EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

5

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: Macon County Landfill

B. STREET (or other identifier): R.R. 8, Box 115, Hill Rd.

C. CITY: Decatur

D. STATE: Ill

E. ZIP CODE: 62522

F. COUNTY NAME: Macon

G. SITE OPERATOR INFORMATION

1. NAME: Same

2. TELEPHONE NUMBER:

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

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

1. NAME: Same

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION

Landfill which accepts municipal + "special" wastes - none hazardous according to the IEPA.

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.): UNKNOWN

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME: Ellen J. Jurczak

2. TELEPHONE NUMBER: 312-663-9415

3. DATE (mo., day, & yr.): 2-20-81

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Ellen J. Jurczak

2. TITLE: Environmental Engineer

3. ORGANIZATION: Ecology + Environment, Inc. (FIT)

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

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Renee Hix	E+E	312-663-9415
Daniel Sewall	E+E	312-663-9415

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Ron Hertemann	Illinois EPA Inspector 217-786-6892	4500 S. 6th St. Springfield, Ill. 62706

EPA Region 5 Records Ct
358719

III. INSPECTION INFORMATION (continued) *

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
ARCHER DANIELS MIDLAND	217-424-5200	4666 Faries parkway DECATUR	NEUTRALIZING ACID
BORG-WARNER	217-428-4631	707 Southside Dr. DECATUR	GRINDING SLUDGE
A.E. STALEY CO.	217-423-4411	N. 22nd DECATUR	SPENT CARBON CAKE OIL FILTER CAKE VEGETABLE PROTEIN

E. TRANSPORTER/HAULER INFORMATION *

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
WASTE HAULING	? 217-429-0472	DECATUR	Special
Floyd Hurdy	217-963-2843	Twin Lakes Rd. Harristown	Special
Herb Lovall		Illiopolis	Special

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
NONE		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
1-19-81	1015	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

50°F, FOGGY, LITTLE WIND

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		NONE	
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
	NONE	

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: [X] a. GROUND [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: FILE

D. SITE MAPPED?

[X] YES, SPECIFY LOCATION OF MAPS: FILE

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): —

2. LONGITUDE (deg.-min.-sec.): —

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): 25

D. ARE THERE BUILDINGS ON THE SITE?

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

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		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 form.

[ ] 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 [ ] 2. IGNITABLE [ ] 3. RADIOACTIVE [ ] 4. HIGHLY VOLATILE

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

[ ] 9. OTHER (specify): USED TO TAKE CHROMIUM HYDROXIDE.

C. WASTE CATEGORIES

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

YES. INVENTORIES

VII. 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: UNKNOWN	AMOUNT:	AMOUNT: 19230	AMOUNT:	AMOUNT:
UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE: gal/wk.	UNIT OF MEASURE:	UNIT OF MEASURE:
X (1) PAINT, PIGMENTS	X ✓ (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X ✓ (1) ACIDS	X X (1) FLYASH 62 yds/wk	X (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW	WASTE OIL FROM MACHINERY	(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	X (4) MUNICIPAL
X (5) OTHER (specify): GRINDING SLUDGE			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	✓ (6) OTHER (specify): FOUNDRY SAND ~~[illegible]~~ 11 cu yds/wk	100-500 yds/day
			(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
Processing Food waste	✓	✓				✓			UNKNOWN	
Neutralizing acids		✓			✓				19230 gal/wk	
Waste oil		✓				✓			UNKNOWN	

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

NONE

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Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

NONE

☐ C. WORKER INJURY/EXPOSURE

NONE

☒ D. CONTAMINATION OF WATER SUPPLY

Leachate does seep into nearby river. Samples have never shown it to be in ~~dangerous~~ detectable concentrations

☐ E. CONTAMINATION OF FOOD CHAIN

NONE

☒ F. CONTAMINATION OF GROUND WATER

This is possible. Wells have been put in but both are dry. Ground water has neve been analyzed

☒ G. CONTAMINATION OF SURFACE WATER

See 'D'

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

NONE

☐ I. FISH KILL

NONE

☐ J. CONTAMINATION OF AIR

NONE

☒ K. NOTICEABLE ODORS

Some odor from municipal waste.

☐ L. CONTAMINATION OF SOIL

NONE

☐ M. PROPERTY DAMAGE

NONE

 Continue On Page 7

VIII. HAZARD DESCRIPTION

[ ] N. FIRE OR EXPLOSION

NONE

[X] O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

Some rainwater was standing in spots. Leachate and erosion both occur.

[ ] P. SEWER, STORM DRAIN PROBLEMS

NONE

[X] Q. EROSION PROBLEMS

Some erosion

[ ] R. INADEQUATE SECURITY

NO.

