2714

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - PROGRAM MAINTENANCE FORM

ACTION: _

SITE: PLANT SPILL AREA

EPA ID: SCD003343209 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

M.2 - SITE MAINTENANCE FORM

* ACTION: _ *

EPA ID : SCD003343209

SITE NAME: PLANT SPILL AREA SOURCE: S

STREET : 246 E BAY ST CONG DIST: 01

CITY : CHARLESTON ZIP: 29405

CNTY NAME: CHARLESTON CNTY CODE : 019

LATITUDE : 32/51/18.0 LONGITUDE : 079/58/30.0

LL-SOURCE: R LL-ACCURACY:

SMSA : 1440 HYDRO UNIT: 03050202

INVENTORY IND: Y REMEDIAL IND: Y REMOVAL IND: N FED FAC IND: N

NPL IND: N NPL LISTING DATE: NPL DELISTING DATE:

SITE/SPILL IDS:

RPM NAME: RPM PHONE: - -

SITE CLASSIFICATION: SITE APPROACH:

DIOXIN TIER: REG FLD1: REG FLD2:

RESP TERM: PENDING ( ) NO FURTHER ACTION ( )

ENF DISP: NO VIABLE RESP PARTY ( ) VOLUNTARY RESPONSE ( )
ENFORCED RESPONSE ( ) COST RECOVERY ( )

SITE DESCRIPTION:

PENDING (_) NO FURTHER ACTION (_)

M.2 - EVENT MAINTENANCE FORM

* ACTION: _ *

SITE: PLANT SPILL AREA
PROGRAM: SITE EVALUATION

EPA ID: SCD003343209 PROGRAM CODE: H01 EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: E * _ ___ _ *

EVENT NAME: DISCOVERY STATUS: * _____ _ *

DESCRIPTION:

* _____ *
* _____ *
* _____ *
* _____ *

ORIGINAL	CURRENT	ACTUAL			
START:	START:	START:	__/__/__	__/__/__	__/__/__
COMP :	COMP :	COMP : 11/01/79	__/__/__	__/__/__	__/__/__

HQ COMMENT:

* _____ *

RG COMMENT:

* _____ *

COOP AGR #	AMENDMENT #	STATUS	STATE %				
			0	_____	_____	__	___

M.2 - EVENT MAINTENANCE FORM

* ACTION: _ *

SITE: PLANT SPILL AREA
PROGRAM: SITE EVALUATION

EPA ID: SCD003343209 PROGRAM CODE: H01 EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: S * _ ___ _ *

EVENT NAME: PRELIMINARY ASSESSMENT STATUS: * _____ _ *

DESCRIPTION:

* _____ *
* _____ *
* _____ *
* _____ *

ORIGINAL	CURRENT	ACTUAL			
START:	START:	START: 01/01/83	__/__/__	__/__/__	__/__/__
COMP :	COMP :	COMP : 05/29/85	__/__/__	__/__/__	__/__/__

HQ COMMENT:

* _____ *

RG COMMENT:

* _____ *

COOP AGR #	AMENDMENT #	STATUS	STATE %				
			0	_____	_____	__	___

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
	~~2617~~

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 specific 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	B. STREET (or other identifier)		
CELANESE CORPORATION	246 EAST BAY STREET		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
CHARLESTON	SC	29402	CHARLESTON

G. OWNER/OPERATOR (if known)
1. NAME
2. TELEPHONE NUMBER

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.)

K. DATE IDENTIFIED (mo., day, & yr.)
3/16/81

L. PRINCIPAL STATE CONTACT
1. NAME John D Ackland
2. TELEPHONE NUMBER 727-2962

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE ☐ 5. UNKNOWN

See Page 4

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
2. TELEPHONE NUMBER
3. DATE (mo., day, & yr.)

III. SITE INFORMATION

A. SITE STATUS
☐ 1. ACTIVE (Those industrial or municipal sites which are currently 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):

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	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)		

Continue On Page 3

IE RELATED INFORMATION (continu

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

4. ADDITIONAL COMMENTS OR 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				
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 CONTAINERS/ RUNOFF/STANDING LIQUIDS				
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
- [ ] 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.

I contacted the plant manager, Mr. Fogle on 3/20/81 + he stated that they have never maintained a disposal site at this plant. All waste has been handled by a private collector + none of the waste was hazardous

ROUTING AND TRANSMITTAL SLIP

Date 1/5/94

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. Kathy Hickerson		
2.		
3.		
4.		
5.		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
X	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

This is all the State (SCDHEC) had in their file on the Plant Spill site. It ain't much, but its all we have.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post) Earl Bozeman

Room No.—Bldg.

Phone No.

5041-102 ☆ U.S. GPO: 1990-254-313

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206