EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)
I	MA-01250

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	B. STREET (or other identifier)		
Holden Landfill Site	Wachusett River Street		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Holden	MA	01520	Worcester

G. SITE OPERATOR INFORMATION

1. NAME		2. TELEPHONE NUMBER	
Town of Holden		(617) 829-6561	
3. STREET	**4. CITY**	**5. STATE**	**6. ZIP CODE**
1196 Main Street	Holden	MA	01520

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

Sanitary Landfill

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	2. TELEPHONE NUMBER	3. DATE (*mo., day, & yr.*)
Daniel P. Waltz Ecology and Environment, Inc.	(617) 935-0228	5/6/82

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
David W. Tordoff		
3. ORGANIZATION		**4. TELEPHONE NO. (area code & no.)**
Environmental Protection Agency, Boston Regional Office		(617) 223-5775

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Christopher Hagger	Ecology & Environment, Inc.	(617) 935-0228

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Alan Bary	Holden Town Engineer (617) 829-6561	1196 Main Street Holden, MA 01520

Continued From Front

II. SPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Electronics Control Corporation	(617) 829-5301	156 Princeton Street	Solvents
Reed Rolled Thread & Die Company	(617) 829-4491	Industrial Park	Metal Sludge
Reed Plastics Corporation	(617) 829-6301	Holden Industrial Park	Solvents

E. TRANSPORTER/HAULER INFORMATION

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

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)
5/2/80		[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

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	x	EPA Laboratory	7/23/81
b. SURFACE WATER	x	EPA Laboratory	7/23/82
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify) leschate seeps	x	EPA Laboratory	7/23/81

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

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
Resistivity Survey	Selected locations on site	pending
Topographic Survey	Entire site	completed

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V. 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: Unknown	AMOUNT:	AMOUNT: Unknown	AMOUNT:	AMOUNT: Unknown	AMOUNT:
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.
(2) METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(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): Unknown			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X (6) OTHER (specify): Unknown	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(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
benzene		x		x				71-43-2		
vinyl chloride		x		x						
1,1-dichloroethane		x			x			75-35-4		
1,2-trans-dichloroethylene		x			x					
1,1,1-trichloroethane		x			x			25323-89-1		
toluene		x			x			108-88-3		
ethyl benzene		x			x			100-41-4		
xylene		x			x			1330-20-7		

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.

[X] A. HUMAN HEALTH HAZARDS

Potential exposure at leachate seeps located along the northern section of the landfill property.

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Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Leachate seeps drain into the Quinapoxet River which is a tributary to the Wachusett Reservoir.

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

Samples from groundwater monitoring wells show the presence of volatile organic contaminants.

☒ G. CONTAMINATION OF SURFACE WATER

Leachate seeps along the northern section of the site and drain into the Quinipoxet River.

Continue On Reverse

Continued From Front

HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

Pronounced odors were detected in the vicinity of the leachate seeps north of the landfill site.

☒ L. CONTAMINATION OF SOIL

Discoloration of the soil was noticed near the leachate seeps north of the landfill site.

☐ M. PROPERTY DAMAGE

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Continued From Page 6

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

The main entrance to the landfill is fenced with a locked gate but access may be gained along the perimeter of the site in other locations where the fence is absent.

☐ S. INCOMPATIBLE WASTES

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	None			
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
10-30 feet	north-northeast	Unknown
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
Unknown	6,900 feet	East-northeast

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☒ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS Metropolitan District Commission Reservoir

☒ 3. SURFACE WATER ☐ 4. WELL

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Continued From Page 8

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: Quinapoxet River

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Quinapoxet River is a tributary to the Wachusett Reservoir which is part of the Metropolitan District Commission System which supplies drinking water to the Metropolitan Boston Area.

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	Metamorphic units including mica, schist, chlorite schist, phyllite and micaceous quartzite	x	Glacial Till
x	2. CLAY			x	Silt
x	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: relatively flat

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: north-northeast, soil is relatively bare

J. OTHER GEOLOGICAL DATA

Surficial deposits on site are composed of stratified and sorted glaciofluvial deposits. The thickness of the overburden varies from 40 to 90 feet.

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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	DEQE						X

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

DEQE notified the Town of Holden that it is in violation of Regulations for the Disposal of Solid Waste by Sanitary Landfill and the Drinking Water Regulations as a result of leachate contamination generated from the site (5/1/81).

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.

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NATIONAL PRIORITIES LIST
CHECKLIST OF DATA REQUIREMENTS

Site Name: Holden Landfill Site, Holden, MA

Notes: _____

DATA ELEMENT/PATHWAY	Available	Not Appropriate
Ground and Surface Water and Air		
1. Waste physical state	no	
2. Persistence	yes	
3. Toxicity	yes	
4. Quantity	no	
Ground Water		
1. Monitoring data OR	yes	
1a. Depth of aquifer	yes	
1b. Net precipitation	yes	
1c. Permeability	yes	
2. Ground water use	yes	
3. Distance to nearest down-gradient well	yes	
4. Population served by wells within 3 miles	yes	
Surface Water		
1. Monitoring data OR		
1a. Slope and terrain	yes	
1b. Rainfall intensity	yes	
1c. Distance to surface water	yes	
1d. Flood potential	yes	
2. Surface water use	yes	
3. Critical habitats	yes	
4. Population served	yes	
Air		
1. Monitoring data	no	
2. Waste reactivity	yes	
3. Incompatibility	yes	
4. Toxicity	yes	
5. Distance to nearest population	yes	
6. Population within 1 mile	yes	
7. Critical environments	yes	
8. Land use	yes	

