N-17 1.4

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	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 Tack Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Resource Recovery Corp. Landfill

B. STREET (or other identifier): Hwy 12 and Kahlotus Rd.

C. CITY: Pasco

D. STATE: WA

E. ZIP CODE: 99301

F. COUNTY NAME: Franklin

G. SITE OPERATOR INFORMATION

1. NAME: Larry Dietrich

2. TELEPHONE NUMBER: 509-547-4802

3. STREET: 420 E. Ainsworth

4. CITY: Pasco

5. STATE: WA

6. ZIP CODE: 99301

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

1. NAME: John Dietrich

2. TELEPHONE NUMBER: 509-547-2476

3. CITY: Pasco P.O. Box 650

4. STATE: WA

5. ZIP CODE: 9930

I. SITE DESCRIPTION: Closed industrial waste disposal site.

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.):

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME: James L. Malm

2. TELEPHONE NUMBER: 509-456-2926

3. DATE (mo., day, & yr.): 4-25-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: James L. Malm

2. TITLE: Environmentalist 3

3. ORGANIZATION: Wash. St. Dept of Ecology

4. TELEPHONE NO. (area code & no.): 509-456-2926

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Doug Hansen	EPA, Seattle	
Larry Dietrich	Operator, Pasco	

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Larry Dietrich	See above	See above

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III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
		N/A	

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
		N/A	

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
		N/A

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
7-25-79	1100	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)

Clear and hot

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		N/A	
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
	N/A	

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Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

[X] a. GROUND [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: James L. Malm, DOE, Spokane

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS: Dept of Ecology Files

E. COORDINATES

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

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

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)

about 20 acres

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify): Operator gate shack, Operator residence

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

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

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

[ ] 9. OTHER (specify):

C. WASTE CATEGORIES

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

Inventories attached

Continue On Reverse

Continued From Front

II. 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	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
		See inventories			
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.
X (2) METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	X (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			X (7) PHENOLS		
			X (8) HALOGENS		
			(9) PCB		
			X (10) METALS		
			(11) OTHER (specify):		

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

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
2-4D wastes		X			X				See inventories	
Wood treatment wastes		X			X				" "	
Chlor-alkali sludge	X				X				" "	
Metal treating wastes		X			X				" "	

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

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VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☒ H. DAMAGE TO FLORA/FAUNA

Some vegetation near the 2-4D disposal area appeared to be affected. This may have been natural die-off, however.

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

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

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS Wind erosion has occurred at the 2-4 D disposal area, exposing sheeting used to cover the wastes.

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

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	10 - 15		1	1 mi
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
~ 55 feet	Southerly	Irrigation, domestic
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
Unknown	On site	East

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☐ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS _____

☐ 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')
1	?	Located on site	X	

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)
X	1. SAND	X	~140 feet below surface		
	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: less than 5%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: East to West

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

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

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)*
☒ YES ☐ NO Wind erosion

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 No benchmark yet in place

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☐ YES ☐ NO N/A

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 N/A

8a. SURFACE LEACHATE SPRING
☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☒ NO

10. GAS MONITORING
☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS
☒ YES ☐ NO Supply well on site

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 Final cover to be applied

16. COVER *(Type)*
Sand

16a. THICKNESS
Estimated to be 1-2 feet

16b. PERMEABILITY
High

16c. DAILY APPLICATION
☐ YES ☒ NO