REGION

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by Hq)

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 Task Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: WHEELING PITTSBURGH STEEL (WV94)

B. STREET (or other identifier): [illegible] PLANT

C. CITY: FOLLANSBEE

D. STATE: WV

E. ZIP CODE:

F. COUNTY NAME: BROOKE

G. SITE OPERATOR INFORMATION

1. NAME: WHEELING PITTSBURGH STEEL CORPORATION

2. TELEPHONE NUMBER: 304/234-0000

3. STREET:

4. CITY: WHEELING

5. STATE: WVA

6. ZIP CODE: 26003

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

1. NAME: WHEELING PITTSBURGH STEEL CORPORATION

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

SITE DESCRIPTION: ACTIVE OPEN DUMP AND SLUDGE DRYING BEDS

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.): AUG 1 1980

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME: GARY BRYANT

2. TELEPHONE NUMBER: FTS 923-1050

3. DATE (mo., day, & yr.): JULY 2, 1980

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: GARY BRYANT

2. TITLE: ENVIRONMENTAL ENGINEER

3. ORGANIZATION: USEPA REGION III

4. TELEPHONE NO. (area code & no.): FTS 923-1050

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
TOM WALIGURA	WHEELING PITTSBURGH STEEL	304/234-2825
KEN HILSBOS	WVA WATER RESOURCES DIV, DNR	304/737-2232
BRUCE POTOKA	USEPA REGION III, WHEELING	FTS 923-1050

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
TOM WALIGURA	ENVIRONMENTAL SUPERVISOR 304/234-2825	WHEELING PITTSBURGH STEEL CORP WHEELING WVA. 26003

Continue On Reverse

Continued From Front

III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
WHG-PGH STEEL CO	304/234-0000	WHEELING WVA [illegible]	BOF. SLUDGE DECANTER TAR
			BIO-PLANT SLUDGE @ COKE PLANT

E. TRANSPORTER/HAULER INFORMATION

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

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

G. DATE OF INSPECTION *(mo., day, & yr.)*	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
05 29 80	PM	☒ 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. NONE THIS VISIT

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

ORIGINAL (Red)

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS NONE

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: USGS TOPO

E. COORDINATES Landfill / Drying beds

1. LATITUDE (deg.-min.-sec.) 40° 20' 18" / 40° 19' 53"

2. LONGITUDE (deg.-min.-sec.) 80° 36' 01" / 80° 36' 00"

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those inductrial 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): _____

AREA OF SITE (in acres)

LANDFILL — 3 acres

DRYING BED — 1/2 acre

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): SEE COPY OF TOPO MAP

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	X	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):
				X	9. OTHER (specify): SLUDGE DRYING BEDS		

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 ? LANDFILL ☐ 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.

OPERATOR LOGS FROM WASTE GENERATOR SITES LIST DATE, VOLUMES

Continue On Reverse

ORIGINAL

Continued From Front

VII. 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	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 SMELTING WASTES	(4) MUNICIPAL
X (5) OTHER *(specify)*: 40,000 TON/YR BOF. SLUDGE FROM "SOUTH STEUBENVILLE PLANT" (BASIC OXYGEN FURNACE = BOF.)			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER *(specify)*: 1200 TON/YR DECANTER TANK TAR/PITCH/SLUDGE FROM "EAST STEUBENVILLE PLANT".
			(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')*			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			
DECANTER TANK TAR/PITCH/SLUDGE	X	X			X				1200	TON/YR

NOTE: THIS IS A PROCESS WASTE LISTED ON PAGE 33117 OF THE MAY 19, 1980 FEDERAL REGISTER AS A TOXIC OR HAZARDOUS MATERIAL WHICH WILL BE COVERED BY REGULATIONS TO BE PROMULGATED IN JUNE 1980

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

PUDDLES AND RUNS OF DECANTER TANK WASTE REMAIN UNCOVERED IN PART OF THE LANDFILL.

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☒ B. NON-WORKER INJURY/EXPOSURE

DOMESTIC GARBAGE AT THE SITE IS EVIDENCE OF OCCASIONAL EXPOSURE TO NON-WORKER.

