EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
V	

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	
Gary Development Landfill	Gary & Cline Aves	
C. CITY	D. STATE	E. ZIP CODE
Gary	IN	46406

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.)*	X		X		
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

State is currently involved in/planning a remedial action. EPA will monitor progress of this and assure its adequacy for RCRA purposes.

US EPA RECORDS CENTER REGION 5
435264

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.)*
Richard A. Shandross	312 886-6146	3/10/80

III. INVESTIGATIVE ACTIVITY NEEDED

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

Tracking of State activity. ~~[illegible]~~

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) General	Not sched yet	EPA	8	Points of State Agreed Order should be assured to be valid, and any other points noted
(2)				
(3)				
b. TYPE OF MONITORING (1)				
(2)				
c. TYPE OF SAMPLING (1)				
(2)				

Continue On Reverse

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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	8	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)*		

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IN	D077005916

II WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- [x] A SOLID
- [x] B POWDER FINES
- [x] C SLUDGE
- [ ] D OTHER _____ (Specify)
- [ ] E SLURRY
- [x] F LIQUID
- [ ] G GAS

02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)

TONS _____

CUBIC YARDS 97,680

NO OF DRUMS _____

03 WASTE CHARACTERISTICS (Check all that apply)

- [x] A TOXIC
- [x] B CORROSIVE
- [ ] C RADIOACTIVE
- [x] D PERSISTENT
- [x] E SOLUBLE
- [ ] F INFECTIOUS
- [x] G FLAMMABLE
- [x] H IGNITABLE
- [x] I HIGHLY VOLATILE
- [ ] J EXPLOSIVE
- [ ] K REACTIVE
- [ ] L INCOMPATIBLE
- [ ] M NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS oil sludge sludges
SLU	SLUDGE	unk		lime, paint and activated biological
OLW	OILY WASTE	1,200	gallons/day	
SOL	SOLVENTS	unk		*see attached
PSD	PESTICIDES	120	Cu. yds.	Herbicide Sheets
OCC	OTHER ORGANIC CHEMICALS	unk		
IOC	INORGANIC CHEMICALS	unk		asbestos; flyash
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS	unk	Aluminum Dross (Milling dust and slag)	

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI SOURCES OF INFORMATION (Cite specific references e.g. state files, sample analysis, reports)

Indiana State Board of Health files + inspection reports at the Division of Land Pollution Control, Indianapolis
US EPA Erris file, Region V, Chicago

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
US Reduction	(219) 397-9000	4610 Kennedy, E. Chicago, IN	Al_2O_3 sludge
US Steel	(219) 944-2000	1 N. Broadway, Gary, IN	"Terminal treatment sludge"
Youngstown Sheet & Tube	(219) 397-2000	3001 Dickey, E. Chicago, IN	Oily waste

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
City of Hammond	(219) 853-6433	5911 Calumet Hammond IN	Municipal
Industrial Disposal Corp	(219) 397-2664	2000 Gary Road E. Chicago, IN	"Terminal treatment sludge"
Calumet Waste Systems	(219) 932-2790	7337 W. 5th Ave Gary, IN	O.K.

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)
1/23/80	11:49am	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)
Cloudy, below freezing

IV. SAMPLING INFORMATION

A. 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			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: [X] a. GROUND [X] b. AERIAL (another date)

2. PHOTOS IN CUSTODY OF: Richard A. Shandross

D. SITE MAPPED?

[ ] YES SPECIFY LOCATION OF MAPS

E. COORDINATES

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

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

V. SITE INFORMATION

A. SITE STATUS

[X] 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?

[X] 1. NO [ ] 2. YES (specify generator's four-digit SIC Code) _____

C. AREA OF SITE (in acres): 62

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify). Office

VI. 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	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		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. 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 for..

[ ] 1. STORAGE [ ] 2. INCINERATION [X] 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

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

B. WASTE CHARACTERISTICS

[ ] 1. CORROSIVE [ ] 2. IGNITABLE [ ] 3. RADIOACTIVE [ ] 4. HIGHLY VOLATILE

[X] 5. TOXIC [X] 6. REACTIVE [ ] 7. INERT [X] 8. FLAMMABLE

9. OTHER (specify)

WASTE CATEGORIES

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

Yes. Board of Health Records, facility records.

