:

1. Type of impoundment _____

_____

2. Stability/Condition of Imbankments: _____

_____

3. Evidence of Site Instability (Erosion, settling, sink holes, etc.) yes ( ) no ( )

4. Evidence of disposal of Ingnitable or Reactive Waste yes ( ) no ( )

5. Waste Compatible with Impoundment yes ( ) no ( )

6. Records Checked for the Contents and Location of Each Surface Impoundment yes ( ) no ( )

7. Integrity of Liner System Checked yes ( ) no ( )

8. Soil structure and substructure _____

_____

9. Monitoring wells yes ( ) no ( )

10 Length, Width, Depth _____

11. % of capacity remaining _____

12. Estimate Freeboard: _____

13. Solids deposition yes ( ) no ( )

14. Dredging Disposal method _____

15. Other equipment _____

_____

Answer and explain as necessary:

1. State permit yes ( ) no ( )

2. Area (dimensions of site): _____

3. Application rate _____

4. Improper Disposal of Unauthorized Material in Land Farm
   yes ( ) no ( )

5. Diversion structures are Effectively Constructed and
   Properly Maintained yes ( ) no ( )

6. Evidence of Ponding of Liquid on Site yes ( ) no ( )

7. Odors (especially hydrogen sulfide) Yes ( ) No ( )

   indicate: _____

_____

_____

8. General Physical appearance of soil (color, clasticity,

   etc): _____

_____

_____

_____

9. Vegetation on Landfarm: _____

_____

_____

10. pH: _____