EPA

POTENTIAL HAZARDOUS WASTE SITE

# SITE INSPECTION REPORT

V

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: Closed Sanitary Landfill

B. STREET (*or other identifier*): Route 44

C. CITY: Newbury (Newbury Twsp.)

D. STATE: OH

E. ZIP CODE: 44021

F. COUNTY NAME: Geauga

G. SITE OPERATOR INFORMATION

1. NAME: Northern Ohio Materials Inc.

2. TELEPHONE NUMBER: 216-655-2455

3. STREET: 12222 Kinsman Rd

4. CITY: Newbury

5. STATE: OH

6. ZIP CODE: 44065

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: Closed Sanitary Landfill over poor geology

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: John Angelo

2. TELEPHONE NUMBER: 312-663-9415

3. DATE (*mo., day, & yr.*): 10-9-80

## III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: John Angelo

2. TITLE: Technician

3. ORGANIZATION: Ecology + Environment

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

B. INSPECTION PARTICIPANTS

| 1. NAME | 2. ORGANIZATION | 3. TELEPHONE NO. |
|---|---|---|
| Rob Makela | Ecology + Environment | 312-663-9415 |
| Renee' Hix | " " | " |
| Randy Livingston | " " | " |

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

| 1. NAME | 2. TITLE & TELEPHONE NO. | 3. ADDRESS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

US EPA RECORDS CENTER REGION 5
422246

## III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

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

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) |
|---|---|---|
| 10-9-80 | 4:30pm | ☐ 1. PERMISSION ☐ 2. WARRANT |

J. WEATHER (describe)

Clear skies, 65°F, winds 0-5 mph

## 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: [X] a. GROUND [ ] b. AIR

2. PHOTOS IN CUSTODY OF: Ecology + Environment files

**D. SITE MAPPED?**

[X] YES, SPECIFY LOCATION: Ecology + Environment 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 presently in use 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):** 70

**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 you checked within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports have been 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**

[ ] 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

[X] 9. OTHER (specify): UNKNOWN

**C. WASTE CATEGORIES**

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

UNKNOWN

## VII. WASTE RELATED INFORMATION (cont'd)

2. Estimate the amount (specify unit 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 UN | AMOUNT UN | AMOUNT UN | AMOUNT UN | AMOUNT UN | AMOUNT UN |
| 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 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 | | |
| | | | (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 | | | |
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## 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


Continue On Page 5

## VIII. HAZARD DESCRIPTION (contin )

☐ B. NON-WORKER INJURY/EXPO RE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☒ G. CONTAMINATION OF SURFACE WATER

Leachate observed appeared to be draining to a pond on site, from there leachate could not be traced.

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

Leachate flowing over soil.

☐ M. PROPERTY DAMAGE

 Continue On Page 7

Continued From Page 6

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

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

There is a pond on the site which appears to be a drainage point.

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

Much of the ground is barren and exposed.

☒ R. INADEQUATE SECURITY

No gate or fence exists.

☐ 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 | | | | |
| 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 |

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')* |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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I. RECEIVING WATER

1. NAME

☐ 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 | | | | |
| | 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.)*

☐ 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.

Generally flat, slope direction varies

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 |
| | | | | | | | |
| | | | | | | | |
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## 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.

