EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)
10	

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: Universal Manufacturing Corp

B. STREET (*or other identifier*): 14410 NE 190th

C. CITY: Woodenville

D. STATE: Wa.

E. ZIP CODE: 98072

F. COUNTY NAME: King

G. SITE OPERATOR INFORMATION

1. NAME: Same as A

2. TELEPHONE NUMBER: (206) 486-0791

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

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

1. NAME: Same as A

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: unsecure storage are for drums of waste material scheduled for off site disposal/reprocessing.

J. TYPE OF OWNERSHIP

- [ ] 1. FEDERAL
- [ ] 2. STATE
- [ ] 3. COUNTY
- [ ] 4. MUNICIPAL
- [x] 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
- [x] 3. LOW
- [ ] 4. NONE

C. PREPARER INFORMATION

1. NAME: John Osborn

2. TELEPHONE NUMBER: 206-442-1296

3. DATE (*mo., day, & yr.*): 11-15-79

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: John Osborn

2. TITLE: Environmental Engineer

3. ORGANIZATION: EPA - Region 10

4. TELEPHONE NO. (*area code & no.*): 206-442-1296

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
John Conroy	Wash. State Dept. of Ecology	206-885-1900

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Lance Matheson	Process Engineer 486-0791	14410 NE 190th, Woodenville

USEPA SF
1486528

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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
on-site			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Liquid Waste Disposal	206-284-2950	P.O. Box 3821, Seattle, Wa. 98124	Acid & Caustic solutions containing metals
Van Waters & Rogers	206-623-6151	8201 S. 212th, Kent, Wa 98031	Chlorinated Solvents
Chemithon	206-937-9954	5430 W. Marginal Way Seattle 98106	Copper & ~~Ammonia~~ Ammonia solution.

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)
11-13-79	9:30 AM	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER *(describe)*
Foggy & cool

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

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION *(continued)*

C. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE *(deg.-min.-sec.)* ≈ 47° 39'

2. LONGITUDE *(deg.-min.-sec.)* ≈ 122° 08' 45"

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE *(Those inductrial 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)*: 2679

C. AREA OF SITE *(in acres)*

≈ 5

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES *(specify)*: Two factory buildings containing offices, plating & metal etching lines.

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		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK	X	4. TANK, ABOVE GROUND	X	4. RECYCLING/RECOVERY	X	4. SURFACE IMPOUNDMENT covered over & inactive
	5. PIPELINE		5. TANK, BELOW GROUND	X	5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER *(specify)*:		6. OTHER *(specify)*: up to 60 Drums. 1-550gal Tank & 1-275gal Tank for concentrating waste before transfer to Drums		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER *(specify)*:
					9. OTHER *(specify)*: #4- completely recycled cyanide-ion exchange closed loop. #5- Precipitant/floc aids added for concentrating waste & copper recovery.		

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 ☐ 3. LANDFILL ☒ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL

☒ 6. CHEM/BIO/PHYS TREATMENT ✓ no form - see comment memo ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER *(specify)*:

C. WASTE CATEGORIES

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

Records on # of Drums shipped - more recently have state manifest

Continued From Front

WASTE RELATED INFORMATION *(continue*

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 4/mo.	AMOUNT	AMOUNT 4/mo	AMOUNT 30/mo	AMOUNT	AMOUNT
UNIT OF MEASURE 55gal. drum	UNIT OF MEASURE	UNIT OF MEASURE 55gal. drum	UNIT OF MEASURE 55gal. drum	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)*:	(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			(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)*:	
			(7) PHENOLS		
			(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')* 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
Cyanide		X		X					20gal. bath (complete recycle)	
Chlorethane		X								
Trichlor solvent.		X								
Acetone		X								
Concentrated Acids.		X								
Concentrated Caustics NH4OH, NaOH, KOH		X								
H2SO4, HNO3, HBF4										

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

☐ 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

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

☐ U. OTHER *(specify)*:

Since all waste is either recycled, ~~hauled~~ hauled off site or discharged to Metro sewers per permit the potential for hazard is minimized. I would consider it potential rather than existing risk. The three receivers of hauled waste should be reviewed for adequacy of handling procedures.

IX. POPULATION DIRECTLY AFFECTED BY SITE

an industrial park near state highway

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	?			
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
near surface		
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**

G. TYPE OF DRINKING WATER SUPPLY

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

☐ 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')*

I. RECEIVING WATER

1. NAME of spill

Bear creek

☒ 2. SEWERS ☐ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER *(specify)*:

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

multi-use

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				
	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 | 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 Discharge	Metro	7133	8-29-79	8-29-84			X

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.

STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE
☐ YES ☒ NO - outside on gravel - will have in new site

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE
☐ YES ☒ NO are planning to move between buildings & include berm.

3. EVIDENCE OF LEAKAGE/OVERFLOW *(If "Yes", document where and how much runoff is overflowing or leaking from containment)*
☐ YES ☒ NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/~~CONTAINERS~~
≈ 20 mixed plastic & metal, all 55 gal. sizes

5. GLASS OR PLASTIC STORAGE CONTAINERS USED
☒ YES ☒ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS
1 @ 550 gal, 1 @ 275 gal / these are concentrating tanks in which chemicals are added for flocculation & percipitation. Supernatant goes to sewer, concentrate is pumped to drums for pick up.

7. NOTE LABELING ON CONTAINERS
chlorethane
Trichlor
Acetone -
other labels consistent with chemicals reportedly used in plating operation.

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS *(If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)*
☐ YES ☒ NO

9. DIRECT VENTING OF STORAGE TANKS
☒ YES ☐ NO open tanks located inside building near plating vats

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
☐ YES ☐ NO none noted

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)* - no pictures.
☒ YES ☐ NO Drums of concentrated Acids, Caustics & Chlorinated solvents stored next to eachother and outside without benefit of security from vandalism.

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES
☒ YES ☐ NO containers are used for waste residues of similar character to the original material contained.

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS
☐ YES ☒ NO some drums were in a junk pile. These should be removed & disposed of in a manner consistent with accepted practice depending on their chemical content.

EPA Form T2070-3D (10-79)

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT
Previous lagoon (≈1 acre) filled in and has building on site.

2. STABILITY/CONDITION OF EMBANKMENTS

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
☐ YES ☐ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
☐ YES ☐ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
☐ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☐ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☐ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☐ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

9. MONITORING WELLS
☐ YES ☐ NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY

12. PERCENT OF CAPACITY REMAINING

13. ESTIMATE FREEBOARD

14. SOLIDS DEPOSITION
☐ YES ☐ NO

15. DREDGING DISPOSAL METHOD

16. OTHER EQUIPMENT

Lagoon was used prior to hookup to Metro, and prior to employment of company contact. It would have received much of what is either going to metro ~~or~~ & what is now being hauled away that couldn't be economicly salvaged.

That could include Acid waste, caustic waste & chlorinated solvent waste all with high metal content.

Since the plant has doubled in size after abandonment of this disposal practice I would estimate no more than 1000 gal./mo. to this site including up to 100 gal/mo. of Chlorinated solvents. I would not expect a present threat to ground water from this abandoned site.