PA193 3575 5 WELLS

ORIGINAL (Red)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: III

SITE NUMBER (to be assigned by Hq):

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 Tack Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: CHALFONT BORO W.D.

B. STREET (*or other identifier*): 101 NORTH MAIN ST

C. CITY: CHALFONT

D. STATE: PA

E. ZIP CODE: 18914

F. COUNTY NAME: BUCKS

G. SITE OPERATOR INFORMATION

1. NAME: CHALFONT BOROUGH WATER DEPARTMENT

2. TELEPHONE NUMBER: 215-822-0991

3. STREET: 101 NORTH MAIN ST.

4. CITY: CHALFONT

5. STATE: PA

6. ZIP CODE: 18914

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

SERVICE AREA OF CHALFONT BOROUGH; THERE ARE 5 WELLS SERVING ~ 3600 PEOPLE

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: Bob Runowski

2. TELEPHONE NUMBER: 597-9058

3. DATE (*mo., day, & yr.*): 2/20

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: ALBERT W. WILLS P.E.

2. TITLE: CHIEF, DIVISION OF ENVIRONMENTAL ENGRG.

3. ORGANIZATION: BUCKS COUNTY HEALTH DEPARTMENT

4. TELEPHONE NO. (*area code & no.*): 215-343-2800

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
	N/A	

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
	N/A	

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III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
UNDETERMINED	ORIGINAL (RED)		

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
N/A			

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
N/A		

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

J. WEATHER *(describe)*

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	X	PADER AND PRIVATE LABORATORIES UNDER BCHD CONTRACT	11-15-79
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

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ORIGINAL
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IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF: UNKNOWN (039)

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: BUCKS COUNTY HEALTH DEPARTMENT (DOYLESTOWN)

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.)

☐ 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.) CONTAMINATION OF GROUNDWATER

B. IS GENERATOR ON SITE?

☒ 1. NO ☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

2.0 MILE RADIUS OF CHALFONT

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): PRIMARILY RESIDENTIAL AREA

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
X	6. OTHER (specify): N/A	X	6. OTHER (specify): N/A		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	X	8. OTHER (specify): N/A
				X	9. OTHER (specify): N/A		

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 ☐ 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): CARCINOGENIC

C. WASTE CATEGORIES

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

N/A

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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.

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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) 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')* a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY *(mark 'X')* a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
TETRACHLOROETHYLENE (PCE)		X			X				≤ 14.0 ppb	
TRICHLOROETHYLENE (TCE)		X			X				≤ 1.0 ppb	

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

BOTH TCE AND PCE ARE CONSIDERED TO BE TOXIC AT LEVELS >300ppb AND CARCINOGENIC AT LEVELS > 4.5 ppb (CONTINUAL CONSUMPTION). CURRENT DETERMINED LEVELS OF PCE > 4.5 ppb REQUIRED REMOVAL OF ONE WELL FROM DISTRIBUTION SYSTEM.

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ORIGINAL (Red)

VIII. HAZARD DESCRIPTION (continued)

☒ B. NON-WORKER INJURY/EXPOSURE

THERE IS CONCERN FOR THE EXPOSURE OF CONSUMERS TO LEVELS OF EITHER PCE/TCE > 4.5 ppb (TCE) AND 3.5 ppb PCE, DUE TO SUSPECTED CARCINOGENIC NATURE.

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

COMMUNITY PUBLIC WATER SUPPLY (CHALFONT BOROUGH) HAS TWO OF FIVE AVAILABLE WELLS CONTAMINATED BY EITHER TCE OR (PRIMARILY) PCE.

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

THE AQUIFER FROM WHICH CHALFONT BOROUGH DRAWS ITS SUPPLY IS CONTAMINATED. LEVELS ARE NOTED IN THE FOREGOING. THERE MAY ALSO BE CONTAMINATION OF PRIVATE DRINKING WATER WELLS BUT THERE IS NO CLEAR INDICATION OF THAT ADDITIONAL PROBLEM.

☐ G. CONTAMINATION OF SURFACE WATER

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VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

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☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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(Red)

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VIII. HAZARD DESCRIPTION (continued)

(039)

☐ N. FIRE OR EXPLOSION

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

THE CONTAMINATION IS APPARENTLY THE RESULT OF A LOW LEVEL INDUSTRIAL SPILL OR LEAK. THERE IS INSUFFICIENT DATA TO INDICATE THE PRECISE SOURCE.

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

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(RED)

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	~ 3600	~ 3600	UNDETERMINED	RADIUS 2.0 MILE
2. IN COMMERCIAL OR INDUSTRIAL AREAS	~ 250	~ 250	UNDETERMINED	
3. IN PUBLICLY TRAVELLED AREAS	UNDETERMINED			
4. PUBLIC USE AREAS *(parks, schools, etc.)*	UNDETERMINED			

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
		100%
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)*: CHALFONT BOROUGH WATER SUPPLY. > 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')
# 8A		CHALLENGE WELL TAKEN OUT OF SERVICE (PCE ≥ 6.0ppb)		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)
	1. SAND				
	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

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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)*

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.