EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
3	MD-17

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.

ORIGINAL (Red)

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: FMC CORP.

B. STREET *(or other identifier)*: 1701 E PATAPSCO AVE.

C. CITY: BALTIMORE

D. STATE: MD

E. ZIP CODE: 21226

F. COUNTY NAME: BALTIMORE

G. OWNER/OPERATOR *(if known)*

1. NAME: FMC CORP.

2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION: ABANDONED OPEN DUMP — FILLED AND COVERED PARTIALLY

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

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

L. PRINCIPAL STATE CONTACT

1. NAME: CARL YORK AQ

2. TELEPHONE NUMBER:

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:
b. WILL BE PERFORMED BY:

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

SDMS DocID 2198360

C. PREPARER INFORMATION

1. NAME: Don Heller

2. TELEPHONE NUMBER:

3. DATE *(mo., day, & yr.)*: 5/15/80

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 intermittently.)*

☒ 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)*:

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)*:

Continued From Front

IV. 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	X	3. DRUMS		3. VOLUME REDUCTION	X	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	X	6. INCINERATION *
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

ORIGINAL (Red)

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

SITE IS INACTIVE BUT FMC NOW INCINERATES SOME LIQUID WASTES, AND STORES OTHER WASTES PRIOR TO SALVAGE IN N.J. OR LANDFILL AT BFI - SOLLEY RD

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.

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 120	AMOUNT 3600	AMOUNT 2,590,800	AMOUNT	AMOUNT ~~400~~ 241	AMOUNT 225
UNIT OF MEASURE TONS/YR	UNIT OF MEASURE GALLONS/YR	UNIT OF MEASURE GALLONS/YR	UNIT OF MEASURE	UNIT OF MEASURE T/YR	UNIT OF MEASURE T/YR
'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):	X (2) NON-HALOGNTD. SOLVENTS 2,590,800	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	X (3) CAUSTICS 598,000 GAL/YR *	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): ORGANIC RESIDUES			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (specify): GENERAL REFUSE
			(6) CYANIDE	X (6) OTHER (specify): FERROUS SALVAGE 18T/YR NON FERROUS 2225 T/YR	
* LANDFILL SOLLEY RD	ON-SITE INCINERATION	ON-SITE INCINERATION	(7) PHENOLS		*
			(8) HALOGENS		
			(9) PCB		
			(10) METALS	ENGLEHARD INDUSTRIES	
			(11) OTHER (specify)		

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Continued From Page 2

V. WASTE RELATED INFORMATION *(continued)*

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

SOLVENTS (ALCOHOL)
CAUSTIC (ALKALINE WASTES)

ORIGINAL (Red)

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

FACILITY AS PERMITTED SEEMS TO INCLUDE NECESSARY SAFEGUARDS RE: SPILLS / ACCIDENTS

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

Continue On Reverse

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [x] 3. STATE PERMIT *(specify)*: DHS A-023 10/19/78
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER *(specify)*:

ORIGINAL (Red)

B. IN COMPLIANCE?

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

VIII. PAST REGULATORY ACTIONS

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

IX. INSPECTION ACTIVITY *(past or on-going)*

- [ ] 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

X. REMEDIAL ACTIVITY *(past or on-going)*

- [ ] 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.

(CFF)

SITE: NUMBER 1226 PAGE 1 FOR THIS SITE
FMC CORPORATION
1701 F PATAPSCO AVE
BALTIMORE,MD 21226

ORIGINAL (Red)

COMPANY: COMPANY-FACILITY NUMBER 22021
FMC CORPORATION
X----
BALTIMORE PLANT
1701 EAST PATAPSCO AVE
BALTIMORE,MD 21226

FIRST YEAR USED: 1978
LAST YEAR USED: 1975

HUNDRED TONS: 450
THOUSAND CUBIC YDS.: .
THOUSAND GALLONS: .

COMPOSITION OF WASTE:

ACID1
BASE1
HEAVY1

Scrubber residual

BASE4
HEAVY4 — Fe, Mn, Mg
HEAVY5 — Zn, Cd, Cu, Cr+3

ACID6 — Organic acid manufacture

ORGAN1
ORGAN2
ORGAN3
ORGAN6 — Halogenated aliphatics
ORGAN7 — Halogenated aromatics
ORGAN10
ORGAN11
ORGAN12 — Resins
ORGAN14 — Polar solvents
ORGAN17 — other nonpolar solvents
ORGAN18
ORGAN19
ORGAN20 — Oil & Oil Sl.
ORGAN21 — Esters & Ethers
ORGAN22 — Alcohols
ORGAN23 — Ketones & aldehydes
INORG1
INORG2 — Salts
MISC1
MISC4 — Catalysts
MISC5 — Asbestos

Org 2 - Insecticides & intermediates
3 - Herbicides & intermediates
10 - Amides, Amines, Imides
11 - Plastizers
18 - Solvents Halogenated Aliphatic
19 " " Aromatic

Lit confirmed with Ray Messiah (215)299-6000 4/25 RG

Interim permit exp 10/1/79 (4023) [4/22/80 RG]

LEGEND: IF LISTED, THEN PRESENT IN WASTED. IF NOT LISTED, THEN ITEM NOT PRESENT, NOT KNOWN IF PRESENT, OR DATA MISSING.