238721

EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: 2

SITE NUMBER (to be assigned by HQ): NJ000010176

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: COMBE FILL [redacted] SOUTH

B. STREET (*or other identifier*): PO BOX 418, CHESTER N.J. 07930

C. CITY: CHESTER, N.J. (WASHINGTON TWP)

D. STATE: N.J.

E. ZIP CODE: 07930

F. COUNTY NAME: MORRIS

G. OWNER/OPERATOR (*if known*)

1. NAME: COMBE FILL CORP. Gary A. Molchan V.P's Genl Mgr.

2. TELEPHONE NUMBER: 201-879-7902

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

LANDFILL ADJ. TO FRESH WATER MARSH

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

CITIZENS COMPLAINTS (SEE ATTACHED NEWSPAPER ARTICLES)

K. DATE IDENTIFIED (*mo., day, & yr.*): 11-20-80

L. PRINCIPAL STATE CONTACT

1. NAME:

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*)

C. PREPARER INFORMATION

1. NAME: R.T. DEWLING, DRA

2. TELEPHONE NUMBER: 212-264-0396

3. DATE (*mo., day, & yr.*): 11-22-80

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*):

C. AREA OF SITE (*in acres*): 50-100 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*): AT ENTRANCE ON PARKER RD

T2070-2 (10-79)

Continue On Reverse

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	X	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
X	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	?	4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT	X	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

LOCAL CITIZENS CONCERNED THAT DUMPING OF HAZ WASTES MIGHT BE OCCURRING SINCE NO LOCKED GATE PREVENTING ACCESS TO SITE. NO EVIDENCE TO SUGGEST PROBLEM EXCEPT H_2S level in one well. See Attachments

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1. UNKNOWN [ ] 2. LIQUID [X] 3. SOLID [ ] 4. SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

[X] 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.

SAW REFUSE TRUCKS ONLY; NO SCALE AT ENTRANCE. DID NOT SPEAK TO ANYONE AT SITE. IT WAS SATURDAY and office closed.

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) 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 SMLTG. 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)		

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V. WASTE RELATED INFORMATION (continued)

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

Analysis of 5 monitoring wells shown on attached sheets. Well No 5 had 6ppb Hg, retested and verified. Town allocated $4,000 to retest wells. They wanted $10,000, but Town Committee knocked it down to $1,000.

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

Did not observe any significant leachate from site, walked two streams, no evidence of major leachate - other than normal expected. Very porous soil.

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		X	1979	
5. CONTAMINATION OF WATER SUPPLY	X			wells to be tested, $4,000 avail.
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			See attached sheets
8. CONTAMINATION OF SURFACE WATER		X	1979/80	Fish kill reported
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS	NONE WHILE VISITING			
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	NONE ~~NONE~~ OBSERVED			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	PONDING AT BASE OF MOUND			
19. INADEQUATE SECURITY	YES, NO LOCKED GATE OR FENCE.			
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING		X		Citizens Concerned but no evidence.
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):
- [ ] 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
- [x] 3. UNKNOWN
- 4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

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

Don't know. However, this site should not be confused with Mt Olive site owned by same company with many violations

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.

Attached: 1) Map showing location of 5 wells on site
2) Analysis of 5 wells
3) Special analysis for Cd & Hg for the 5 wells
4). Newspaper articles on site (11/20/80