EPA Notification of Hazardous Waste Si

United States Environmental Protection Agency
Washington, DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

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810622 GUS 000 001 003

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: Department of Public Works Director: J. Gutierrez

Street: Post Office Box 2950

City: Agana State: Guam Zip Code: 96910

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: Ordot Landfill

Street: San Carlos Street

SDMS Doc ID 2003504

GUD980637649

City: Ordot County: State: Guam Zip Code: 96910

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): Crytser, Dan, Director - Hazardous Waste Progra

Phone: P.O. Box 2999, GEPA, Agana,,Guam 96910

646-8863/64/65

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1945 To (Year): ~~on-going~~ 1981

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☒ Mixed Municipal Waste
10. ☒ Unknown
11. ☐ Other (Specify)

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☒ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☒ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☒ Military/Ammunition
11. ☐ Electrical Conductors
12. ☒ Transformers
13. ☒ Utility Companies
14. ☒ Sanitary/Refuse
15. ☒ Photofinish
16. ☒ Lab/Hospital
17. ☒ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

2 4 JUN 1981

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Form Approved
OMB No. 2000-0138
EPA Form 8900-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☒ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet ?

gallons ?

Total Facility Area

square feet

acres 47 A

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ Suspected ☒ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

see attached sheets.

Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Orginally the Ordot Dump was operated by the Navy. It was opened immediately after WWII, and there are no records as to what wastes were disposed there. It is currently listed as an "Open Dump" on the RCRA Open Dump Inventory. The Guam EPA is in the process of analyzing neighboring surface waters for metals and organics such,as pesticides.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

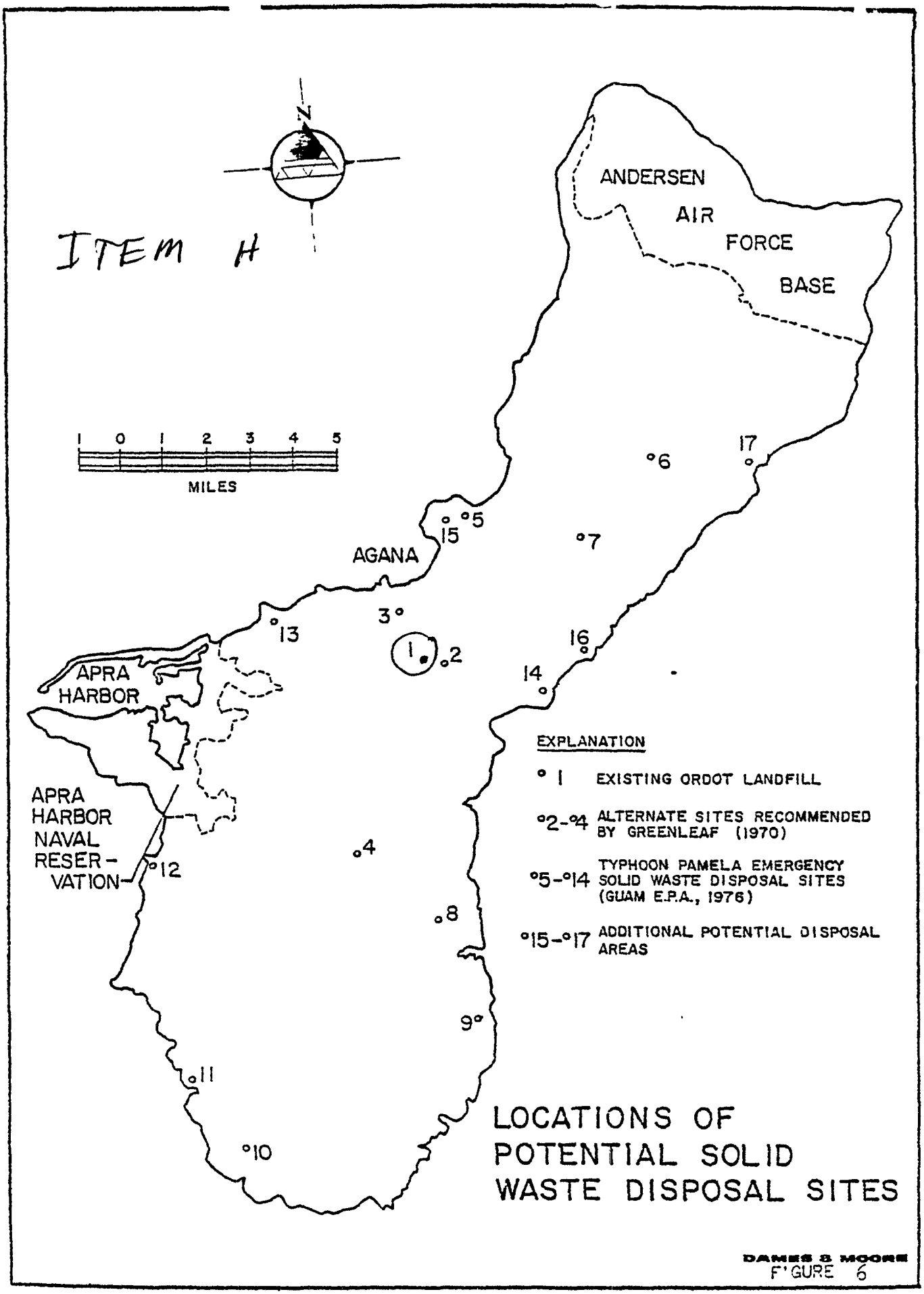
Name Dan Crytser, Hazardous Waste Program Director