[ ] S. INCOMPATIBLE WASTES

NONE

recycled paper
ecology and environment, inc.

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

NONE

☐ U. OTHER *(specify)*:

NONE

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	20	20/ ¼ mile	6	¼ mi.
2. IN COMMERCIAL OR INDUSTRIAL AREAS	6	6/ ¼ mile	2	¼ 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
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY *(specify unit of measure)*	F. DIRECTION TO DRINKING WATER SUPPLY

UNKNOWN

G. TYPE OF DRINKING WATER SUPPLY

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

☐ 3. SURFACE WATER ☐ 4. WELL

 Continue On Page 9

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: Sangamon River

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

UNKNOWN

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

UNKNOWN

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		UNKNOWN		
	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: UNKNOWN

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS: UNKNOWN

I. SLOPE

1. ESTIMATE % OF SLOPE: UNKNOWN

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

J. OTHER GEOLOGICAL DATA

Continue On Reverse

XIV. PERMIT INFORMATION

List all applicable permits held by the s 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	IEPA	1976 4	1976	—	✓		
STATE	IEPA	Permits	—	—	✓		
		for each					
		type of					
		special waste					
		accepted.					

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

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 waste liquid is poured on municipal waste

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 BOTH ARE DRY

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 + DIRT

16a. THICKNESS

UNKNOWN

16b. PERMEABILITY

UNKNOWN

16c. DAILY APPLICATION
[ ] YES [ ] NO

UNKNOWN

U.S ENVIRONMENTAL PROTECTION AGENCY
REGION V
HAZARDOUS MATERIAL ENFORCEMENT AND RESPONSE PROGRAM

SITE NAME MACON COUNTY LANDFILL CORP
SITE ADDRESS HILL ROAD - RR # 8 DECATUR, ILL.
HOW/DATE IDENTIFIED ECKHARDT REPORT
SITE DESCRIPTION SANITARY LANDFILL

WASTE RELATED INFORMATION
HAZARD IDENTIFICATION POTENTIAL CONTAMINATION OF GROUND & SURFACE WATER

DATE	COMMENT
6-16-80	THE SITE IS AN ACTIVE LANDFILL IN COMPLIANCE WITH THE STATE PERMIT. THE SITE ACCEPTS ALUMINUM & POTW SLUDGES; OILY WASTES; ACIDS, CAUSTICS, METALS, PCB'S? FLYASH, MUNICIPAL & INDUSTRIAL WASTES. THE SITE HAS MARGINAL GEOLOGY AND ACCEPS EXCESS AMOUNTS OF INDUSTRIAL LIQUID WASTES. LEACHATE WAS LOCATED IN A REMOTE AREA FROM FILL SITE. A SITE INSPECTION WAS INDICATED AND THE APPARENT SERIOUSNESS OF THE PROBLEM IS MEDIUM.

Date: 2-19-81

Time: 10:30 A.M. P.M.

Photograph By:

Daniel Sewall

TDD# 05 8011-4A

State- Illinois

Decatur / Macon County Landfill

Comments: Photograph taken

toward the South

Dumping operation

Date: 2-19-81

Time: 10:32 A.M. P.M.

Photograph By:

Daniel Sewall

TDD# 05 8011-4A

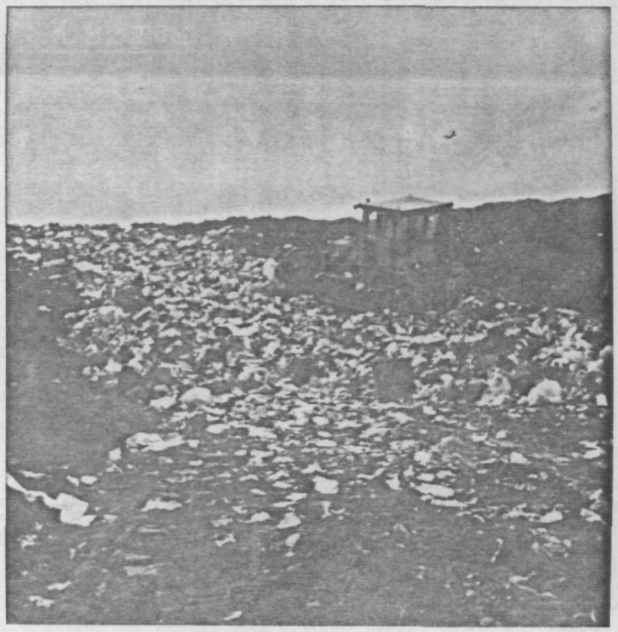
State- Illinois

Decatur / Macon County Landfill

Comments: Photograph taken

toward the South

Covering garbage



Date: 2-19-81

Time: 10:40 (A.M.) P.M.

