To: G.G. Waters

ecology and environment, inc.

111 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60604, TEL. 312-663-9415

International Specialists in the Environment

April 18, 1989

G.G Waters,

Here are the two PA's for the Marblecliff Quarries Dump Site. Neither one of these is entered into CERCLIS.

As was discussed with you and Jeanne Griffin a new entry for the Earthco Demolition Dump site needs to be entered into CERCLIS. The PA prepared by T. Lentzen of FIT in 1980 has the information you need. Please let me know what EPA ID# you assign for this site. Also, all the entries now in CERCLIS for Marble Cliff Quarries must be transfered to the new Earthco Demolition site entry. In addition FIT must be retasked to perform a SI work plan on the Marble Cliff Quarries Dump site.

Thank you,

Gordon Ferguson

US EPA RECORDS CENTER REGION 5

426100

recycled paper

ecology and environment, inc.
223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415
International Specialists in the Environmental Sciences

DATE: August 12, 1980

TO: Joe Petrilli

FROM: Thomas Lentzen [redacted]

SUBJECT: Ohio, Illinois, Indiana Ad Hoc Committee Sites
Ohio/TDD# F5-8007-3
Marble Cliff Quarries/Earthco Inc.

A Preliminary Assessment Form (USEPA Form T2070-2) has been completed for the subject site. This site was listed by the Ad Hoc Committee and has been researched pursuant to TDD# F5-8007-3.

In reviewing the information obtained from the Ohio EPA and the City of Columbus Health Department, it is in our opinion, based upon this information and an off-site reconnaissance that a low priority be given to this site. The factors which determined this decision are stated as follows:

- On-going inspections by the City of Columbus Health Department
- To the best of these agencies' knowledge, there has been no known acceptance of hazardous wastes.
- No reported health or illness problems
- No contamination of water: ground, surface and supply
- Geology for this site is suited for the type of wastes being accepted, i.e., demolition material only.

From this information it is our belief that no further action is needed.

TL/df

cc: Tom Yeates

EC301-A01-2 Med

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
V	OHD 986 970 812

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: ~~MARBLE CLIFF QUARRIES~~ / EARTHCO INC

B. STREET *(or other identifier)*: 3101 TRABUE RD. SE CORNER OF TRABUE AND MCKINLEY

C. CITY: COLUMBUS

D. STATE: OH

E. ZIP CODE: 43212

F. COUNTY NAME: FRANKLIN

G. OWNER/OPERATOR *(if known)*

1. NAME: OWNER: MARBLE CLIFF QUARRIES CORP. - MEDUSA AGGREGATES CO.
   OPERATOR: MARBLE CLIFF QUARRIES

2. TELEPHONE NUMBER: OWNER: 614/486-5251

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

AREA FILL

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

K. DATE IDENTIFIED *(mo., day, & yr.)*: 6/19/80

L. PRINCIPAL STATE CONTACT

1. NAME: JOSEPH ARAR - OEPA CENTRAL DISTRICT OFFICE

2. TELEPHONE NUMBER: 614/466-6450

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)*
CONSIDER BY COLUMBUS [illegible] DIVISION

C. PREPARER INFORMATION

1. NAME: THOMAS LENTZEN

2. TELEPHONE NUMBER: 312/663-9415

3. DATE *(mo., day, & yr.)*: 8/11/80

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)*: 88

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)*: WEIGH STATION

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	X	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

- DEMOLITION DUMP
- ACCEPTED SOLID WASTE

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): NON-FLAMMABLE LIQUIDS

C. WASTE CATEGORIES

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

NO

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: UNK	AMOUNT:	AMOUNT:	AMOUNT:	AMOUNT: UNK	AMOUNT:
UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:
☐ (1) PAINT, PIGMENTS	☐ (1) OILY WASTES	☐ (1) HALOGENATED SOLVENTS	☐ (1) ACIDS	☐ (1) FLYASH	☐ (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): INDUSTRIAL SLUDGE			☐ (5) DYES/INKS	☐ (5) NON-FERROUS SMLTG. WASTES	☐ (5) OTHER (specify):
			☐ (6) CYANIDE	☒ (6) OTHER (specify): - CARDBOARD - PAPER - TRASH - GRASS - PLANTS - CUT VEGETATION - WOODEN PALLETS - DEMOLITION	
			☐ (7) PHENOLS		
			☐ (8) HALOGENS		
			☐ (9) PCB		
			☐ (10) METALS		
			☐ (11) OTHER (specify)		

Continued From Page 2

V. WASTE RELATED INFORMATION *(continued)*

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

- NON-FLAMMABLE LIQUIDS
- INDUSTRIAL SLUDGE
- DEMOLITION

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

- 55 GALLON DRUMS FILLED WITH LIQUID WASTES OBSERVED 2/74
- * SITE IS CONSIDERED AN OPEN DUMP BY OEPA BECAUSE IT HAS NO PERMIT. CAN ONLY OPERATE AS A "CLEAN FILL 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			DUE TO THE FRACTURED - JOINT NATURE OF THE LIMESTONE. GROUNDWATER 10 FT BELOW
8. CONTAMINATION OF SURFACE WATER	X			ON FLOOD PLAIN OF THE SCIOTO RIVER
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
- [x] 10. OTHER (specify): HEALTH DEPARTMENT LICENSE

B. IN COMPLIANCE?

- [ ] 1. YES
- [x] 2. NO
- [ ] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): 3745-27-01 (U)

VIII. PAST REGULATORY ACTIONS

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

7/2/80 UNDER ORDERS FROM THE CITY OF COLUMBUS HEALTH DEPARTMENT TO CEASE AND DESIST FROM ACCEPTING SOLID WASTES

IX. INSPECTION ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] 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
INSPECTION	6/26/80	OEPA	3 TIMES / YEAR
INSPECTION	6/26/80	HEALTH DEPARTMENT	QUARTERLY

X. REMEDIAL ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] 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
CORRECTION OF VIOLATIONS	7/31/79	DEPT OF DEVELOPMENT	REMOVE SOLID WASTES

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.