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

THE UNLINED DISPOSAL PIT IN WHAT APPEARS TO BE SAND & GRAVEL ALLUVIUM PROBABLY AFFECTS THE GROUNDWATER. IT IS MONITORED BY THE COMPANY AT WELL #15. RESULTS SENT TO STATE → AVG PHENOL CONCENTRATION 5 MICROGRAMS/LITER

☐ G. CONTAMINATION OF SURFACE WATER

NO EVIDENCE OF RUNOFF FROM THE SITE.

Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

NONE NOTED

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

SLUDGE DRYING BED SMELLS LIKE BIO-PLANT SLUDGE AT COKE PLANT.

☒ L. CONTAMINATION OF SOIL

THE AREA IS AN INDUSTRIAL SITE. THE SOIL AT THE SLUDGE DRYING BED CAN REPORTEDLY BE USED AS A SOIL CONDITIONER.

☐ M. PROPERTY DAMAGE

NONE REPORTED

Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION *(continued)*

(Rec)

☐ N. FIRE OR EXPLOSION

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

COAL TAR DECANTER WASTES ARE PONDING AT LOW POINTS IN THE LANDFILL.

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☒ R. INADEQUATE SECURITY

AREAS ARE POSTED AS PRIVATE PROPERTY OF WHEELING PITTSBURGH STEEL BUT PUBLIC ACCESS IS NOT SIGNIFICANTLY DETERRED.

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

ORIGINAL

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

NO EVIDENCE OF THIS. UNAUTHORIZED DUMPING BY PRIVATE PERSONS SEEMS TO OCCASIONALLY OCCURRED, FROM LOOKING OVER THE MATERIAL AT THE LANDFILL.

☐ 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	NONE REPORTED			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	10 – THOSE DISPOSING OF WASTES			
3. IN PUBLICLY TRAVELLED AREAS	NONE REPORTED			
4. PUBLIC USE AREAS *(parks, schools, etc.)*	NONE REPORTED			

FROM STATE REPORT → X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
RIVER LEVEL	≃ WEST	YES
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
?	≃ 1 MILE	SOUTH

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS ☒ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS FOLLANSBEE W.VA.

☐ 3. SURFACE WATER ☒ 4. WELL

 Continue On Page 9

ORIGINAL

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 REPORTED WITHIN 1/4 MILE				

I. RECEIVING WATER

1. NAME: OHIO RIVER

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

MULTIPLE USE

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

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

REPORTED BY STATE — DOUBTFULLY TRUE

☐ 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)
X	1. SAND				
	2. CLAY				
X	3. GRAVEL				

XIII. SOIL PERMEABILITY

FROM STATE REPORT

☒ 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: UNKNOWN

I. SLOPE

1. ESTIMATE % OF SLOPE: 0 to 10%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: GENERALLY TOWARD RIVER

J. OTHER GEOLOGICAL DATA

SOME AREAS WERE FILLS OF SLAG, OTHERS WERE STORAGE YARDS FOR COAL, IRON ORE, SCRAP IRON, ORES NOW OR IN YEARS PAST.

 Continue On Reverse

ORIGINAL

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
NPDES	USEPA	WV0004499	07/11/74	07/11/79	GENERALLY		
NO PERMIT FOR LANDFILL OR DRYING BEDS							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

WITH RESPECT TO THE LANDFILL AND SLUDGE DRYING BEDS.

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.

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EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: III

SITE NUMBER (to be assigned by Hq):

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: Wheeling/Pittsburgh Steel

B. STREET (or other identifier): Follansbee Coke Plant

C. CITY: Follansbee

D. STATE: WV

E. ZIP CODE:

F. COUNTY NAME: Brooke

G. OWNER/OPERATOR (if known)
1. NAME: Joe Francis? Wheeling Pitts [illegible] W.R. [illegible] Manager Env. Control
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: FLAT - River Bottom

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

K. DATE IDENTIFIED (mo., day, & yr.):

L. PRINCIPAL STATE CONTACT
1. NAME: Rob Jelacic
2. TELEPHONE NUMBER: 348-8[illegible]

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)
☒ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: [illegible]
b. WILL BE PERFORMED BY: EPA/STATE
☐ 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: Thomas R Showman
2. TELEPHONE NUMBER: 215 597 9387
3. DATE (mo., day, & yr.): 3-6-[illegible]