# LANDFILL SITE INSPECTION REPORT
(Supplemental Report)

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 UNKNOWN

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 UNKNOWN

10. GAS MONITORING
☐ YES ☐ NO UNKNOWN

11. GROUNDWATER MONITORING WELLS
☐ YES ☐ NO UNKNOWN

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☐ NO UNKNOWN

13. SPECIFIC CONTAINMENT MEASURES *(Clay Bottom, Sides, etc)*
☐ YES ☐ NO UNKNOWN

14. FIXATION *(Stabilization)* OF WASTE
☐ YES ☐ NO UNKNOWN

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☐ YES ☒ NO

16. COVER *(Type)*

Gravel, clay, sand mixture

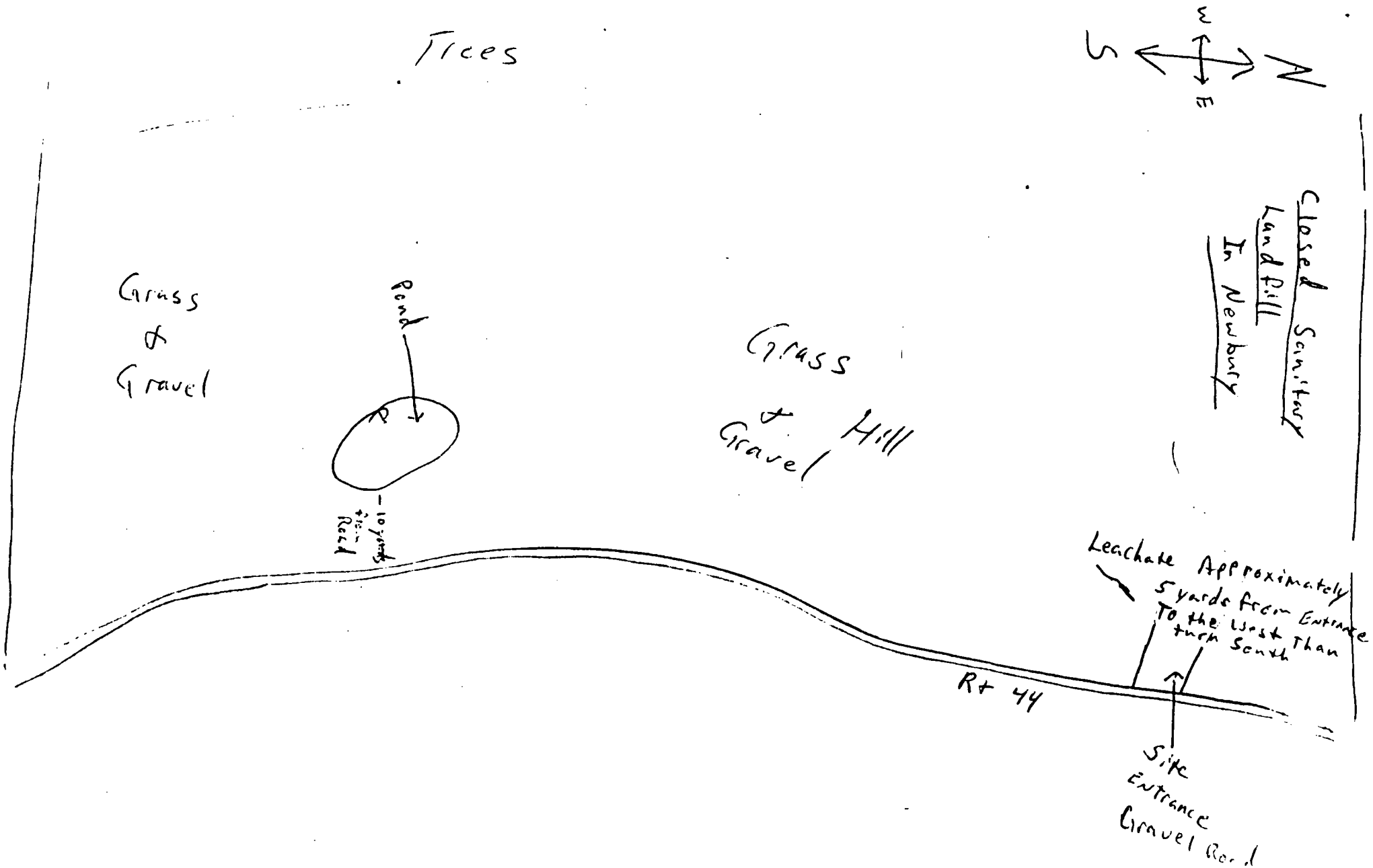
16a. THICKNESS

UNKNOWN

16b. PERMEABILITY

UNKNOWN

16c. DAILY APPLICATION
☐ YES ☒ NO


Trees
W
E
S
N
Closed Sanitary Landfill In Newbury
Grass & Gravel
Pond
Grass & Gravel
Hill
10 yards to Road
Leachate Approximately 5 yards from Entrance To the West Than turn South
Rt 44
Site Entrance Gravel Road