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: I

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: Holden Dump

B. STREET (or other identifier): River Street

C. CITY: Holden

D. STATE: MA

E. ZIP CODE: 01520

F. COUNTY NAME: Worcester

SITE OPERATOR INFORMATION

1. NAME: Town of Holden

2. TELEPHONE NUMBER:

3. STREET: Town Hall

4. CITY: Holden

5. STATE: MA

6. ZIP CODE:

REALTY OWNER INFORMATION (if different from operator of site)

1. NAME:

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

SITE DESCRIPTION: Municipal Landfill

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.): 5/31/80

B. APPARENT SERIOUSNESS OF PROBLEM

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

PREPARER INFORMATION

1. NAME: John F. Hackler

2. TELEPHONE NUMBER: (617) 223-1239

3. DATE (mo., day, & yr.): 4/30/80

III. INSPECTION INFORMATION

PRINCIPAL INSPECTOR INFORMATION

1. NAME: John F. Hackler

2. TITLE: Env. Eng.

3. ORGANIZATION: Enf Div Region I USEPA

4. TELEPHONE NO. (area code & no.): (617) 223-1239

INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
John Desmond	MDEQE Central Region	(617) 754-3226
Everett Maynard	EPA Water Supply	(617) 422-8876

SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
	Town Engineer	

Continue On Reverse

Continued From Front

III. INSPECTION INFORMATION (continued)

GENERATOR INFORMATION (sources of waste)

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

TRANSPORTER/HAULER INFORMATION

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

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

DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
4/29/80	10:30 A.M.	☒ 1. PERMISSION ☐ 2. WARRANT

WEATHER (describe)
RAIN

IV. SAMPLING INFORMATION

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
GROUNDWATER			
SURFACE WATER			
WASTE			
AIR			
RUNOFF			
SPILL			
SOIL			
VEGETATION			
OTHER (specify)			

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

V. SAMPLING INFORMATION (continued)

C. PHOTOS

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

D. SITE MAPPED?

[X] YES, SPECIFY LOCATION OF MAPS: USGS Sterling Quad Sheet

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): 42°23'
2. LONGITUDE (deg.-min.-sec.): 71°48'

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): 5

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

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

B. WASTE CHARACTERISTICS

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

NO

Continue On Reverse

VII. SITE 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 N/A	AMOUNT N/A	AMOUNT	AMOUNT
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.
(2) METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(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
(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)		

3. 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
1,1 Dichloroethane		✓							100	ppb
1,1,1 Trichloroethane		✓							>600	ppb
1,1 Dichloroethlyene		✓							10	ppb
Benzene		✓							4	ppb
trans 1,2-Dichloroethlyene		✓							20	ppb
Toluene		✓							30	ppb
Ethylbenzene		✓							3	ppb
Tetrachloroethylene		✓							2	ppb

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

Contaminated groundwater (est. ≈ 100,000 gpd) enters Quinapoxet River just upstream of Wachusett Reservoir (city of Boston and surrounding water supply). Very large dilution factor however.

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VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Metropolitan Boston water supply.

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

Contaminated stream exits side hill approximately 500 feet from rear of Holden Landfill.

☒ G. CONTAMINATION OF SURFACE WATER

Stream flows down side hill approx. 300 feet to Quinapoxet River thence into Wachusett Reservoir.

Continue On Reverse

Continued From Front

III. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

Typical leachate odor

☒ L. CONTAMINATION OF SOIL

See comment F.

☐ M. PROPERTY DAMAGE

 Continue On Page 7

Continued From Page 6

I. 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)*:

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	N/A			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	N/A			
3. IN PUBLICLY TRAVELLED AREAS	N/A			
4. PUBLIC USE AREAS *(parks, schools, etc.)*	N/A			

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
Unknown	Northeasterly	Recharge
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
	Approx. 800 feet	Northeasterly

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)

d. 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		

f. RECEIVING WATER

1. NAME: Quinapoxet River

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Drinking water supply / Fishing

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				
	2. CLAY				
X	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☒ C. HIGH (1000 to 10 cm/sec.) (Est.)

☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

3. RECHARGE AREA

☒ 1. YES ☐ 2. NO 3. COMMENTS:

4. DISCHARGE AREA

☒ 1. YES ☐ 2. NO 3. COMMENTS:

5. SLOPE

1. ESTIMATE % OF SLOPE: 25 – 50 %

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: Very steep dropoff to River valley

6. OTHER GEOLOGICAL DATA

after exiting from sidehill stream cascades down to River in series of steps.
Very deep sand / gravel deposits - Landfill in old gravel pit.

 Continue On Reverse

ontinued From Front

XIV. PERMIT INFORMATION

ist 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)*

state approved landfill. In compliance with regulations on cover, etc.

OTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.