EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

LA-13

REGION	SITE NUMBER (to be assigned by HQ)
6	

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	B. STREET (or other identifier)		
ALLIED CHEMICAL CORP.	P.O. BOX 1751 (END OF CENTRAL AVE. WEST MONROE)		
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
MONROE	LA.	71208	OUACHITA PARISH

G. SITE OPERATOR INFORMATION

1. NAME		2. TELEPHONE NUMBER	
ALLIED CHEMICAL CORP.		(318) 322-2420	
3. STREET	4. CITY	5. STATE	6. ZIP CODE
P.O. BOX 1751	MONROE	LA.	71208

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

TWO LAGOONS (WASTEWATER TREATMENT)

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	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
JIM D. MILLSAP Jim D. Millsap	(405) 332-8800	1-28-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE
Jim D. Millsap	TECHNICIAN

3. ORGANIZATION	4. TELEPHONE NO. (area code & no.)
S&A DIVISION ADA BRANCH	(405) 332-8800

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
	LAD 001 829 589	SUPERFUND FILE
		JUN 25 1992
		REORGANIZED

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
RICHARD DYER	PLANT SUPERVISOR (318) 322-2420	CENTRAL AVE. BOX 1751 WEST MONROE, LA. 71201
BILL ADAMS	SUPERINTENDANT MIDWEST ALUMS (513) 829 1194	6292 MURFIELD CT FAIRFIELD, OHIO 45014
BILL YANOVITCH	ENVIRONMENTAL SUPERVISOR (713) 960 7945	ONE RIVERWAY BOX 2120 HOUSTON, TEXAS 77001

9490893

REVIEWED BY: (6ASASC) K Sobotzki

HAZSIT #LA 00132

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source [redacted] te) [redacted]

1. NAME	2. TELE[redacted]NE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Allied Chemical Corp		Same as Section C	Rinsed Settled Bauxite Residue

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
D&J Construction	318 388 2764	PO Box 1177 W Monroe La	bauxite residue
Leon Frost	out of business	100 Summerset W Monroe La	( )
Hempill Dirt	( )	707 Smith W Monroe La	( )

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
Oscar Cloyd	landfill closed	old Natchitoches Rd, W Monroe La

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
1-28-80	8:30 A.M.	[X] 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)			

NONE TAKEN

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

NONE TAKEN

 Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
☐ a. GROUND ☐ b. AERIAL NONE

2. PHOTOS IN CUSTODY OF: NONE TAKEN

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: ATTACHED

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) ATTACHED 32° 29'

2. LONGITUDE (deg.-min.-sec.) 92° 9'

V. 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): UNKNOWN

C. AREA OF SITE (in acres)

1.15

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): PLANT AND OFFICE BUILDINGS.

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	X	4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND	X	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 ☒ 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):

C. WASTE CATEGORIES

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

NO

 Continue On Reverse

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 CURRENTLY 2300	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE ~~YD~~ 3	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	X (6) OTHER(specify): RINSED SETTLED BAUXITE RESIDUE FROM ALUM PRODUCTION	
			(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')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
bauxite residue	X					X		1309-37-1		

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

NONE KNOWN BY PLANT PERSONNEL.

 Continue On Page 5

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

NONE: THE AREA IS SECURED BY FENCE. NO SURFACE RUNOFF, AND NO ATMOSPHERIC POLLUTION.

☐ C. WORKER INJURY/EXPOSURE

NONE KNOWN BY COMPANY REPRESENATIVES.

☐ D. CONTAMINATION OF WATER SUPPLY

NONE KNOWN: THERE IS NO SURFACE OR GROUNDWATER SUPPLIES NEAR BY.

☐ E. CONTAMINATION OF FOOD CHAIN

NONE KNOWN: NO RUNOFF TO WATERWAYS TO CONTAMINATE FISH OR PLANTS.

☐ F. CONTAMINATION OF GROUND WATER

NONE KNOWN: PLANT PERSONNEL HAVE HAD NO COMPLAINTS CONCERNING THIS.

☐ G. CONTAMINATION OF SURFACE WATER

NONE: NO SURFACE RUNOFF.

 Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

NONE: SEE D, E, + G ABOVE.

☐ I. FISH KILL

NONE RECORDED: SEE G ABOVE.

