Document # MI-R-13

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: V

SITE NUMBER (to be assigned by HQ):

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms 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: Firestone Steel

B. STREET (or other identifier): Jefferson Ave.

C. CITY: Riverview

D. STATE: Mich.

E. ZIP CODE: 48192

F. COUNTY NAME: Wayne

G. SITE OPERATOR INFORMATION

1. NAME: Firestone Steel Products

2. TELEPHONE NUMBER: 313-282-9000

3. STREET: Jefferson Ave.

4. CITY: Riverview

5. STATE: Mich.

6. ZIP CODE: 48192

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME:

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: S. ½, N.E. ¼ Sec. 5, T. 4S, R. 11 E. (Parking Lot)

J. TYPE OF OWNERSHIP

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

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.): 12-1-80

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME: Mark Hutson

2. TELEPHONE NUMBER: 312-663-9415

3. DATE (mo., day, & yr.): 7-23-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Mark Hutson

2. TITLE: Hydrogeologist

3. ORGANIZATION: Ecology & Environment, Inc.

4. TELEPHONE NO. (area code & no.): (312) 663-9415

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Rod Blaese	Ecology & Environment, Inc.	(312) 663-9415
Max Michaels	"	"
Royce Freese	"	"

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Tom Dabarowa	Engineer 313-282-9000	Firestone Steel Jefferson Ave Riverview, Mich.

US EPA RECORDS CENTER REGION 5
444866

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IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
   - [X] a. GROUND
   - [ ] b. AERIAL
2. PHOTOS IN CUSTODY OF: Mark Hutson

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS: Techros report ; E&E

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) 42° 10' 48"
2. LONGITUDE (deg.-min.-sec.) 83° 10'

V. 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.)
- [X] 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)

2

D. ARE THERE BUILDINGS ON THE SITE?

- [X] 1. NO
- [ ] 2. YES (specify):

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

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

B. WASTE CHARACTERISTICS

- [ ] 1. CORROSIVE
- [ ] 2. IGNITABLE
- [ ] 3. RADIOACTIVE
- [ ] 4. HIGHLY VOLATILE
- [ ] 5. TOXIC
- [ ] 6. REACTIVE
- [X] 7. INERT
- [ ] 8. FLAMMABLE
- [X] 9. OTHER (specify): unknown

C. WASTE CATEGORIES

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

No

Continue On Reverse

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VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

None

☐ C. WORKER INJURY/EXPOSURE

None

☐ D. CONTAMINATION OF WATER SUPPLY

None

☐ E. CONTAMINATION OF FOOD CHAIN

None

☒ F. CONTAMINATION OF GROUND WATER

Any non-inert fill materials used on site could leach into the groundwater.

☐ G. CONTAMINATION OF SURFACE WATER

None

Continue On Reverse

☐ N. FIRE OR EXPLOSION

None

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

None

☐ P. SEWER, STORM DRAIN PROBLEMS

None

☐ Q. EROSION PROBLEMS

None

☐ R. INADEQUATE SECURITY

None

☐ S. INCOMPATIBLE WASTES

None

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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')
		unknown		

I. RECEIVING WATER

1. NAME: none

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☒ 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)
	1. SAND				
X	2. CLAY				
	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: N/A

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

J. OTHER GEOLOGICAL DATA

Continue On Reverse

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
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. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM *(If "Yes", specify Type)*
☐ YES ☒ NO

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

14. FIXATION *(Stabilization)* OF WASTE
☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☒ YES ☐ NO

16. COVER *(Type)*
Clay cover

16a. THICKNESS
unknown

16b. PERMEABILITY
unknown

16c. DAILY APPLICATION
☐ YES ☒ NO