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): [illegible]

C. AREA OF SITE (in acres): 15

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES ?
1. LATITUDE (deg.—min.—sec.): 40° 20' 20"
2. LONGITUDE (deg.—min.—sec.): 80° 36'

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (specify): outside Perimeter of Plant (Not secured)

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	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	X	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
	ORIGINAL (Red)				8. SOLVENT RECOVERY	X	8. OTHER (specify): Possible Midnight Dumping on Security
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Trucks Dump Liquid and Sludge from Adj. plant

V. WASTE RELATED INFORMATION

A. WASTE TYPE

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

B. WASTE CHARACTERISTICS

[ ] 1. UNKNOWN [ ] 2. CORROSIVE [ ] 3. IGNITABLE [ ] 4. RADIOACTIVE [ ] 5 HIGHLY VOLATILE
[X] 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.

Yes DNR and [illegible] NC [illegible]

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	X (4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): Tar Sludge from Box			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			X (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

Continued From Page 2

ORIGINAL (Red)

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF: Permission Refused by Co.

D. SITE MAPPED?
☒ YES. SPECIFY LOCATION OF MAPS: DNR

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) 40° 20' 20"

2. LONGITUDE (deg.-min.-sec.) 80° 36' ?

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):

C. AREA OF SITE (in acres) ≈ 15

D. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (specify): PLANT BLDGS

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. AIR		1. PILE		1. FILTRATION	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	X	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	X	8. OTHER (specify): NO Security
					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.

YES DNR and Wheeling/Pitts Steel INVENTORIES

 Continue On Reverse

Continued From Front

VII. 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 ?	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	X (4) FERROUS SMELTING WASTES	(4) MUNICIPAL
X (5) OTHER *(specify)*: TAR SLUDGE from BOF Basic O_2 Furnace			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
			(6) CYANIDE	(6) OTHER *(specify)*:	
			X (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*:		

ORIGINAL (Red)

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

1. SUBSTANCE	2. PPPM (mark 'X') a. 50-100	b. 10-50	c. 1-10	d. 0.1-1	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Phenols		X			X					?	

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.

X A. HUMAN HEALTH HAZARDS

Possible Water Contamination

WV 99

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION:

SITE NUMBER (to be assigned by Hq): ORIGINAL (Red)

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: Wheeling-Pittsburgh Sted

B. STREET (or other identifier): Follansbee Coke Plant (ON SITE)

C. CITY: Follansbee Coke Plant

D. STATE: WV

E. ZIP CODE:

F. COUNTY NAME: Brooke

G. SITE OPERATOR INFORMATION

1. NAME: Wheeling-Pittsburgh Steel

MORE INFO FORTHCOMING ON OPERATIONS (PVT OPER.)

2. TELEPHONE NUMBER: (304) 2342936

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

H. REALTY OWNER INFORMATION (if different from operator of site) (Wm SAMPLES - FOLLANSBEE COKE PLANT)

1. NAME: Joe Francis ? ~ Wm. Samples Plant MANAGER

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

SITE DESCRIPTION: FLAT - RIVER BOTTOM

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.): UNKNOWN

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME: R. Jelacic

2. TELEPHONE NUMBER: 304/348-8855

3. DATE (mo., day, & yr.): 3/6/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: R. Jelacic

2. TITLE: Geologist

ORGANIZATION: WV WATER RESOURCES

4. TELEPHONE NO. (area code & no.): 304/348/8855

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Ken Hilsbos	WV WATER RESOURCES INSPECTION	

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Joe Francis		

Continued From Front

III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Wheel-Pitt Steel		Follansbee Coke Plante	Liquid Sludge

E. TRANSPORTER/HAULER INFORMATION

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

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
	ORIGINAL (Red)	

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
11/20/79	10:00	☒ 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		None	
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
	None	

Continued From Page 2

ORIGINAL (Red)

V. WASTE RELATED INFORMATION (continued)

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

Phenols, Metal Smelting wastes

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

Ponding, Lack of Security

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				
WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
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	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY	X			
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING	X			
22. OTHER (specify):				

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)*: Application I-848-L I-920-L
- [ ] 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
- [x] 2. NO
- [ ] 3. UNKNOWN
- 4. WITH RESPECT TO *(list regulation name & number)*:

VIII. PAST REGULATORY ACTIONS

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

ORIGINAL
(Red)

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			Routine DNR Inspection
Inspection	11-20-79	State	Special Insp.

