EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)
10	1980

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	B. STREET (or other identifier)		
Draper Tractor Parts, Inc	N. 8525 Freya		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Spokane	WA	99207	Spokane

G. SITE OPERATOR INFORMATION

1. NAME	2. TELEPHONE NUMBER		
Draper Tractor Parts, Inc	(509) 467-0695		
3. STREET	**4. CITY**	**5. STATE**	**6. ZIP CODE**
N. 8525 Freya	Spokane	WA	99207

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

Old settling ponds for small refin.

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.)
Jim Hileman	(206) 442-1193	3/11/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
Jim Hileman	Sanitary Engineer	
3. ORGANIZATION		**4. TELEPHONE NO. (area code & no.)**
U.S. EPA		(206) 442-1193

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Jim Hileman	EPA	(206) 442-1193
Jim Malm	DOE	(509) 456-2926

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Dale Draper	President (509) 467-0695	N. 8525 FREYA Spokane, WA. 99207

USEPA SF
1556157

Continued From Front

III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

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

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
NA			

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
NA		

G. DATE OF INSPECTION *(mo., day, & yr.)*	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
3/11/80	1:35 pm	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER *(describe)*

Overcast

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. AERIAL

2. PHOTOS IN CUSTODY OF: Hileman

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS: with Report

E. COORDINATES

1. LATITUDE *(deg.-min.-sec.)*

2. LONGITUDE *(deg.-min.-sec.)*

V. SITE INFORMATION

A. SITE STATUS

[ ] 1. ACTIVE *(Those inductrial or municipal sites which are being used 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)*

15

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 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		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 [ ] 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 [X] 8. FLAMMABLE ?

[ ] 9. OTHER *(specify)*:

C. WASTE CATEGORIES

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

No records available.

Continue On Reverse

Continued From Front

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 Not Known	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	'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			
Oil (type not known)										

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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Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Oil waste is over the Spokane aquifer which is used as a water supply! This is a potential threat to aquifer.

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

wastes is over the spokane aquifer.

Some indication that oil reached a ground layer 150' deep. Generally the oily ground is only 30' deep on this site

☐ G. CONTAMINATION OF SURFACE WATER

Continue On Reverse

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

Soil is saturated with oil about 20 to 30 feet deep.

☒ 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

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ 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 X			1 Drapers	300 feet
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
180 feet	South	
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')*
1	180'	ON Draper Land	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 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	X			
	2. CLAY				
X	3. GRAVEL	X			

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: 3 %

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

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
NA							

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.

SAIC JRB Associates
A Division of Science Applications International Corporation

CONTACT REPORT

Project Number: 136-XX

Contact: Site Visit

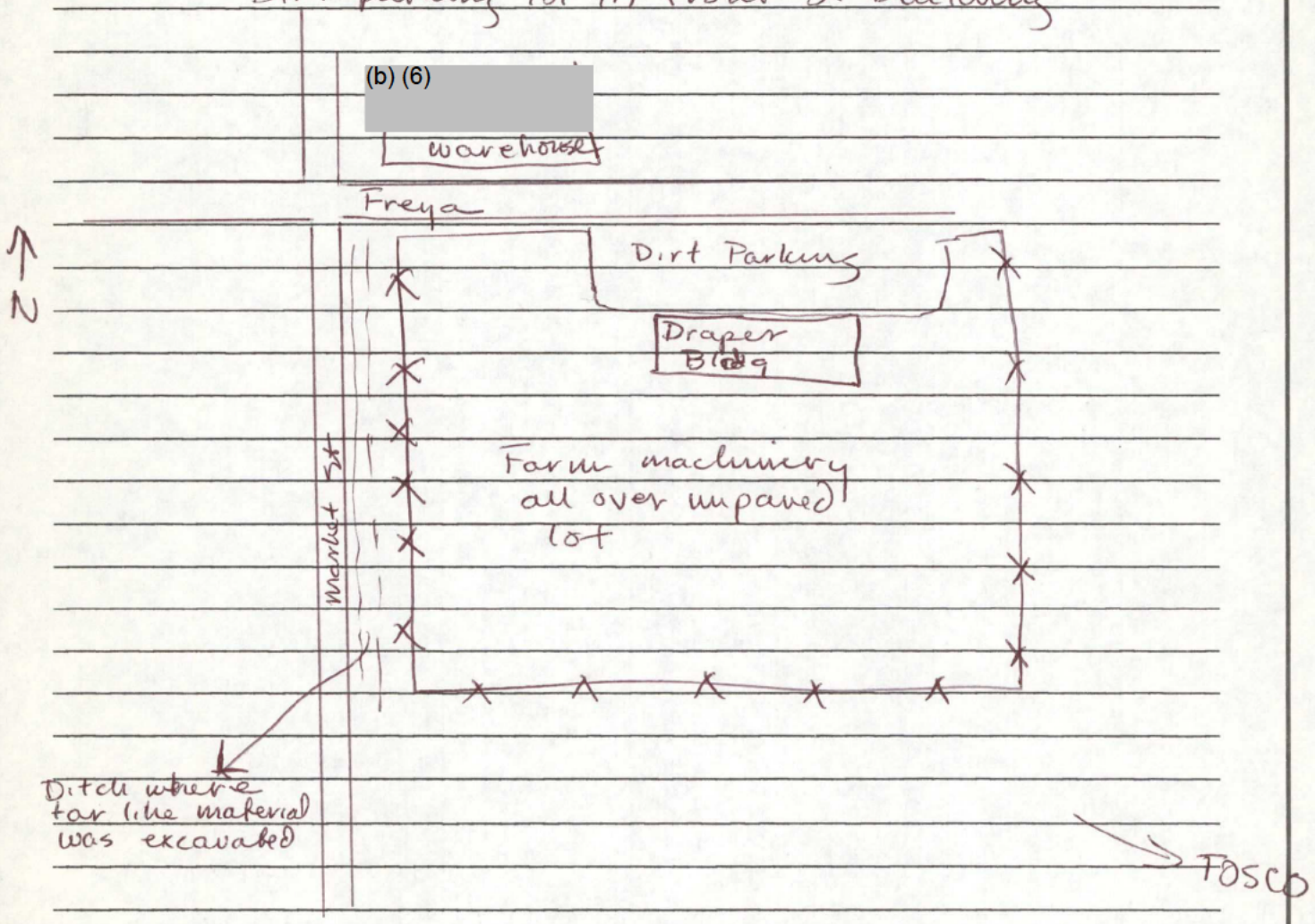
Date: 5/16 Time:

Company: Draper Tractor

Phone: ( )

☐ Made Call
☐ Received Call
☐ Meeting

Discussion: Site is 5-10 acres, unpaved, completely fenced
Soil is very sandy, unconsolidated.
Dirt parking lot in front of building



Distribution:

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