Street Guam EPA, Post Office Box 2999

City Agana State Guam Zip Code 96910

Signature Dan W. Crytser Date 6/17/81

☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☒ Other


ITEM H
N
ANDERSEN
AIR
FORCE
BASE
1 0 1 2 3 4 5
MILES
AGANA
APRA
HARBOR
APRA
HARBOR
NAVAL
RESER-
VATION
1
2
3
4
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6
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12
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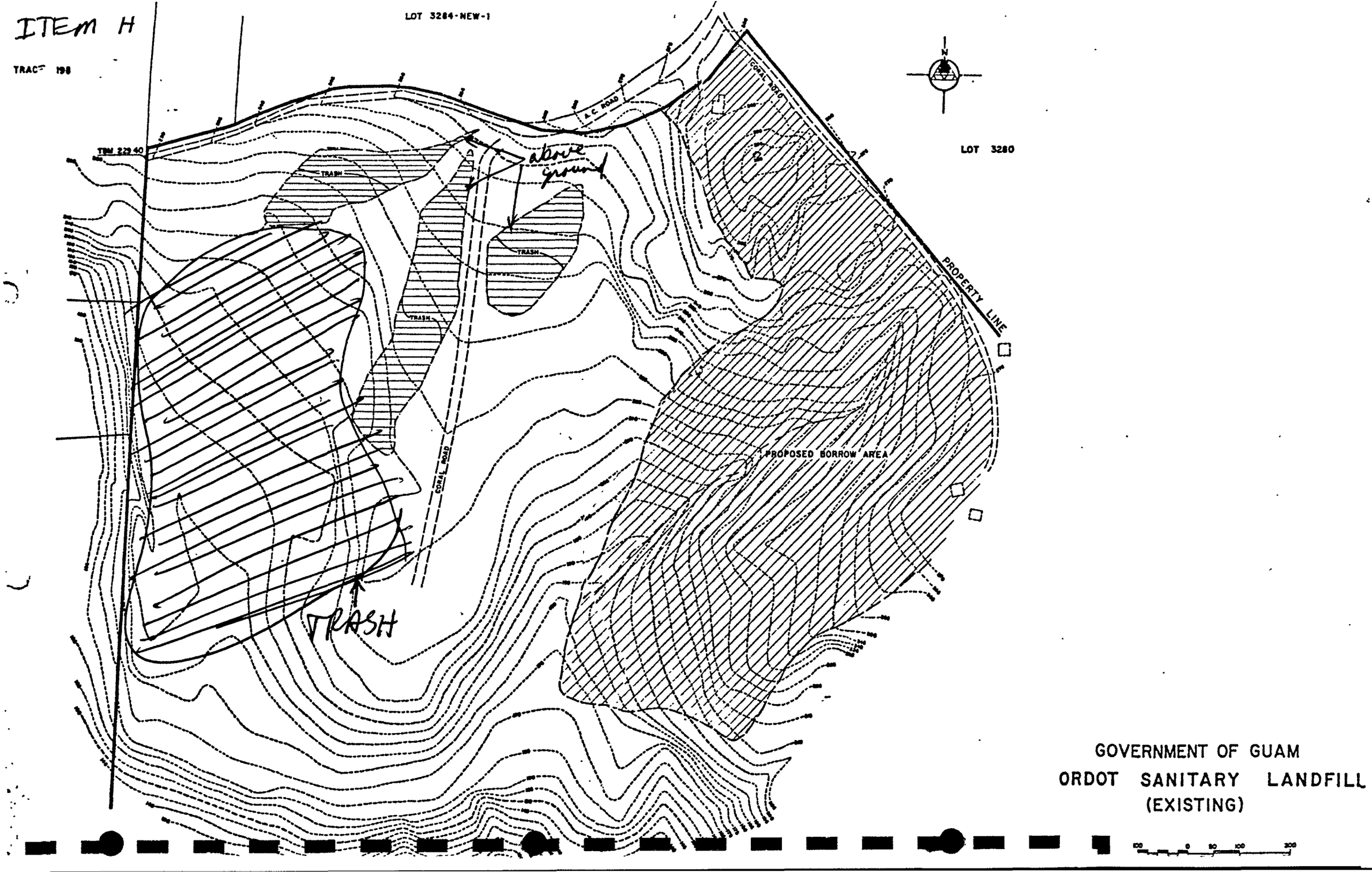
14
15
16
17
EXPLANATION
1 EXISTING ORDOT LANDFILL
2-4 ALTERNATE SITES RECOMMENDED BY GREENLEAF (1970)
5-14 TYPHOON PAMELA EMERGENCY SOLID WASTE DISPOSAL SITES (GUAM E.P.A., 1976)
15-17 ADDITIONAL POTENTIAL DISPOSAL AREAS
LOCATIONS OF
POTENTIAL SOLID
WASTE DISPOSAL SITES
DAMES & MOORE