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.

ORIGINAL (Red) 94

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: III

SITE NUMBER (to be assigned by Hq):

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: Wheeling/Pittsburgh Steel

B. STREET (or other identifier): Follansbee Coke Plant

C. CITY: Follansbee

D. STATE: WV

E. ZIP CODE:

F. COUNTY NAME: Brooke

G. OWNER/OPERATOR (If known)
1. NAME: Joe Francis ? Wheeling/Pitts. Steel - W.R. Sampler manager Env. Control
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

SITE DESCRIPTION: FLAT - River Bottom

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

K. DATE IDENTIFIED (mo., day, & yr.):

L. PRINCIPAL STATE CONTACT
1. NAME: Rob Jelacic
2. TELEPHONE NUMBER: 348-8855

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: June 80
b. WILL BE PERFORMED BY: EPA/STATE
☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION
1. NAME: Thomas R Snowman
2. TELEPHONE NUMBER: 215 597 9387
3. DATE (mo., day, & yr.): 3-6-80

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): unknown

C. AREA OF SITE (in acres): 15

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES ?
1. LATITUDE (deg.-min.-sec.): 40° 28' 20"
2. LONGITUDE (deg.-min.-sec.): 80° 36'

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (specify): outside Perimeter of Plant (Not-Secured)

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	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	X	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	X	8. OTHER (specify):
					9. OTHER (specify):		Possible Midnight Dumping - No Security

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Trucks Dump Liquid and Sludge from Adj. plant

V. WASTE RELATED INFORMATION

A. WASTE TYPE

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

B. WASTE CHARACTERISTICS

[ ] 1. UNKNOWN [ ] 2. CORROSIVE [ ] 3. IGNITABLE [ ] 4. RADIOACTIVE [ ] 5. HIGHLY VOLATILE
[X] 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.

No DNR and [illegible] PITS [illegible]

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	X (4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): Tar Sludge From BOF			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			X (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

ORIGINAL (Red)

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')
		UNKNOWN		

I. RECEIVING WATER

1. NAME: OHIO Rv.

☐ 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. KNOWN 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)
X	1. SAND		Alluvium		
	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: unknown

I. SLOPE

1. ESTIMATE % OF SLOPE: unknown

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: unknown

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. UNKNOWN
Expired state	DNR/WPD	UNKNOWN				X	
		2 APPLICATIONS I-849-L					
		} I-920L					

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

MINOR

ORIGINAL (Red)

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.

Continued From Page 6

VIII. HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

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

Ponding

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☒ R. INADEQUATE SECURITY

yes

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

VIII. HAZARD DESCRIPTION *(continued)*

☒ T. MIDNIGHT DUMPING

NO SECURITY

☐ U. OTHER *(specify)*:

ORIGINAL (Red)

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	UNKNOWN			
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
River Level	☒ West	Yes
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
?	≈ 1 Mile	South

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS*

☒ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS FOLLANSBEE

☐ 3. SURFACE WATER

☒ 4. WELL

Continue On Page 9

Continued From Page 4

VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

ORIGINAL (Red)

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Possible

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

Leachate

☒ G. CONTAMINATION OF SURFACE WATER

Leachate

 Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

ORIGINAL (Red)

☐ K. NOTICEABLE ODORS

☒ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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)*.

Phenols, Metal [illegible] Wastes

ORIGINAL

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

Ponding, Lack of Security

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	X			
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
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	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY	X			
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING	X			
22. OTHER *(specify)*:				

Continue On Reverse

ORIGINAL

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)*: Application I-848-L, I-920-L
- [ ] 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
- [x] 2. NO
- [ ] 3. UNKNOWN
- 4. WITH RESPECT TO *(list regulation name & number)*:

VIII. PAST REGULATORY ACTIONS

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

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			Routine DNR Inspection
Inspection	11-20-79	[illegible]	Special Insp.

