1 8 0001

Block: 1, 8
Other:

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: IV | SITE NUMBER (to be assigned by Hq)

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.

I. SITE IDENTIFICATION

A. SITE NAME: Bluff Road

B. STREET *(or other identifier)*: Same

C. CITY: Columbia

D. STATE: SC

E. ZIP CODE:

F. COUNTY NAME: Richland

G. OWNER/OPERATOR *(if known)*

1. NAME: South Carolina Recycling & Disposal

2. TELEPHONE NUMBER: 803-776-5507

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☑ 5. PRIVATE ☐ 6 UNKNOWN

I. SITE DESCRIPTION: Site has over 1000 drums "wall to wall" in open. Many drums are leaking. Flammables and unknowns are present. Flammables & fire could burn other chemicals and result in toxic fumes. In Oct '77, leaking drums emitted toxic fumes affecting 50 people - 30 were hopitalized.

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*: South Carolina Dept. of Health & Env. Control

K. DATE IDENTIFIED *(mo., day, & yr.)*: About 12/27/79

L. PRINCIPAL STATE CONTACT

1. NAME: Hartsill Truesdale, SC Dept of Health & Env. Control

2. TELEPHONE NUMBER: 803-758-5681

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

A. APPARENT SERIOUSNESS OF PROBLEM

☑ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 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: Done 1/3/80 by Rich Ferraguolo
b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED *(low priority)*

EPA ~~trying to~~ to clean site up. preparing case in effort to get court order

C. PREPARER INFORMATION

1. NAME: Joe Young, Environmental Scientist

2. TELEPHONE NUMBER: FTS 257-3016

3. DATE *(mo., day, & yr.)*: 1/22/80

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)*:

AREA OF SITE *(in acres)*: 7 acres

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)*: Warehouse for storage of saleable materials. Trailer for office

T2070-2 (10-79)

10925766

IV. CHARACTERIZATION OF SITE ACTIVITIES

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	X	1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	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 Cylinders reported to be empty.

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.

yes - by category. An inventory - though not available during site inspection

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 > 1000 drums	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	'X' (1) ACIDS X	'X' (1) FLYASH	'X' (1) LABORATORY PHARMACEUT. X various
(2) METALS SLUDGES	(2) OTHER (specify): * Waste lube oil. cutting oils. Animal oil. Wire drawing lube	(2) NON-HALOGNTD. SOLVENTS *	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		X (3) OTHER (specify): * 1,1,1 Trichloroethane Trichloroethylene Chloroform Carbon Tet. Freons Fluocarbons	X (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			X (5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X (6) OTHER (specify): Vermiculite packing.	
			X (7) PHENOLS		
			X (8) HALOGENS Combined		
			(9) PCB		
			X (10) METALS		
			(11) OTHER (specify) Lab reagents and wastes		

 Continue On Page 3

V. WASTE RELATED INFORMATION (continued)

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

Flammables and combustibles.

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

Westinghouse plant across road. Service station also near.

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	X	X		
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY	X	X		
5. CONTAMINATION OF WATER SUPPLY				Cannot Evaluate
6. CONTAMINATION OF FOOD CHAIN	X			Probable due to poor housekeeping
7. CONTAMINATION OF GROUND WATER	X			Probable due to spills.
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				~~noted~~ none noted
10. FISH KILL				
11. CONTAMINATION OF AIR	X			
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL	X			Many drums leaking on soil.
14. PROPERTY DAMAGE	X			Surface soil contaminated.
15. FIRE OR EXPLOSION	X			
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			Many drums leaking on soil.
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				Fenced and has security gate
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE

None required or issued.

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

B. IN COMPLIANCE?

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

VIII. PAST REGULATORY ACTIONS

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

SC DHEC tried to get court order for cleanup in 1979 but failed. Firm has 2 other sites ~~that~~ on which SC DHEC successfully obtained court order for cleanup.

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
Site Inspection	1/3/80	EPA	

X. REMEDIAL ACTIVITY (past or on-going)

EPA's EEB currently evaluating site for use of 311 funds.

- [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.