Photograph By:

Daniel Sewall

TDD# 05 8011-4A

State- Illinois

Decatur / Macon County Landfill

Comments: Photograph taken toward the Southwest - future dump site, standing water

Date: 2-19-81

Time: 10:53 (A.M.) P.M.

Photograph By:

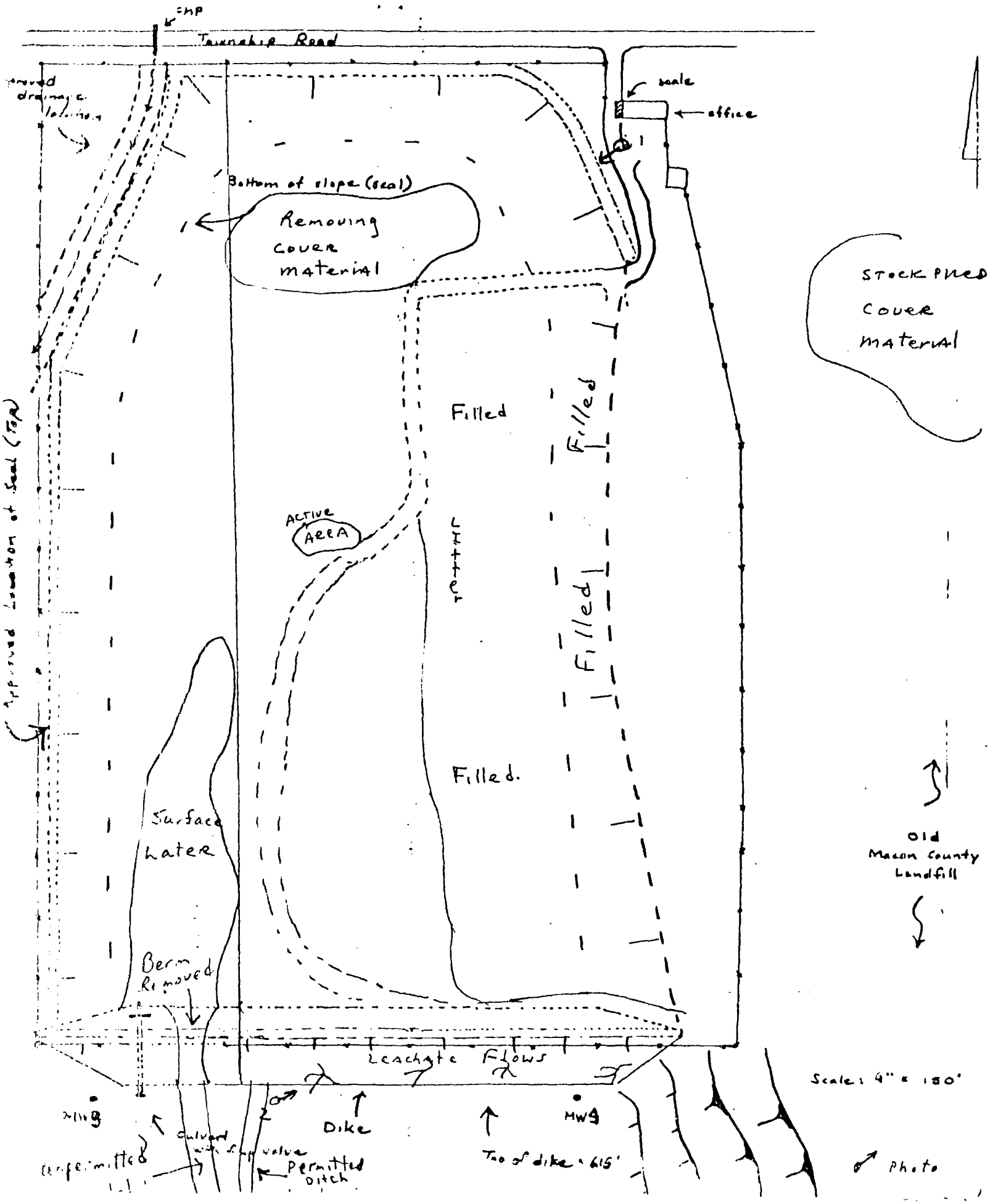
Daniel Sewall

TDD# 05 8011-4A

State- Illinois

Decatur / Macon County Landfill

Comments: Photograph taken toward the Southeast - erosion, closed landfill

Macon County — LPC 1168040B — DATE: 6-19-80

Decatur / Macon County #2 — TIME: 7:40 - 10:45 A