FIGURE 6

ITEM H


TRACT 198
LOT 3284-NEW-1
TBM 229.40
A.C. ROAD
CORAL ROAD
LOT 3280
above ground
TRASH
TRASH
TRASH
CORAL ROAD
PROPERTY LINE
PROPOSED BORROW AREA
TRASH
N
GOVERNMENT OF GUAM
ORDOT SANITARY LANDFILL
(EXISTING)

FORM EPA-2 (1-13-73) Form Approved O.M.B. No. 158-S790-7

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

OPEN DUMP INVENTORY REPORT

Section I – GENERAL INFORMATION

1. Date of determination — Enter month, day, and year: Month 12, Day 30, Year 80

2a. Is this an update of a previous form? Mark (X) one: [X] Yes [ ] No

2b. Is this form being submitted to remove the facility from the open dump inventory? [ ] Yes [X] No

3. Facility Identification Number: State [ ] City/County [ ] Place [ ] Assigned Site No. 1000 Assigned Facility No. [ ]

4. EPA Surface Impoundment Assessment No. If applicable: State [ ] City/County [ ] Place [ ] Category [ ] Site [ ] Impoundment 078

5. State Facility Identification Number If applicable: [ ]

6. Name of facility: ORDOT LANDFILL

7. Facility location: Street, road, or other locat on description: SAN CARLOS STREET

City, town, or place: ORDOT State: GU ZIP code: 96910

County name: [ ]

8. Coordinates of facility location: Latitude Degrees 13 Minutes 27 Seconds 10; Longitude Degrees 144 Minutes 44 Seconds 55

9. Other legal description If applicable: Range [ ] Township [ ] Section [ ]

10. Land owner: Name: GOVERNMENT OF GUAM

Mailing address: DEPT OF PUBLIC WORKS POB 2950

City, town, or place: AGANA State: GU ZIP code: 96910

11. Operator: Name: DEPT OF PUBLIC WORKS

Mailing address: POB 2950

City, town, or place: AGANA State: GU ZIP code: 96910

EPA Form T8700-14 (3-80)

FORM EPA-2 (12-13-79) Form Approved. O.M.B. No. 158-S79017

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

OPEN DUMP INVENTORY REPORT

Section I – GENERAL INFORMATION

1. Date of determination (Enter month, day, and year): Month 12 Day 30 Year 80

2a. Is this an update of a previous form? (Mark (X) one): 1 [X] Yes 2 [ ] No

2b. Is this form being submitted to remove the facility from the open dump inventory? 1 [ ] Yes 2 [X] No

