EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: V

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 Tack Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: City Dump - City of Lorain

B. STREET (or other identifier): SW of Orville Root Rd. .2 miles S of Colorado Rd.

C. CITY: Lorain

D. STATE: Ohio

E. ZIP CODE: 44052

F. COUNTY NAME: Lorain

G. SITE OPERATOR INFORMATION

1. NAME: City of Lorain - Lorain City Hall

2. TELEPHONE NUMBER:

3. STREET: 500 W. Erie Ave.

4. CITY: Lorain

5. STATE: Ohio

6. ZIP CODE: 44052

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

1. NAME: United States Steel Corporation

2. TELEPHONE NUMBER: 216-277-2000

3. CITY: Lorain

4. STATE: Ohio

5. ZIP CODE: 44052

I. SITE DESCRIPTION: licensed landfill from 1969-1975 grandfathered site, trench and area fill.

J. TYPE OF OWNERSHIP

- [ ] 1. FEDERAL
- [ ] 2. STATE
- [ ] 3. COUNTY
- [ ] 4. MUNICIPAL
- [x] 5. PRIVATE

II. TENTATIVE DISPOSITION (*complete this section last*)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (*mo., day, & yr.*): N/A

B. APPARENT SERIOUSNESS OF PROBLEM

- [ ] 1. HIGH
- [ ] 2. MEDIUM
- [x] 3. LOW
- [ ] 4. NONE

C. PREPARER INFORMATION

1. NAME: Dan Cozza

2. TELEPHONE NUMBER: 663-9415

3. DATE (*mo., day, & yr.*): 8-21-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Bill Goode

2. TITLE: Chemist

3. ORGANIZATION: E+E

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

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Dan Cozza	E+E	663-9415
April Richards	E+E	" "

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Russ Stinson	Supervisor Environmental Control 216-277-2000	U.S. Steel Corporation Lorain, Ohio
John Clark	General Supervisor Construction " "	" " "

US EPA RECORDS CENTER REGION 5
467716

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
City of Lorain		Lorain, Ohio	rubish, garbarge organic, wastes, etc.

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
City of Lorain		Lorain, Ohio	same as above

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
N/A		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
8/21/80	9:34am	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)
710, partly cloudy, rainy wind from south

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 availeble.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		N/A	
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
	N/A	

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Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

[X] a. GROUND [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: E & E

D. SITE MAPPED?

[ ] YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) 41° 27' 30"

2. LONGITUDE (deg.-min.-sec.) 82° 8' 13"

V. SITE INFORMATION

A. SITE STATUS

[X] 1. ACTIVE (Those inductrial 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)

200

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

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

B. WASTE CHARACTERISTICS

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

[ ] 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.

 Continue On Reverse

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	AMOUNT	AMOUNT	AMOUNT	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):	(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	X (4) MUNICIPAL
X (5) OTHER (specify): sewage sludge No evidence of this from on site inspection			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (specify): commerical
			(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			

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

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VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☒ G. CONTAMINATION OF SURFACE WATER

Surface runoff from covered fill down to lower level plain adjacent to the Black River

Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

None noticed, Birds roosting

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

Coke odors from adjacent U.S. Steel Plant to the south
Burning odors from rubish in part of site that is still operating SE corner
City burning tree cuttings and refuse

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☒ N. FIRE OR EXPLOSION

At SW edge of dumping area smoke coming from underground, brush fire remains
reports of brush fire on southern rim from U.S. steel reps.

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

runoff - greenish hue from top of cover fill burm to lower south plain
evidence of Natural drainage ditches heading towards river

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

Road erosion near SW end

☒ R. INADEQUATE SECURITY

no security measures apparent

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

☒ U. OTHER *(specify)*:

City built ball diamond for little league teams (Cromwell Park) on covered fill area northeast edge of site near Norfolk + Western R.R. tracks

Motor-mini bike trails

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.)*				ON site

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')
		no wells on site		

I. RECEIVING WATER

1. NAME: Black River

☐ 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)
	1. SAND		site almost completely overgrown		
	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:

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: gradual

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: east to west

J. OTHER GEOLOGICAL DATA

clay layer under site

 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
none						X	

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 but holes apparent in brush fire area, south rim

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

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☐ YES ☒ NO no structures

6. EVIDENCE OF PONDING OF WATER ON SITE
☒ YES ☐ NO deep green puddles on road and standing rain water brownish green algal puddle 15 feet in diameter, (lower south plain)

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 but runoff apparent

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☒ NO

10. GAS MONITORING
☐ YES ☐ NO

11. GROUNDWATER MONITORING WELLS
☐ YES ☒ NO

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

16a. THICKNESS
3 - 4 feet
at least 2' over final fill

16b. PERMEABILITY

16c. DAILY APPLICATION
☐ YES ☒ NO

site closed, but activity still there; City still dumping and opening burning ON south edge of site