EPA

# POTENTIAL HAZARDOUS WASTE SITE
## IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: II

SITE NUMBER (to be assigned by Hq): 0000100035

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (*Preliminary Assessment*). 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: Interstate Concentrating Company

B. STREET (*or other identifier*): 275 DUKES STREET

C. CITY: KEARNY

D. STATE: NJ

E. ZIP CODE:

F. COUNTY NAME: HUDSON

G. OWNER/OPERATOR (*if known*)
1. NAME:
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION
METAL Reclaimers

J. HOW IDENTIFIED (*i.e., citizen's complaints, OSHA citations, etc.*)
NJDEP INSPECTION

K. DATE IDENTIFIED (*mo., day, & yr.*): 6/10/80

L. PRINCIPAL STATE CONTACT
1. NAME: Thomas Brady
2. TELEPHONE NUMBER: (609)-292-3801

## II. PRELIMINARY ASSESSMENT (*complete this section last*)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION
☐ 1. NO ACTION NEEDED (*no hazard*)
☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☐ 4. SITE INSPECTION NEEDED (*low priority*)

C. PREPARER INFORMATION
1. NAME: Richard Ramon
2. TELEPHONE NUMBER: (212)-264-1573
3. DATE (*mo., day, & yr.*): 6-10-80

## III. 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*): 3399

C. AREA OF SITE (*in acres*): 4

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (*deg.-min.-sec.*): 40° 45' 05"
2. LONGITUDE (*deg.-min.-sec.*): 74° 08' 05"

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (*specify*):

## IV. CHARACTERIZATION OF SITE ACTIVITY

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

| X | A. TRANSPORTER | X | B. STORER | X | C. TREATER | X | D. DISPOSER |
|---|---|---|---|---|---|---|---|
| | 1. RAIL | X | 1. PILE | | 1. FILTRATION | | 1. LANDFILL |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | 2. LANDFARM |
| | 3. BARGE | X | 3. DRUMS | | 3. VOLUME REDUCTION | X | 3. OPEN DUMP |
| | 4. TRUCK | | 4. TANK, ABOVE GROUND | X | 4. RECYCLING/RECOVERY | X | 4. SURFACE IMPOUNDMENT |
| | 5. PIPELINE | | 5. TANK, BELOW GROUND | X | 5. CHEM./PHYS. TREATMENT | | 5. MIDNIGHT DUMPING |
| | 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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1 UNKNOWN [X] 2 LIQUID [X] 3. SOLID [ ] 4 SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

[ ] 1 UNKNOWN [ ] 2. CORROSIVE [ ] 3. IGNITABLE [ ] 4 RADIOACTIVE [ ] 5 HIGHLY VOLATILE
[X] 6 TOXIC [ ] 7 REACTIVE [ ] 8 INERT [ ] 9 FLAMMABLE

[ ] 10. OTHER (specify):

C. WASTE CATEGORIES

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

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

| a. SLUDGE | b. OIL | c. SOLVENTS | d. CHEMICALS | e. SOLIDS | f. OTHER |
|---|---|---|---|---|---|
| AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT | AMOUNT |
| UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE |
| X (1) PAINT, PIGMENTS | X (1) OILY WASTES | X (1) HALOGENATED SOLVENTS | X (1) ACIDS | X (1) FLYASH | X (1) LABORATORY PHARMACEUT. |
| (2) METALS SLUDGES | (2) OTHER (specify): | (2) NON-HALOGNTD SOLVENTS | (2) PICKLING LIQUORS | (2) ASBESTOS | (2) HOSPITAL |
| (3) POTW | | (3) OTHER (specify): | (3) CAUSTICS | X (3) MILLING/ MINE TAILINGS | (3) RADIOACTIVE |
| (4) ALUMINUM SLUDGE | | | (4) PESTICIDES | (4) FERROUS SMLTG. WASTES | (4) MUNICIPAL |
| (5) OTHER (specify): | | | (5) DYES/INKS | (5) NON-FERROUS SMLTG. WASTES | (5) OTHER (specify): |
| | | | (6) CYANIDE | X (6) OTHER (specify): MERCURY | |
| | | | (7) PHENOLS | | |
| | | | (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | (10) METALS | | |
| | | | (11) OTHER (specify) | | |



Continue On Page 3

Continued From Page 2

WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

MERCURY

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|---|---|---|---|---|
| 1. NO HAZARD | | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | | | | |
| 5. CONTAMINATION OF WATER SUPPLY | | | | |
| 6. CONTAMINATION OF FOOD CHAIN | | | | |
| 7. CONTAMINATION OF GROUND WATER | X | | | SEVERAL LAGOONS for containment of cooling water, wash water. |
| 8. CONTAMINATION OF SURFACE WATER | X | | | Open dump on east side of property with open water |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | X | | | |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | X | | | SEVERAL LAGOONS ARE PRESENT FOR HOLDING PROCESS WASH WATER AND COOLING WATER |
| 17. SEWER, STORM DRAIN PROBLEMS | | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER (specify): | | | | |



Continue On Reverse

Continued From Front

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____

☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER

☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER

☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

## VIII. PAST REGULATORY ACTIONS

☒ A. NONE ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---|---|---|---|
| SITE VISIT | 4-10-80 | State | |
| | | | |
| | | | |

## X. REMEDIAL ACTIVITY (past or on-going)

☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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EPA

# POTENTIAL HAZARDOUS WASTE SITE
## IDENTIFICATION AND PRELIMINARY ASSESSMENT

| REGION | SITE NUMBER (to be assigned by Hq) |
|---|---|
| II | NJ0000010020 |

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). 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: Interstate Concentrating Co.

