EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (*Preliminary Assessment*). 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: Holden Town Dump

B. STREET (or other identifier): Harris Street

C. CITY: Holden MA

D. STATE: MASS

E. ZIP CODE: 01520

F. COUNTY NAME: Worcester

G. OWNER/OPERATOR (If known)
1. NAME: Town of Holden
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☑ 4. MUNICIPAL ☐ 5 PRIVATE ☐ 6 UNKNOWN

I. SITE DESCRIPTION: Municipal Dump

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): EPA - John Hackler

K. DATE IDENTIFIED (mo., day, & yr.): 5/1/80

L. PRINCIPAL STATE CONTACT
1. NAME: SABIN LORD MADWPC (EAST)
2. TELEPHONE NUMBER: 617 726-6373

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☑ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4 NONE ☐ 5. UNKNOWN

B. RECOMMENDATION
☐ 1. NO ACTION NEEDED (*no hazard*)
☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☑ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: 2 MAY 1980
b. WILL BE PERFORMED BY: DAVID W Torpoff
☐ 4. SITE INSPECTION NEEDED (*low priority*)

C. PREPARER INFORMATION
1. NAME: David W Torpoff
2. TELEPHONE NUMBER: 617/223-7265
3. DATE (mo., day, & yr.): 5/28/80

III. 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.*)
☐ 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*):

C. AREA OF SITE (*in acres*): 15

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (*deg.-min.-sec.*): 42° 22' 40.3 N
2. LONGITUDE (*deg.-min.-sec.*): 71° 49' 16.9" W

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☑ 2. YES (*specify*): Barn for Payloader

T2070-2 (10-79)

SEMS DocID 639901

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V. CHARACTERIZATION OF SITE ACTIVI

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	✓	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): Loose material under Dirt		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
				✓	9. OTHER (specify): SANITARY LANDFILL		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

SITE IS A MUNICIPAL LANDFILL

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[✓] 1. UNKNOWN [ ] 2. LIQUID [ ] 3. SOLID [ ] 4. SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

[✓] 1. UNKNOWN [ ] 2. CORROSIVE [ ] 3. IGNITABLE [ ] 4. RADIOACTIVE [ ] 5. HIGHLY VOLATILE
[ ] 6. TOXIC [ ] 7. REACTIVE [ ] 8. INERT [ ] 9. FLAMMABLE

[ ] 10. OTHER (specify): _____

C. WASTE CATEGORIES

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

No

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: unknown	AMOUNT: unknown	AMOUNT: unknown	AMOUNT: unknown	AMOUNT: unknown
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):	(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 SMLTG. 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		
			(10) METALS		
			(11) OTHER (specify)		

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V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Trichloroethane
Trichloroethylene
Benzene
Toluene
Cresol Ethyl Benzene

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Actual Discharge site is on D.P.W Property — Not The Dump

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH	✓			
3. NON-WORKER INJURY/EXPOSURE	✓			
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	✓			
6. CONTAMINATION OF FOOD CHAIN	✓			
7. CONTAMINATION OF GROUND WATER	✓	✓	2 MAY 80	Ground water is polluting
8. CONTAMINATION OF SURFACE WATER	✓	✓	2 MAY 80	The ~~Sub~~ Quinapoxet River
9. DAMAGE TO FLORA/FAUNA	✓			
10. FISH KILL	✓			
11. CONTAMINATION OF AIR	✓	✓	2 MAY 80	Smells Like A sewer
12. NOTICEABLE ODORS	✓	✓	2 MAY 80	" " " "
13. CONTAMINATION OF SOIL	✓	✓	2 MAY 80	Red deposit
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES	✓			
21. MIDNIGHT DUMPING	✓			
22. OTHER (specify):				

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [ ] 3. STATE PERMIT (specify): unknown
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify):

B. IN COMPLIANCE?

- [ ] 1. YES
- [ ] 2. NO
- [x] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- [ ] A. NONE
- [ ] B. YES (summarize below)

unknown

IX. INSPECTION ACTIVITY (past or on-going)

- [ ] A. NONE
- [ ] B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
unknown			

X. REMEDIAL ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
OTHER Cleanup	29 MAY 1980 ~~[illegible]~~	EPA	Filter system installation

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (*Section II*) information on the first page of this form.