EPA

# POTENT. _ HAZARDOUS WASTE SITE
## IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: 5

SITE NUMBER (to be assigned by Hq): OH-0000006640

**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.

US EPA RECORDS CENTER REGION 5
454822

### I. SITE IDENTIFICATION

A. SITE NAME: Inland Land Fill

B. STREET (or other identifier): 6705 Richmond Road

C. CITY: Glenwillow

D. STATE: Ohio

E. ZIP CODE: 44139

F. CO: Cuyahoga

G. OWNER/OPERATOR (If known)
1. NAME: James Palladino (Inland Reclamation SW 19-2)
2. TELEPHONE NUMBER: 216-439-3200

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

I. SITE DESCRIPTION
licensed landfill since 1970, changed ownership 3 times, area fill

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)
Ecklandt report

K. DATE IDENTIFIED (mo., day, & yr.): 10-15-79

L. PRINCIPAL STATE CONTACT
1. NAME: Don Day
2. TELEPHONE NUMBER: 614-466-8634

### II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW (very) ☐ 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:
b. WILL BE PERFORMED BY:
☒ 4. SITE INSPECTION NEEDED (*low priority*)

C. PREPARER INFORMATION
1. NAME: Deborah J. Berg
2. TELEPHONE NUMBER: 216-435-9171
3. DATE (mo., day, & yr.): 1-7-80

### 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*): 98 (approved)

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (*deg.–min.–sec.*)
2. LONGITUDE (*deg.–min.–sec.*)

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☑ 2. YES (*specify*): landfill service building



Continue On Reverse

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## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and detail ating to each activity by marking 'X' in the roprlate 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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## 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 | AMOUNT | AMOUNT unknown | AMOUNT | AMOUNT 62,000 |
| UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE cubic yds / month |
| '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 | X (4) MUNICIPAL |
| X (5) OTHER (specify): sewage sludge | | | (5) DYES/INKS | (5) NON-FERROUS SMLTG. WASTES | X (5) OTHER (specify): commercial industrial |
| | | | (6) CYANIDE | (6) OTHER (specify): | |
| | | | (7) PHENOLS | | |
| | | | (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | X (10) METALS Al chrom | | |
| | | | (11) OTHER (specify) | | |

 Continue On Page 3

Continued From Page 2

## V. WA[illegible] RELATED INFORMATION (continued)

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

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

## 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 | | | | |
| 8. CONTAMINATION OF SURFACE WATER | X | | | minor leachate problem |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | | | | |
| 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)*: | | | | |

 Continue On Reverse

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

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

B. IN COMPLIANCE?

- [X] 1. YES
- [ ] 2. NO
- [ ] 3. UNKNOWN
- 4. WITH RESPECT TO (list regulation name & number):

## VIII. PAST REGULATORY ACTIONS

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

enforcement action against previous owner for taking sewage sludge (not meeting dates ~~[illegible]~~ of permit)

## IX. INSPECTION 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 |
|---|---|---|---|
| solid waste survey | 7-24-79 | Ohio EPA | |
| | | | |
| | | | |

## X. REMEDIAL ACTIVITY (past or on-going)

- [X] 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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.