3447

Site:
Break: 1.8
Other: 12/11/79

SITE NUMBER 83

1 8 00001

EPA POTENTIAL HAZARDOUS WASTE SITE LOG

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual hazardous environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement Response System to determine if a hazardous problem actually exists.

SITE NAME
Mercury Cell Brine Ponds & LF

CITY: McIntosh | STATE: AL | ZIP CODE: 36553

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	10-5-79	Eckhardt	B. Cox	3-20-80
2. PRELIMINARY ASSESSMENT	12/12-79	State	B. Cox	3-20-80
APPARENT SERIOUSNESS OF PROBLEM	HIGH	MEDIUM LOW	NONE ✓ UNKNOWN	
3. SITE INSPECTION	3-12-80	State	B. Cox	3-20-80
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
a. NO ACTION NEEDED				
b. INVESTIGATIVE ACTION NEEDED				
c. REMEDIAL ACTION NEEDED				
d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)				
a. NO ACTION NEEDED				
b. REMEDIAL ACTION NEEDED				
c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
d. ENFORCEMENT ACTION NEEDED				
(1) CASE DEVELOPMENT PLAN PREPARED				
(2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				

EPA Form T2070-1 (10-79)

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: IV

SITE NUMBER (to be assigned by HQ): AL 83

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.

T 8 00002

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in 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: Mercury Cell Brine Ponds + LF

B. STREET (or other identifier): Olin Rd P.O. Box 28

C. CITY: McIntosh

D. STATE: AL

E. ZIP CODE: 36553

F. COUNTY NAME: Washington

G. OWNER/OPERATOR (if known)

1. NAME: Olin Corp Robert E. Reams

2. TELEPHONE NUMBER: 205-944-2231

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

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

K. DATE IDENTIFIED (mo., day, & yr.): 10-5-79

L. PRINCIPAL STATE CONTACT

1. NAME: B. E. Cox, Jr.

2. TELEPHONE NUMBER: 205 832-6728

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☒ 5. UNKNOWN

Med. Priority

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME: Dan Coo[illegible]

2. TELEPHONE NUMBER: 832-6728

3. DATE (mo., day, & yr.): 12-11-79

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): 2812, 2815

C. AREA OF SITE (in acres): 3.7 ac.

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):

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		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
	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

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 621	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE tons	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)		

 Continue On Page 3

Continued From Page 2

V. SITE RELATED INFORMATION (continued)

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

1 8 00003

4. ADDITIONAL COMMENTS: 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				
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				
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 CONT[illegible] RUNOFF/STANDING L[illegible]				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continue On Reverse

VII. 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 ☐ 2. NO ☐ 3. UNKNOWN

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

VIII. PAST REGULATORY ACTIONS

☐ 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.

1 8 00004

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by HQ)
AL,	83

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 Intermediate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking [redacted]; Hazardous Waste Enforcement Tack Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Mercury Cell Brine Ponds + LF

B. STREET (or other identifier): Olin Rd. P.O. Box 28

C. CITY: McIntosh

D. STATE: AL.

E. ZIP CODE: 36553

F. COUNTY NAME: Washington

G. SITE OPERATOR INFORMATION

1. NAME: Olin Corp

2. TELEPHONE NUMBER: 205-944-2231

3. STREET: Olin Rd.

4. CITY: McIntosh

5. STATE: AL.

6. ZIP CODE: 36553

H. REALTY OWNER INFORMATION (If different from operator of site)

1. NAME: Olin Corp.

2. TELEPHONE NUMBER: 205-944-2231

3. CITY: McIntosh

4. STATE: AL.

5. ZIP CODE: 36553

I. SITE DESCRIPTION

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

Unknown

C. PREPARER INFORMATION

1. NAME: B. E. Cox, Jr

2. TELEPHONE NUMBER: 205-832-6728

3. DATE (mo., day, & yr.): 3-12-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: B. E. Cox

2. TITLE: Public Health Eng.

3. ORGANIZATION: Div. of SW + V.C., State Health Dept.

4. TELEPHONE NO. (area code & no.): 205-832-6728

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
David Robertson	Div. of SW+VC, State Health Dept.	205-832-6728
[redacted]		