B. STREET (for other identifier): 275 Dukes Street

C. CITY: Kearny

D. STATE: NJ

E. ZIP CODE:

F. COUNTY NAME: Hudson

G. OWNER/OPERATOR (If known)
1. NAME: Barry Brown, President
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: metal reprocessing plant + dump site

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): State referral

K. DATE IDENTIFIED (mo., day, & yr.): 4/8/80

L. PRINCIPAL STATE CONTACT
1. NAME: Bob Reed
2. TELEPHONE NUMBER:

## II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION
☐ 1. NO ACTION NEEDED (no hazard)
☒ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: ASAP
b. WILL BE PERFORMED BY: State
☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION
1. NAME: John Jimenez
2. TELEPHONE NUMBER: 212 264-1573
3. DATE (mo., day, & yr.): 6/16/80

## III. 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): 3 - 4

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.-min.-sec.): 40°45'05"
2. LONGITUDE (deg.-min.-sec.): 74°08'05"

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (specify): Reprocessing Plant

Continue On Reverse

Continued From Front

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and d[illegible]s relating to each activity by marking 'X' in t[illegible]ppropriate boxes.

| X | A. TRANSPORTER | X | B. STORER | X | C. TREATER | X | D. DISPOSER |
|---|---|---|---|---|---|---|---|
| | 1. RAIL | X | 1. PILE | | 1. FILTRATION | | 1. LANDFILL |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | 2. LANDFARM |
| | 3. BARGE | X | 3. DRUMS | | 3. VOLUME REDUCTION | X | 3. OPEN DUMP |
| | 4. TRUCK | | 4. TANK, ABOVE GROUND | X | 4. RECYCLING/RECOVERY | X | 4. SURFACE IMPOUNDMENT |
| | 5. PIPELINE | | 5. TANK, BELOW GROUND | X | 5. CHEM./PHYS. TREATMENT | | 5. MIDNIGHT DUMPING |
| | 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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Company has several lagoons used to contain process waste water & lavatory waste. Garbage dump is also present.

## V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1 UNKNOWN [X] 2 LIQUID [X] 3. SOLID [ ] 4. SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

[ ] 1 UNKNOWN [ ] 2. CORROSIVE [ ] 3. IGNITABLE [ ] 4 RADIOACTIVE [ ] 5 HIGHLY VOLATILE
[X] 6. TOXIC [ ] 7 REACTIVE [X] 8. INERT [ ] 9 FLAMMABLE

[ ] 10. OTHER (specify):

C. WASTE CATEGORIES

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

Partial - ECKHARDT REPORT

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

| a. SLUDGE | b. OIL | c. SOLVENTS | d. CHEMICALS | e. SOLIDS | f. OTHER |
|---|---|---|---|---|---|
| AMOUNT | AMOUNT | AMOUNT | AMOUNT Unknown | AMOUNT | AMOUNT Unknown |
| UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE |
| X (1) PAINT, PIGMENTS | X (1) OILY WASTES | X (1) HALOGENATED SOLVENTS | X (1) ACIDS | X (1) FLYASH | X (1) LABORATORY PHARMACEUT. |
| (2) METALS SLUDGES | (2) OTHER (specify): | (2) NON-HALOGNTD SOLVENTS | (2) PICKLING LIQUORS | (2) ASBESTOS | (2) HOSPITAL |
| (3) POTW | | (3) OTHER (specify): | (3) CAUSTICS | (3) MILLING/ MINE TAILINGS | (3) RADIOACTIVE |
| (4) ALUMINUM SLUDGE | | | (4) PESTICIDES | (4) FERROUS SMLTG. WASTES | X (4) MUNICIPAL |
| (5) OTHER (specify): | | | (5) DYES/INKS | (5) NON-FERROUS SMLTG. WASTES | (5) OTHER (specify): |
| | | | (6) CYANIDE | (6) OTHER (specify): | |
| | | | (7) PHENOLS | | |
| | | | (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | X (10) METALS | | |
| | | | (11) OTHER (specify) | | |



Continue On Page 3 -

Continued From Page 2

## WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Mercury

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

The dump at the northeast corner of the property has accepted process wastes since 1944.

## VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|---|---|---|---|---|
| 1. NO HAZARD | | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | | | | |
| 5. CONTAMINATION OF WATER SUPPLY | | | | |
| 6. CONTAMINATION OF FOOD CHAIN | | | | |
| 7. CONTAMINATION OF GROUND WATER | X | | | Lagoons may be affecting groundwater |
| 8. CONTAMINATION OF SURFACE WATER | | | | |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | X | | | Soils around lagoons & dump may contain mercury |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | X | | | Several lagoons are used to hold process water |
| 17. SEWER, STORM DRAIN PROBLEMS | | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER (specify): | | | | |



Continue On Reverse

Continued From Front

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

[ ] 1. NPDES PERMIT [ ] 2. SPCC PLAN [ ] 3. STATE PERMIT (specify):
[ ] 4. AIR PERMITS [ ] 5. LOCAL PERMIT [ ] 6. RCRA TRANSPORTER
[ ] 7. RCRA STORER [ ] 8. RCRA TREATER [ ] 9. RCRA DISPOSER
[ ] 10. OTHER (specify): None

B. IN COMPLIANCE?

[ ] 1. YES [ ] 2. NO [ ] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

## VIII. PAST REGULATORY ACTIONS

[X] A. NONE [ ] B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

[ ] A. NONE [ ] B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## X. REMEDIAL ACTIVITY (past or on-going)

[ ] A. NONE [ ] B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---|---|---|---|
| Visual inspection | 4/8/80 | State | |
| | | | |
| | | | |

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

EPA

# POTENTIAL HAZARDOUS WASTE SITE
## TENTATIVE DISPOSITION

| REGION | SITE NUMBER |
|---|---|
| II | NJ0000100035 |

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 | |
|---|---|---|
| Interstate Concentrating Co. | 275 Dukes St. | |
| **C. CITY** | **D. STATE** | **E. ZIP CODE** |
| Kearny | N.J. | |

### 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

Question concerning 322,000 lbs of mercury/concrete mix which is indicated to be .018% mercury.

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.) |
|---|---|---|
| David J. Cesaro P.E. | 340-6695 | 4/27/81 |

### III. INVESTIGATIVE ACTIVITY NEEDED

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

Better understanding of material in the inactive fill. .018% mercury is very high yet summary says it is non-hazardous. Further explanation is needed before disposition can be made.

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) | | | | |
| (2) | | | | |
| (3) | | | | |
| b. TYPE OF MONITORING | | | | |
| (1) | | | | |
| (2) | | | | |
| c. TYPE OF SAMPLING | | | | |
| (1) | | | | |
| (2) | | | | |

Continue On Reverse



NJD000097182

EPA

# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER: 0000/0035

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME: Interstate Concentrating Company

CITY: Kearny

STATE: New Jersey

ZIP CODE:

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

| ITEM | DATE OF DETERMINATION OR COMPLETION | RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other) | PERSON MAKING ENTRY TO LOG FORM | DATE ENTERED ON LOG (mo.day.yr) |
|---|---|---|---|---|
| 1. IDENTIFICATION OF POTENTIAL PROBLEM | 1-10-80 | STATE | R. RAMON | 6/10/80 |
| 2. PRELIMINARY ASSESSMENT | 6/10/80 | EPA | R. RAMON | 6/10/80 |
| APPARENT SERIOUSNESS OF PROBLEM | ☐ HIGH | ☒ MEDIUM ☐ LOW ☐ NONE ☐ UNKNOWN | | |
| 3. SITE INSPECTION | 4/8/80 | STATE | R. RAMON | 6/10/80 |
| 4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below) | | | | |
| ☐ a. NO ACTION NEEDED | | | | |
| ☐ b. INVESTIGATIVE ACTION NEEDED | | | | |
| ☐ c. REMEDIAL ACTION NEEDED | | | | |
| ☐ d. ENFORCEMENT ACTION NEEDED | | | | |
| 5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below) | | | | |
| ☐ a. NO ACTION NEEDED | | | | |
| ☐ b. REMEDIAL ACTION NEEDED | | | | |
| ☐ c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE | | | | |
| ☐ d. ENFORCEMENT ACTION NEEDED | | | | |
| ☐ (1) CASE DEVELOPMENT PLAN PREPARED | | | | |
| ☐ (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED | | | | |
| 6. STRATEGY COMPLETED | | | | |

EPA Form T2070-1 (10-79)

# HAZARDOUS WASTE SITE STATUS

Name & Address
Interstate Concentrating Co
275 Dukes St.
Kearny, NJ

Site Number
NJ 0000/0020

Staff Responsible
John Jimenez

County
Hudson

Agency Responsible
____ EPA X State ____ None

Preliminary Assessment Rating
Medium

Date of Assessment
6/16/80

Tentative Disposition
ENF EPA 1/16/80

Date of Disposition

Site Inspection Requested ____ Yes ✓ No

Date of Request

Date of Inspection
(State inspection conducted)

Date of Report

Site Inspection Rating

JRB Rating

Sampling Requested ____ Yes ____ No

Date of Request

Date of Sampling

Date of Report

Final Strategy Determination -
(based on sampling results)
ENF - EPA

Date of Determination
1/17/80

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 | File Holder |
| --- | --- |
| X Assessment Staff | John Timmer |
| ____ Case Development Staff | |
| ____ Enforcement Division | |
| ____ Other | |