☐ J. CONTAMINATION OF AIR

NONE: THE MATERIAL APPEARS TO BE INERT. SEE B, PAGE 3.

☐ K. NOTICEABLE ODORS

NONE WERE DETECTED DURING THE PLANT VISIT.

☐ L. CONTAMINATION OF SOIL

NONE: SEE E, G, + H ABOVE.

☐ M. PROPERTY DAMAGE

NONE: MATERIAL IS INERT.

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Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

NONE RECORDED.

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

NONE EVIDENT

☐ P. SEWER, STORM DRAIN PROBLEMS

NONE: NOT CONNECTED TO SANITARY SEWER OR STORM SEWER.

☐ Q. EROSION PROBLEMS

NONE: NO RUNOFF, PONDS APPEARED TO BE IN GOOD SHAPE.

☐ R. INADEQUATE SECURITY

N/A THE AREA IS SECURED BY CHAIN LINK FENCE.

☐ S. INCOMPATIBLE WASTES

NONE: THE ONLY WASTE APPEARS TO BE THE BEAUXITE ORE RESIDUE.

Continue On Reverse

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

N/A

☐ U. OTHER *(specify)*:

N/A

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 = ½ mile	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE *(specify units)*
1. IN RESIDENTIAL AREAS	50	50	20	½ mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	500	500	30	½ mile
3. IN PUBLICLY TRAVELLED AREAS	600	600	50	½ mile
4. PUBLIC USE AREAS *(parks, schools, etc.)*	0	0	0	½ mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
EST. 3'-10'	EST. S.E.	PROCESS AT PAPER MILL
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
UNKNOWN	APPROX 1 MILE	N.W.

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS

☒ 2. COMMUNITY *(specify town)*: GREATER OUACHITA WATER COMP. 409 NATHITOCHES RD. WEST MONROE, LA. 71291

☐ 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 unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
	NONE	NEAR THE AREA		

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS ☐ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

THE NEAREST BODY OF WATER IS ABOUT 25 MILES FROM THE PLANT.

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

UNKNOWN

☐ 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		N/A		
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN 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: UNKNOWN

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: N/A

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: N/A

J. OTHER GEOLOGICAL DATA

NONE AVAILABLE

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. UNKNOWN
ALL WATER IS RECIRCULATED							
AND RE USED. NO DISCHARGE.							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

NONE

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. TYPE OF IMPOUNDMENT
LAGOON SYSTEM (WASTEWATER TREATMENT)

2. STABILITY/CONDITION OF EMBANKMENTS
GOOD CONDITION

3. EVIDENCE OF SITE INSTABILITY (*Erosion, Settling, Sink Holes, etc.*)
☐ YES ☒ NO APPEARS TO BE VERY STABLE.

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 ONLY BEAUXITE ORE RESIDUE.

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☒ YES ☐ NO NO RECORDS AVAILABLE.

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☐ NO N/A NO LINER

7b. FINDINGS
LAGOONS WERE NOT LINED.

