EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: V

SITE NUMBER (to be assigned by Hq):

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: AMERICAN CYANAMID Co.

B. STREET *(or other identifier)*: 1405 GREENE ST.

C. CITY: MARIETTA

D. STATE: OH

E. ZIP CODE: 45750

F. COUNTY NAME: WASHINGTON

G. OWNER/OPERATOR *(if known)*

1. NAME: R.F. BANN - PLANT MGR.

2. TELEPHONE NUMBER: 614-374-7171

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4 MUNICIPAL ☒ 5. PRIVATE ☐ 6 UNKNOWN

I. SITE DESCRIPTION: CLOSED INDUSTRIAL WASTE ON-SITE FACILITY WASTES NOW GO TO NEWCO SITE;

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*: ECKHARDT REPORT

K. DATE IDENTIFIED *(mo., day, & yr.)*: 12-6-79

L. PRINCIPAL STATE CONTACT

1. NAME: DON DAY

2. TELEPHONE NUMBER: 614-466-8934

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:
b. WILL BE PERFORMED BY:

☐ 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: Michael Moschell

2. TELEPHONE NUMBER: 614-385-8501

3. DATE *(mo., day, & yr.)*: 12-26-79

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.)* CLOSED 4-79

☐ 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)*: 2865, 2869

C. AREA OF SITE *(in acres)*: 2 ACRES

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE *(deg.-min.-sec.)*: 39° 25' 50"

2. LONGITUDE *(deg.-min.-sec.)*: 81° 25' 25"

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES *(specify)*: PLANT BUILDINGS

T2070-2 (10-79)

US EPA RECORDS CENTER REGION 5

407873

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		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		4. RECYCLING/RECOVERY	X	4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		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 ON-SITE CHEMICAL WASTE DUMP, MOSTLY DRUMS OF FILTER CAKES AND SCRAP CHEMICALS. 50 TONS OF WASTE SENT TO UNKNOWN LOCATION

V. WASTE RELATED INFORMATION

A. WASTE TYPE

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

B. WASTE CHARACTERISTICS

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

[ ] 10. OTHER (specify): _____

C. WASTE CATEGORIES

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

ECKHARDT REPORT, DISTRICT FILES

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: UN	AMOUNT: UN	AMOUNT: 110,000	AMOUNT: UN	AMOUNT: UN	AMOUNT:
UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE: GAL./YR	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	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		X (3) OTHER (specify): SOLVENT WET CLARIFICATION CAKES	X (3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): WET FILTER CAKES			X (5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(6) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			X (8) HALOGENS		
			(9) PCB		
			X (10) METALS LEAD, CHROMIUM		
			X (11) OTHER (specify) KETONES, ESTERS		

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V. WASTE RELATED INFORMATION (continued)

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

Organics – Carcenogenics
Toxic Metals

10,000 TONS OF WASTE TOTAL IN LANDFILL

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.
SITE IS BADLY LOCATED FROM A HYDROGEOLOGICAL STANDPOINT, AND HAS A SEVERE LEACHATE PROBLEM. LEACHATE COLLECTION + TREATMENT SYSTEM MAY BE INADEQUATE. SITE MAY CONTAIN CARCENOGENS/MUTAGENS

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	X			
3. NON-WORKER INJURY/EXPOSURE	X			POSSIBLE MUTAGENS, CARCENOGENS
4. WORKER INJURY	X			" " "
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN	X			
7. CONTAMINATION OF GROUND WATER	X			SHALLOW WATER TABLE
8. CONTAMINATION OF SURFACE WATER	X	X	10-12-78	LEACHATE SPILL OCCURRED WHEN COLLECTOR PUMP FAILED
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL	X			
11. CONTAMINATION OF AIR	X	X	9-23-57	DUST COMPLAINT
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL	X			DYE MATERIAL SURFACING
14. PROPERTY DAMAGE	X	X	9-23-57	DUST COMPLAINT
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS	X			DYES SURFACING
17. SEWER, STORM DRAIN PROBLEMS	X	X	11-23-71	LEACHATE → COLLECTOR → STORAGE POND → CITY SEWERS
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES	X			DDT MFG. 1947
21. MIDNIGHT DUMPING	X			150 TONS SENT TO UNKNOWN LOCATION, 68-72
22. OTHER (specify)				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [x] 1. NPDES PERMIT *
- [x] 2. SPCC PLAN
- [ ] 3. STATE PERMIT (specify)
- [x] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify) * NOT FOR LANDFILL, FOR PROCESS WASTEWATER ONLY

B. IN COMPLIANCE?

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

4. WITH RESPECT TO (list regulation name & number) OEPA #E-016-AD NPDES

VIII. PAST REGULATORY ACTIONS

- [ ] A. NONE
- [x] B. YES (summarize below) FOLLOW-UP ON DUST COMPLAINT, LEACHATE SPILL, REQUEST TO CLOSE SITE

IX. INSPECTION ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] 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
INSPECTION	11-9-79	OEPA/SEDO	RCRA INVENTORY
INSPECTION	10-19-78	OEPA/SEDO	SPILL INVESTIGATION

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
SITE CLOSED	4-79	OEPA/SEDO	RECIEVING LIQUIDS W/OUT APPROVAL OR LICENSE

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.