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Mr. Bob Reams	Reg. Mgr. 944-2231	P.O. Box 28, McIntosh, AL. 36553
Mr Bob Hylland	Spec. Env. Aff. 336-2251	P.O. Box 248, Charleston, TN. 37310
Mr Tom Adam	Env. Tech. 944-2231	P.O. Box 28, McIntosh, AL. 36553

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Olin Corp.			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Same as D.			

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
Chem Waste Mgmt.		Emelle, Al.

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
3-12-80	9:00 A.M.	☒ 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			
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

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

[ ] a. GROUND [ ] [redacted]

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

[ ] YES. SPECIFY LOCA[redacted] MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

[X] 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 [X] 2. YES (specify generator's four-digit SIC Code): 2812, 2815

C. AREA OF SITE (in acres)

3.7 ac

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify):

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	X	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. 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 [X] 4. SURFACE IMPOUNDMENT [ ] 5. DEEP WELL

[ ] 6. CHEM/BIO/PHYS TREATMENT [redacted] LANDFARM [ ] 8. OPEN DUMP [ ] 9. TRANSPORTER [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

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

Some sludges collected @ bottom of basin

B. WASTE CHARACTERISTICS

[ ] 1. CORROSIVE [ ] 2. IGNITABLE [ ] 3. RADIOACTIVE [ ] 4. HIGHLY VOLATILE

[X] 5. TOXIC (Hg) [ ] 6. REACTIVE [X] 7. INERT [ ] 8. FLAMMABLE

[ ] 9. OTHER (specify): Built in base sludge pharmacy, NO ANALYSIS ever performed.

C. WASTE CATEGORIES

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

No

Continued from front

WASTE RELATED INFORMATION (continued)

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 621	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE tons	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
X (5) OTHER (specify): Brine filter aid (20 tons/yr) Caustic filter aid (3 tons/yr)			(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
Mercury (Mainly in					X					
brine solution. Could be										
some Hg in sludges										
found in bottom of										
basin)										

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

 Continue On Page 5

I. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

Continue On Page 7

Continued From Page 6

HAZARD DESCRIPTION (continued)

1 8 00007

☐ N. FIRE OR EXPLOSION

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

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

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				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS *(parks, schools, etc.)*				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
20-40 feet		
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)* > 15 CONNECTIONS _____

☐ 3. SURFACE WATER ☐ 4. WELL

 Continue On Page 9

Continued From Page 8

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)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
#1		Closest to ponds but is about 2000 feet away.		

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. ENCINO 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				
X	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

Continued From Front

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. UNKN
NPDES	EPA	A/0001945	1/18/78		X		
State Water	AWIC		12/19/77		X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

Mercury, pH violation of NPDES permit paramters. $50,000 fine paid for violations from June 1974 - Sept. 1978.

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.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1 8 00009

1. TYPE OF IMPOUNDMENT

2 cell clay lined lagoon

2. STABILITY/CONDITION OF EMBANKMENTS

Good

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc.)

☑ YES ☐ NO Minimal amount of erosion, now being corrected by company.

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE

☐ YES ☑ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT

☑ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT

☐ YES ☑ NO However all examined on site

7. IMPOUNDMENT HAS LINER SYSTEM

☐ YES ☐ NO Natural compacted clay

7a. INTEGRITY OF LINER SYSTEM CHECKED

☐ YES ☑ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE

9. MONITORING WELLS

☑ YES ☐ NO However of questionable use due to location + depth

10. LENGTH, WIDTH, AND DEPTH

LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY

PERCENT OF CAPACITY REMAINING

13. ESTIMATE FREEBOARD

2 to 3 feet

14. SOLIDS DEPOSITION

☑ YES ☐ NO

15. DREDGING DISPOSAL METHOD

16. OTHER EQUIPMENT