8. SOIL STRUCTURE AND SUBSTRUCTURE
PRIMARILY GUMBO CLAY

9. MONITORING WELLS
☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH unknown

11. CALCULATED VOLUMETRIC CAPACITY
#1 ⇒ 10,500 YDS^3, #2 ⇒ 6,850 YDS^3, sum ⇒ 17,350 YDS^3

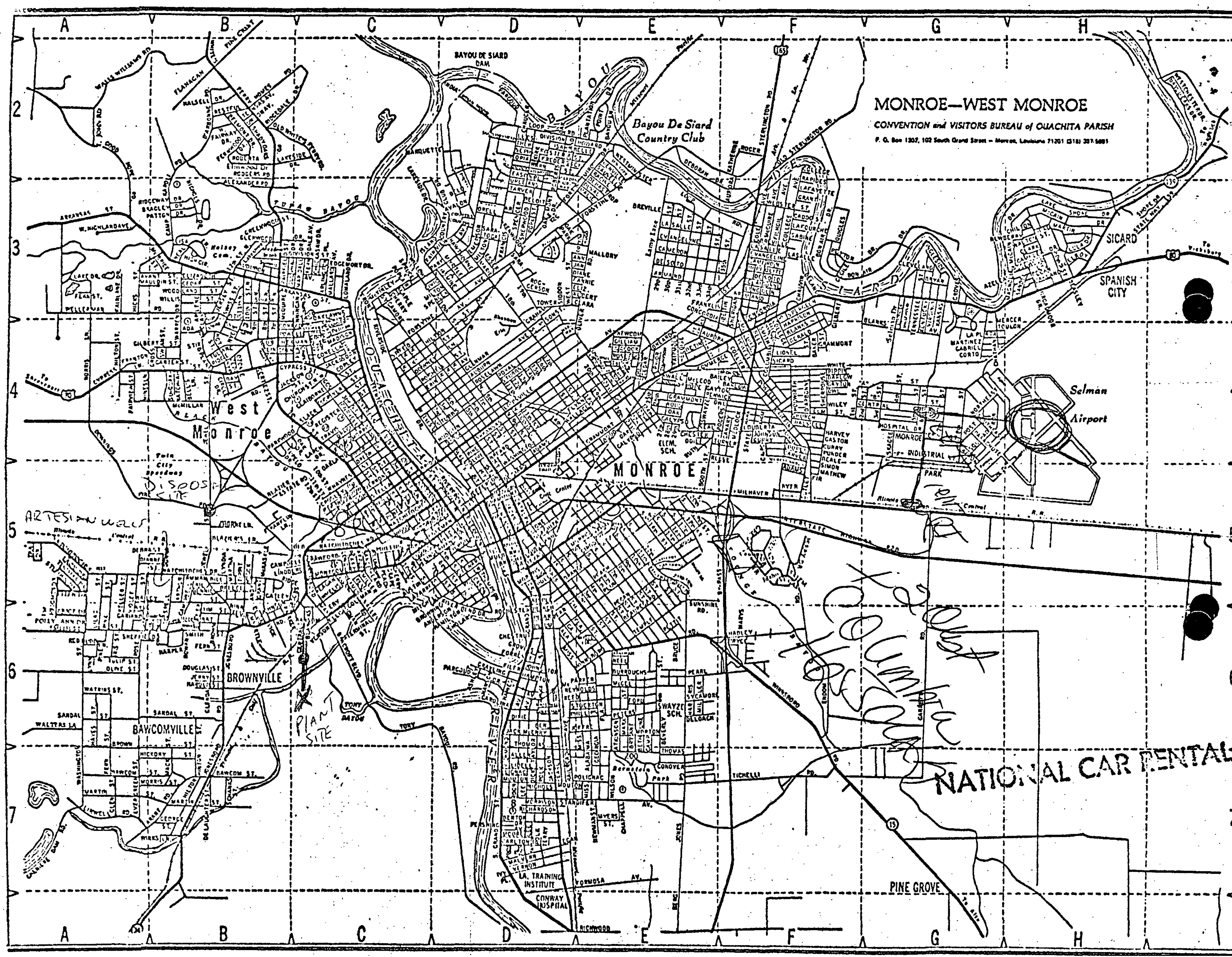
12. PERCENT OF CAPACITY REMAINING
85%

13. ESTIMATE FREEBOARD
7' ON ONE, OTHER ONE EMPTY

14. SOLIDS DEPOSITION
☒ YES ☐ NO SLUDGE REMOVED ABOUT ONCE EACH YEAR.

15. DREDGING DISPOSAL METHOD
DRAGLINE OR FRONT END LOADER

16. OTHER EQUIPMENT
AFTER POND SLUDGE IS REMOVED IT IS HAULED BY TRUCK TO A LANDFILL AREA. THIS HAULING IS CONTRACTED OUT. THE SLUDGE (BEAUXITE ORE RESIDUE) IS USED TO BUILD UP LOW LYING LAND AREAS.



MONROE—WEST MONROE
CONVENTION and VISITORS BUREAU of OUACHITA PARISH
Bayou De Siard Country Club
BAYOU DE SIARD DAM
West Monroe
MONROE
Selman Airport
SICARD
SPANISH CITY
BROWNVILLE
BAWCOMVILLE
PINE GROVE
LA. TRAINING INSTITUTE
CONWAY HOSPITAL
INDUSTRIAL PARK
ARTESIAN WELLS
DISPOSAL SITE
PLANT SITE
NATIONAL CAR RENTAL