3. Facility Identification Number: State [ ] City/County [ ] Place [ ] Assigned Site No. 1000 Assigned Facility No. [ ]

4. EPA Surface Impoundment Assessment No. (If applicable): State [ ] City/County [ ] Place [ ] Category [ ] Site [ ] Impoundment 078

5. State Facility Identification Number (If applicable): [ ]

6. Name of facility: ORDOT LANDFILL

7. Facility location: Street, road, or other location description: SAN CARLOS STREET

City, town, or place: ORDOT State: GU ZIP code: 96910

County name: [ ]

8. Coordinates of facility location: Latitude Degrees 13 Minutes 27 Seconds 10 Longitude Degrees 144 Minutes 44 Seconds 55

9. Other legal description (If applicable): Range [ ] Township [ ] Section [ ]

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Mailing address: DEPT OF PUBLIC WORKS POB 2950

City, town, or place: AGANA State: GU ZIP code: 96910

11. Operator: Name: DEPT OF PUBLIC WORKS

Mailing address: POB 2950

City, town, or place: AGANA State: GU ZIP code: 96910

EPA

POT 'TIAL HAZARDOUS WASTE SITE IDENTIFIC, ION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
IX	30

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 XI 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: Ordat Disposal Site

B. STREET *(or other identifier)*:

C. CITY: Guam

D. STATE:

E. ZIP CODE:

F. COUNTY NAME:

G. OWNER/OPERATOR *(if known)*

1. NAME: Dept. of Public Works

2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

Only authorized civilian solid waste disposal site

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

K. DATE IDENTIFIED *(mo., day, & yr.)*:

L. PRINCIPAL STATE CONTACT

1. NAME:

2. TELEPHONE NUMBER:

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM (complete this section last)

☐ 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:
b. WILL BE PERFORMED BY:

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

C. PREPARER INFORMATION

1. NAME: John Sudol

2. TELEPHONE NUMBER: 556-4606

3. DATE *(mo., day, & yr.)*: Nov. 16, 1979

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)*: 54 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)*: SENT 6/27/80

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes. 30

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

Only authorized civilian solid waste disposal site. This site is unsightly, attracts large swarm of flies and rats, has underground fires, has inadequate filling/grade control practices and improper amount of cover material.

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.

Civilian municipal, institutional, industrial & commercial wastes

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) LAB., PHARM.
(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) ALUM. SLUDGE			(4) PESTICIDES	(4) FERROUS	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METAL SOLVENTS		
			(11) OTHER (specify) (specify):		

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

30

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

Possible PCBs on site.

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	X			
3. NON-WORKER INJURY/EXPOSURE	X			
4. WORKER INJURY	X			
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION TO AIR				
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	X			
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	X			
19. INADEQUATE SECURITY	X			
20. INCOMPATIBLE WASTES	X			
21. MIDNIGHT DUMPING				
22. OTHER (specify): Uncontrolled ~~at~~ access to site	X			

Continue On Reverse

VII. ACTIONS TAKEN OR PLANNED

30

SPECIFY

EPA will make available $5,000. to develop strategy to m[illegible]ize life of Ordot site. GEPA will make available $656,000 through General Funds to upgrade the Ordot Disposal Facility to meet the criteria for Sanitary Landfills. Will begin in FY-80. Completion - Dec. 1980.

VIII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 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
- [x] 2. NO
- [ ] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

IX. PAST REGULATORY ACTIONS

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

X. 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 visit	Aug. 1979	EPA	Site visit by Tom Jones - AHMD

XI. 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 XI, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Continued From Front

VII. ACTIONS TAKEN OR PLANNED

30

SPECIFY
EPA will make available $5,000. to develop strategy to m[illegible]ize life of Ordot site. GEPA will make available $656,000 through General Funds to upgrade the Ordot Disposal Facility to meet the criteria for Sanitary Landfills. Will begin in FY-80. Completion-Dec. 1980.

VIII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 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
- [x] 2. NO
- [ ] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

IX. PAST REGULATORY ACTIONS

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

X. 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 visit	Aug. 1979	EPA	Site visit by Tom Jones-AHMD

XI. 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 XI, fill out the Preliminary Assessment (*Section II*) information on the first page of this form.