Continued From Front

VII. WASTE RELATED INFORMATION (continued)

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 84430	AMOUNT 680,000	AMOUNT	AMOUNT 34450	AMOUNT 1260	AMOUNT 4720
UNIT OF MEASURE ton	UNIT OF MEASURE gallon	UNIT OF MEASURE	UNIT OF MEASURE ton	UNIT OF MEASURE yd^3	UNIT OF MEASURE yd^3
X (1) PAINT PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT
X (2) METALS SLUDGES	(2) OTHER (specify)	(2) NON-HALOGNTD SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify)	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
X (5) OTHER (specify)			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (specify)
Al_2O_3 sludge			(6) CYANIDE	(6) OTHER (specify)	"API Separator bottoms"
lime sludge			(7) PHENOLS		corn starch
WWTP (bacteria)"			(8) HALOGENS		carbon filters
kiln scrubber"			(9) PCB		"lime waste"
sludge from steel mill treatment plants			(10) METALS		filter cake from metals plant
			X (11) OTHER (specify) $CaCl_2$ $CaSO_4$ Herbicides		unknown amount of garbage

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (~~place in descending order of hazard~~) Absolute standpoint

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Al_2O_3 dross	X								4.0 *	Mill. pounds
Oily waste		X							1.09 *	Mill gallons
Herbicides	DK								DK *	
"API Separator bottoms"	DK								600 *	yd^3
Asbestos	X								15,000 *	yd^3
				X						

* Data from Board of Health records, however it is stated in "amount/time" and disposal may be less, or may have (as an approval) stopped.

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

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☒ C. WORKER INJURY/EXPOSURE

Reaction of Al_2O_3 with garbage to form heat and fumes (ammonia-like smell)

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☒ G. CONTAMINATION OF SURFACE WATER

Sump has been illegally discharged to Grand Calumet River.

VIII. HAZARD DESCRIPTION (continued)

☒ H. DAMAGE TO FLORA/FAUNA

along river. See (G.) and note that ~~State~~ draft Agreed Order includes point to eliminate leachate to river.

☐ I. FISH KILL

☒ J. CONTAMINATION OF AIR

see C.

☒ K. NOTICEABLE ODORS

see C.

☐ L. CONTAMINATION OF SOIL

☒ M. PROPERTY DAMAGE

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Continued from Page 6

VIII. HAZARD DESCRIPTION (continued)

[X] N. FIRE OR EXPLOSION

Barrels have exploded in past, however policy is now to not accept them. Heat is evolved from reaction of aluminum dross with garbage.

[ ] O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

[ ] P. SEWER, STORM DRAIN PROBLEMS

[X] Q. EROSION PROBLEMS

Clay wall, artificially erected by operator, has fallen down in several places due to groundwater head.

[ ] R. INADEQUATE SECURITY

[X] S. INCOMPATIBLE WASTES

See C.

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				
2. IN COMMERCIAL OR INDUSTRIAL AREAS	unknown	→		
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
several feet	Probably N to S	None
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
OK	~2 mile	NNE

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS*

☒ 2. COMMUNITY (specify town) > 15 CONNECTIONS — Gary

☒ 3. SURFACE WATER

☐ 4. WELL

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X. WATER AND HYDROLOGICAL DATA (continued)

H. 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')
	None			

I. RECEIVING WATER

1. NAME: Grand Calumet

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

DK

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☒ C. 100 YEAR FLOOD PLAIN (right next to river) ☐ 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.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND 0-35'				
X	2. CLAY at 35'				
	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 3. COMMENTS

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS

I. SLOPE

1. ESTIMATE % OF SLOPE: DK

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

J. OTHER GEOLOGICAL DATA

 Continue On Reverse

Continued From Front

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
State, landfill	ISBH	SW133, OPP 45-2	?	3/1/81		X	
		Pending					

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

State is involved in attempting to correct problems through consent agreement.

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.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)
[X] YES [ ] NO Gulley on west side.

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
[ ] YES [X] NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
[ ] YES [X] NO

4. WASTES SURROUNDED BY SORBENT MATERIAL
[ ] YES [ ] NO unknown

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
[ ] YES [ ] NO unknown

6. EVIDENCE OF PONDING OF WATER ON SITE
[X] YES [ ] NO Intentional — drainage trench which leads to sump.

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
[ ] YES [X] NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)
[ ] YES [ ] NO unknown

8a. SURFACE LEACHATE ~~SEEPS~~
[X] YES [ ] NO on west side, leachate was seen in aerial photo of early 1980.

9. RECORDS OF LEACHATE ANALYSIS
[X] YES [ ] NO by EPA contractor, 9/8/76

10. GAS MONITORING
[ ] YES [X] NO

11. GROUNDWATER MONITORING WELLS
[ ] YES [ ] NO unknown

12. ARTIFICIAL MEMBRANE LINER INSTALLED
[ ] YES [X] NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)
[X] YES [ ] NO however inadequate since clay has fallen down in places.

14. FIXATION (Stabilization) OF WASTE
[X] YES [ ] NO Addition of ~~cat~~ lime or polymer and water to waste ash

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
[ ] YES [X] NO (as can be seen)

16. COVER (Type)
1 ft clay

16a. THICKNESS
1 ft

16b. PERMEABILITY
OK.

16c. DAILY APPLICATION
[ ] YES [ ] NO
unknown