EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by HQ)
3	PA 100 11

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)		
Budd Co Dump	SANDMEYER ~~Rd~~ & Red Lion Rd		
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
Phila.	PA		Phila.

G. SITE OPERATOR INFORMATION

1. NAME	2. TELEPHONE NUMBER
Phila Industial Development Corp.	(215) MU6-2318

3. STREET	4. CITY	5. STATE	6. ZIP CODE
~~Phila~~	Phila	PA	

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

1. NAME	2. TELEPHONE NUMBER
Phila Industrial Development Corp.	(215) MU6-2318

3. CITY	4. STATE	5. ZIP CODE
~~Phila~~	PA	

I. SITE DESCRIPTION

LAND ESCAVATION for Industrial PARK

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
Sept. 12, 1980	☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE Awaiting LAB Results.

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (*mo., day, & yr.*)
LINDA Y. Boornazian	215-597-4554	08/21/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE
LINDA Y. Boornazian	ENVIR. ENGR.

3. ORGANIZATION	4. TELEPHONE NO. (*area code & no.*)
S&A, EEB	(215) 597-4554

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Mike Mushena	S&A, EEB	597-3463
Bill Thomkins	S&A, EEB	

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Jeff Little	Dump Truck Op.	for Durkin Contracting
Mr. Herman Wolf	Plant Engr. (215 ~~6~~ 3-1020)	Budd Company, Red Lion Rd

SENT
OCT 1 1980

INSPECTION INFORMATION *(continued)*

GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
[illegible]	215-673-1020	Sandmeyer & Red Lion Rd.	ORIGINAL liquids paint Sludge

TRANSPORTER/HAULER INFORMATION

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

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

DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
8/21/80	1530	☒ 1. PERMISSION ☐ 2. WARRANT

WEATHER *(describe)* Over Cast Sky

IV. SAMPLING INFORMATION

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
GROUNDWATER			
SURFACE WATER			
WASTE			
AIR			
RUNOFF			
SPILL			
SOIL	X	NEIC → AFO	10/10/80
VEGETATION			
OTHER *(specify)*			

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

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

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:

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE *(deg.-min.-sec.)*

2. LONGITUDE *(deg.-min.-sec.)*

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)*

2-3 Acres

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES *(specify)*: 2 Bldg in Industrial PARK.

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity*(ies)* and details relating to each activity by marking 'X' in the appropriate boxes.

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	X	8. OTHER *(specify)*: Burning Pits - Buried Drums
				9. OTHER *(specify)*:		

F. 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

WASTE TYPE

☒ 1. LIQUID ☐ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

WASTE CATEGORIES

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

LAB results indicated PCB's present no Concentrations Avail.

VII. WASTE RELATED INFORMATION *(continued)*

ORIGINAL

...amount *(specify, unit of measure)* of waste by category; mark 'X' to in...te which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT UNKNOWN	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X (1) PIGMENT	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY, PHARMACEUT.
(2) METAL 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	(6) OTHER *(specify)*:	
			(7) PHENOLS		
			(8) HALOGENS		
			X (9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*:		

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			
PCB		X		X					7*	drums
Paint Sludge									unk	
TAR									unk	

VIII. HAZARD DESCRIPTION

LD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the ard in the space provided.

A. HUMAN HEALTH HAZARDS

Worker exposure to escavation of site with drums and contaminated soil

Continued From Page 4

ORIGINAL (Red)

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☒ C. WORKER INJURY/EXPOSURE

Construction workers were dizzy and had headaches.

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

Unlined Pits. However visible oil only in fist 10' of uncovered soil. Possible that pits were shallow.

☐ G. CONTAMINATION OF SURFACE WATER

Continue On Reverse

ontinued From Front

VIII. HAZARD DESCRIPTION (continued)

ORIGINAL (Red)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

Slight odor

☒ L. CONTAMINATION OF SOIL

excessive soil contamination under surface
Noticed seven damaged drums in mound #1

☐ M. PROPERTY DAMAGE

Continue On Page 7

Continued from Page 6

(Red)

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

ORIGINAL
(Red)

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

2 small Puddles of heavy Black tar-like liquid.

Black soil undered corroded drums

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☒ R. INADEQUATE SECURITY

~~No~~ security is limited. Road leads directly into middle of site. Mini bike trails are visible. A security guard was there the second day we were there.

☐ S. INCOMPATIBLE WASTES

ORIGINAL (Red)

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

UNKNOWN

☐ 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				
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
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY *(specify unit of measure)*	F. DIRECTION TO DRINKING WATER SUPPLY

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS ☐ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS Phila Public Water Supply

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

ORIGINAL
(Red)

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X. WATER AND HYDROLOGICAL DATA *(continued)*

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')*
		N/A		

RECEIVING WATER

NAME

☐ 2. SEWERS ☐ 3. STREAMS/RIVERS

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

SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGITATION DATA

CATION 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

rk 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. OVERBURDEN	'X'	B. BEDROCK *(specify below)*	'X'	C. OTHER *(specify below)*
1. SAND				
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.)*

RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

LOPE

ESTIMATE % OF SLOPE

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

OTHER GEOLOGICAL DATA

Continue On Reverse