X. REMEDIAL ACTIVITY *(past or on-going)*

- [x] 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.

WV 94

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

ORIGINAL (Red)

REGION	SITE NUMBER (to be assigned by Hq)

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: Wheeling-Pittsburgh Steel

B. STREET (or other identifier): Follansbee Coke Plant (ON SITE)

C. CITY: Follansbee Coke Plant

D. STATE: WV

E. ZIP CODE:

F. COUNTY NAME: Brooke

G. SITE OPERATOR INFORMATION

1. NAME: Wheeling-Pittsburgh Steel — MORE INFO FOR THE DOMINE ON OPERATIONS BUT OPER.

2. TELEPHONE NUMBER: (304) 2[illegible]

3. STREET:

4. CITY:

5. STATE:

6. ZIP CODE:

H. REALTY OWNER INFORMATION (if different from operator of site) (Wm SAMPLES - FOLLANSBEE COKE PLANT)

1. NAME: Joe Francis ? ~ Wm. Samples Plant MANAGER

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: FLAT - RIVER BOTTOM

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.): UNKNOWN 6/1/80

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME: R. Jelacic

2. TELEPHONE NUMBER: 304/348-8855

3. DATE (mo., day, & yr.): 3/6/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: R. Jelacic

2. TITLE: Geologist

3. ORGANIZATION: WV WATER RESOURCES

4. TELEPHONE NO. (area code & no.): 304/348/8855

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Ken Hilsbos	WV WATER RESOURCES INSPECTION	

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Joe Francis		

Continued From Front

III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Wheel-Pitt Steel		Follansbee Coke Plante	Liquid & Sludge

E. TRANSPORTER/HAULER INFORMATION

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

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

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
11/20/79	10:00	☒ 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		None	
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
	None	

 Continue On Page 3

Continued From Page 2

ORIGINAL (Red)

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF: Permission Refused by Co

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS: DNR

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) 40° 20' 20"

2. LONGITUDE (deg.-min.-sec.) 80° 36' ?

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those inductrial 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) ≈ 15

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): PLANT BLDGS

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	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION	X	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	X	8. OTHER (specify):
					9. OTHER (specify):		No [illegible]

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.

YES DNR and Wheeling/Pitt. Steel INVENTORIES

Continue On Reverse

Continued From Front

VII. 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 ?	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	X (4) FERROUS SMELTING WASTES	(4) MUNICIPAL
X (5) OTHER *(specify)*:			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
TAR SLUDGE from BOF BASIC O_2 FURNACE			(6) CYANIDE	(6) OTHER *(specify)*:	
			X (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*:		

ORIGINAL (Red)

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			
Phenols		X			X				?	

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

Possible Water Contamination

 Continue On Page 5

Continued From Page 4

VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

ORIGINAL (Red)

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Possible

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

Leachate

☒ G. CONTAMINATION OF SURFACE WATER

Leachate

 Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

ORIGINAL (Red)

☐ 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

VIII. HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

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

Ponding

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☒ R. INADEQUATE SECURITY

yes

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

VIII. HAZARD DESCRIPTION *(continued)*

☒ T. MIDNIGHT DUMPING

No Security

ORIGINAL (Red)

☐ 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	UNKNOWN			
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
River Level	X West	Yes
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
?	≈ 1 Mile	South

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS*

☒ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS Follansbee

☐ 3. SURFACE WATER

☒ 4. WELL

Continue On Page 9

ORIGINAL (Red)

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')*
		UNKNOWN		

I. RECEIVING WATER

1. NAME: OHIO Rv.

☐ 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. KNOWN 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)*
X	1. SAND		Alluvium		
	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: UNKNOWN

I. SLOPE

1. ESTIMATE % OF SLOPE: UNKNOWN

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: UNKNOWN

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. UNKNOWN
expired state	DNR/WRD	UNKNOWN				X	
		2 APPLICATIONS I-816L					
		I-920L					

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES *(summarize in this space)*

MINOR

ORIGINAL (Red)

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.