EPA

POTENTIAL HAZARDOUS WASTE SITE

SITE INSPECTION REPORT

ed by HQ) V 11-26-89

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: HYON WASTE MANAGEMENT INC

B. STREET (or other identifier): 11700 S. STONY ISLAND AVE

C. CITY: CHICAGO

D. STATE: ILL

E. ZIP CODE: 60617

F. COUNTY NAME: COOK

G. SITE OPERATOR INFORMATION

1. NAME: MR. BOB BRUNS

2. TELEPHONE NUMBER: (312) 646-0096

3. STREET: 11700 S. STONY ISLAND

4. CITY: CHICAGO

5. STATE: ILL

6. ZIP CODE: 60617

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

1. NAME: INTERNATIONAL HYDRONICS, INC

2. TELEPHONE NUMBER:

3. CITY: PRINSTON

4. STATE: N.J

5. ZIP CODE:

I. SITE DESCRIPTION

ABOUT 20 ACRES OF INDUSTRIAL WASTE TREATMENT & DISPOSAL FACILITY

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:

2. TELEPHONE NUMBER:

3. DATE (*mo., day, & yr.*):

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: HAK K. CHO

2. TITLE: ENVIRONMENTAL ENGINEER

3. ORGANIZATION: U.S. EPA REGION V AHMD

4. TELEPHONE NO. (*area code & no.*): (312) 886-6143

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
KEN BECHELY	I EPA	(312) 877-1132

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
RANDY KEELEY	EMPLOYEE (312) 646-0096	11700 S. STONY ISLAND AVE. CHICAGO

US EPA RECORDS CENTER REGION 5
462625

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources 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)
10/23/89	10:00 AM	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

CLEAR

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	X	IEPA LAB in SPRINGFIELD	N/A
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: ☐ a. GROUND ☐ b. AERIAL
2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:

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 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)

Approx. 20 ACRES

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): OFFICE, GARAGE, LAB etc

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	X	1. FILTRATION		1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT	X	2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	X	4. SURFACE IMPOUNDMENT
	5. PIPELINE	X	5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):	X	6. BIOLOGICAL TREATMENT	X	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 ☒ 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

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

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

NO

 Continue On Reverse

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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: 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	X (2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	X (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			X (5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify)
			X (6) CYANIDE	(6) OTHER (specify): DRUM CONTAINED SEMI-SOLID	
			X (7) PHENOLS		
			X (8) HALOGENS		
			X (9) PCB		
			X (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

DUE TO UNCONTROLLED CONTAINMENT STRUCTURES

☒ G. CONTAMINATION OF SURFACE WATER

DUE TO CLOSE PROXIMITY OF WATERWAY & (*) PERMEABLE GEOLOGY.

(X) THE SITE IS ON TOP OF A RECLAIMED BACKFILL AREA.

Continued from Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☒ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

DUE TO A MIXTURES of VARIOUS DIFFERENT TYPES OF CHEMICALS.

☒ L. CONTAMINATION OF SOIL

DUE TO AN OPEN DUMP.

☐ M. PROPERTY DAMAGE

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Continued from Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

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

IMPROPER COVER UP OF PITS & PONDS OF WASTE

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☒ S. INCOMPATIBLE WASTES

POSSIBLE BUT UNKNOWN

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 units)	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

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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')

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 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	X	SILURIAN LIMESTONE	X	LACUSTRINE SILT & CLAY
	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

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

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

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

IEPA's NOTICE OF VIOLATION IN 1976.
CITY OF CHICAGO'S REVOCATION OF PERMIT IN 1976

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.

INCINERATORS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. INCINERATION OF ALL SUBSTANCES APPROVED BY REGULATORY AGENCY
[ ] YES [ ] NO
LIST ALL SUBSTANCES INCINERATED, INDICATING WHETHER OR NOT APPROVAL EXISTS.

2. COMBUSTION EFFICIENCY MONITORED
[ ] YES [ ] NO *(Explain)*

3. TEMPERATURE, GAS FLOW, RETENTION CALCULATIONS, AND COMBUSTION ZONE MONITORED
[ ] YES [ ] NO

4. MONITORING EQUIPMENT FUNCTIONING PROPERLY
[ ] YES [ ] NO

5. ADEQUATE MAINTENANCE OF EMISSION CONTROL EQUIPMENT
[ ] YES [ ] NO

6. MONITORING PORTS IN INCINERATOR *(Indicate Position)*
[ ] YES [ ] NO

7. WASTE FLOW RATE MONITORED
[ ] YES [ ] NO

8. CUT-OFF DEVICE FUNCTIONING PROPERLY
[ ] YES [ ] NO

9. STACK TEST
[ ] YES [ ] NO

9a. EPA METHOD

9b. AGENCY CONDUCTING TEST

9c. DATE

10. ADEQUATE METHOD FOR DISPOSAL OF SCRUBBER LIQUOR WASTEWATER *(Describe)*
[ ] YES [ ] NO

11. ADEQUATE METHOD FOR DISPOSAL OF ASH QUENCHING WASTEWATER OR ASH *(Describe)*
[ ] YES [ ] NO

12. TYPE OF SCRUBBER MEDIUM

13. TYPE OF SCRUBBER

14. MIST ELIMINATOR
[ ] YES [ ] NO

Continued on reverse

LAND FARM SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as necessary.

1. STATE PERMIT
[ ] YES [ ] NO

2. AREA *(Dimensions of Site)*

3. APPLICATION RATE

4. IMPROPER DISPOSAL OF UNAUTHORIZED MATERIALS IN LAND FARM
[ ] YES [ ] NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
[ ] YES [ ] NO

6. EVIDENCE OF PONDING OF LIQUID ON SITE
[ ] YES [ ] NO

7. ODORS *(especially hydrogen sulfide) (If YES, indicate)*
[ ] YES [ ] NO

8. GENERAL PHYSICAL APPEARANCE OF SOIL *(Color, Sand/Silt/Clay Content)*

9. VEGETATION ON LAND FARM

10. pH

15. OPACITY READING TAKEN

☐ YES ☐ NO VALUE:

16. WET STACK

☐ YES ☐ NO

17. STACK HEIGHT

18. STACK DIAMETER

19. CONSTRUCTION MATERIAL OF STACK

20. PERMIT LIMITS

EMISSION LIMITS

21. TYPE OF EQUIPMENT

21a. MAKE

21b. AGE

21c. CONDITION

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT

2. STABILITY/CONDITION OF EMBANKMENTS

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
[ ] YES [X] NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
[X] YES [ ] NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
[ ] YES [X] NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
[ ] YES [X] NO

7. IMPOUNDMENT HAS LINER SYSTEM
[ ] YES [X] NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
[ ] YES [X] NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

N/A

9. MONITORING WELLS
[ ] YES [X] NO

10. LENGTH, WIDTH, AND DEPTH

LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY

12. PERCENT OF CAPACITY REMAINING

13. ESTIMATE FREEBOARD

14. SOLIDS DEPOSITION
[X] YES [ ] NO

15. DREDGING DISPOSAL METHOD

16. OTHER EQUIPMENT