SEMS DocID 2317030

EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

III | PAD 004316832

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.

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PA-966

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 (EW-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Robertshaw Controls

B. STREET (or other identifier): NEAR PA. TURNPIKE New Stanton Div. NEW STANTON EXIT

C. CITY: Youngwood

D. STATE: PA

E. ZIP CODE: 15697

F. COUNTY NAME: Westmoreland

G. OWNER/OPERATOR (If known)
1. NAME: Robert Harper (or) Stratton Davis
2. TELEPHONE NUMBER: (412) 925 7211

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

I. SITE DESCRIPTION: Impoundment

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): Company sent EPA form 3900-1

K. DATE IDENTIFIED (mo., day, & yr.): 6-29-81

L. PRINCIPAL STATE CONTACT
1. NAME: Thomas Sherman
2. TELEPHONE NUMBER: (412) 925 5115

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)

C. PREPARER INFORMATION
1. NAME: Thomas R Sherman
2. TELEPHONE NUMBER: 412 925 5115
3. DATE (mo., day, & yr.): 10-20-83

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.) 1978 Became inactive
☐ 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): 3400 3471 (Electroplating)

C. AREA OF SITE (in acres): 8,000 Sq. ft.

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.—min.—sec.): N40° 13' 41.4"
2. LONGITUDE (deg.—min.—sec.): W79° 37' 8.4"

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

RECEIVED
Division of Operations
JAN 13 1983
SOLID WASTE MANAGEMENT

Continue On Reverse

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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	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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Impoundment is no longer used. Robertshaw does not intend to leave waste sludge from electroplating in Impoundment. Impoundment will be closed at some future date - PPC plan states intent to close

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): N

C. WASTE CATEGORIES

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

~~Final~~ Quarterly Groundwater Analysis to water Quality Available

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 1350 Cu. ft.	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE Cu. ft.	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.
X (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):		

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V. WASTE RELATED INFORMATION (continued)

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

Mercury. This is the parameter that PA-DER (water Quality) requires Quarterly Analysis of from 8 monitoring wells in place around impoundment - 2 upgradient - 6 downgradient

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

Lined impoundment (Bentonite clay) - monitored Quarterly for Hg
other metals present are: Zinc, Copper, Tin, Ni, chrome

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	X	X	X	
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):				

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [X] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [ ] 3. STATE PERMIT (specify): EPA # PAD 00 431 6832 interim Status
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [X] 7. RCRA STORER
- [X] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify): NPDES # PA0002305

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B. IN COMPLIANCE?

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

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

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	1977	EPA	wastewater Treatment plant (NPDES) Insp.
Inspection	1983	DER	water Quality Insp. (NPDES)
Inspection RCRA	1983	DER	Solid waste RCRA inspections.

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.

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FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site Robertshaw Controls

EPA Case Number PA-966 PAD004316832

I. If site is active, has owner/operator notified EPA in accordance with Section 3010 of RCRA. Yes_____ No_____

If Yes: a) Note EPA I.D. No._____

b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE).

II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).

III. Please list site contacts and accompanying inspectors; include name, title and phone numbers.

Robert Harper - Corp Ind. Hygienist (412) 925-7211
Stratton Davis - Supv of Mfg. Eng. (Same)
Thomas Showman - Solid waste Specialist - DER 412-925-8115

IV. Site observations: (attach a topo map).

A. Population within 1000 ft. of the site is (CHECK ONE)

1. 0-10 people
2. 10-100 people
3. greater than 100 people

B. List surrounding land use: (woodlot, agricultrual, playground, industrial, etc.)

North: Turnpike - few homes - Agri.

South: Agriculture

East: Agriculture

West: Agriculture

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C. Water supply for area. (CHECK ONE)

1. Surface intakes (locate on attached map)
2. Municipal wells (locate on attached map)
3. Domestic wells:

a. Approximate number within ½ mile. None

b. Locate a minimum of 3 wells on attached map and list below:

Property owner			
Address			
Phone No.			
Well records	YES___ NO___	YES___ NO___	YES___ NO___
Odor problems	YES___ NO___	YES___ NO___	YES___ NO___
Taste problems	YES___ NO___	YES___ NO___	YES___ NO___

c. If odor or taste problems are reported please elaborate: None

D. Are surface or subsurface, (leachate), drainage areas from site apparent? YES___ NO ✓. If yes:

1. Were unusual odors or stains noted? YES___ NO ✓
2. Was stressed vegetation noted? YES___ NO ✓

a. If yes please note area on map.

E. Are streams or receiving waters adjacent to site? YES ✓ NO___.
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.). unNamed Tributary to Sewickley Creek w/ NPDES Discharge

F. Site topography: (i.e.-plateau, strip mine ravines, etc.). Plateau

G. Other observations: (i.e.-erosion, located in flood plain, etc.). Impoundment w/ Diversion for Surface water - outslope Banks vegetated.

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V. Were photographs taken? YES ____ NO ✓
If yes: Who has custody of photos?

Name: _____

Agency: _____

Phone No.: _____

VI. Is a hydrogeological survey for this site attached? YES ✓ NO ____
If no, Section III D of EPA Form T2070-2 must be completed.

VII. Please attach pertinent copies of reports or data reviewed by inspector: (i.e.-State monitoring data, consultant reports, etc.).

VIII. Name of Inspector: Thomas Showman

Agency: Pennsylvania Dept. of Env. Resources

Phone No.: (412) 925-8115

Time on Site: 2 hrs

Weather Conditions: Cloudy