EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by HQ)
III	VA -

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	B. STREET (or other identifier)		
FMC.	Rt. 17		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
FREDERICKSBURG	VA.		SPOTSYLVANIA Co

G. SITE OPERATOR INFORMATION

1. NAME		2. TELEPHONE NUMBER	
FMC		(703) 373-6410	
3. STREET	**4. CITY**	**5. STATE**	**6. ZIP CODE**
P.O. Box 598	FREDERICKSBURG	VA	22401

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

1. NAME		2. TELEPHONE NUMBER	
FMC			
3. CITY		**4. STATE**	**5. ZIP CODE**

I. SITE DESCRIPTION

Landfill used between 1930-1978

J. TYPE OF OWNERSHIP

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

ORIGINAL (Red)

II. TENTATIVE DISPOSITION (*complete this section last*)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM
5-30-1980	☒ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
GARY W. SMITH	(301) 224-2741 -2740	5-16-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE
GARY W. SMITH	ENVIR. ENG. / TECH.
3. ORGANIZATION	**4. TELEPHONE NO. (area code & no.)**
EPA AFO	FTS 922 3752

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Gerry Crutchly	E.P.A. A.F.O.	FTS 922-3752
Bill Thomas	E.P.A AF.O.	"

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
MR J.L. PETTIT	Site Mgr. 703-373-6410	FMC Fredericksburg, VA.
MR Clifton Jones	Plant Maint. "	"
MR. Al. SMITH	FMC Tech. Princeton N.J. (609) 452 2300	FMC R+D Center P.O. Box 8 Princeton, N.J 08540

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JUN 3 1980

SDMS DocID 2194267

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
FMC	703-373-6410	FREDERICKSBURG	Viscose, Cellulose
"			Acids, Caustics
"			Cinders

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
None			

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
Spotsylvania Co. LANDFILL		Spotsylvania Co. (TRASH, Wood, Cellophane)
Shenandoah Recycle INC.		RT. 3 Box 452 STAUNTON, VA. 24401
		Sludge Waste from H_2O TREATMENT PLANT

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
5-15-80	1000	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)

ORIGINAL (Red)

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	X	AFO	5-21-80 TO 7-16-80
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify) LEACHATE	X	AFO	5-21-80 TO 7-16-80

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

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
PH	Samp #1	7.0
"	" #2	6.5
"	" #3	6.5
"	" #4	6
"	" #5	6

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Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
   - [X] a. GROUND
   - [ ] b. AERIAL
2. PHOTOS IN CUSTODY OF: Gary Smith

D. SITE MAPPED?

[ ] YES. SPECIFY LOCATION OF MAPS: USGS QUAD FREDERICKSBURG

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.)
- [X] 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
- [X] 2. YES (specify generator's four-digit SIC Code): _____

ORIGINAL (Red)

C. AREA OF SITE (in acres)

3 - 5

D. ARE THERE BUILDINGS ON THE SITE?

- [ ] 1. NO
- [X] 2. YES (specify): FMC 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	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. 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
- [X] 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

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

B. WASTE CHARACTERISTICS

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

No Records. Mr Pettit Recalls ≈ 1 1/2 Ton / day dry sludge, to Shenandoah Recycle Inc.

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	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER *(specify)*:	X (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	X (6) OTHER *(specify)*: Coal wastes Cinders	
			(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			
ARSENIC	✓	✓		✓					N/A	
Chromium		✓		✓					N/A	

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

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VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

ORIGINAL
(Red)

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

N/A NO MONITORING wells

☒ G. CONTAMINATION OF SURFACE WATER

POTENTIAL FOR CONTAMINATION OF DEEP RUN CK. & RAPPAHANNOCK RIVER due to LEACHATE & EROSION problems (SEE PHOTOS)

VIII. HAZARD DESCRIPTION (continued)

☒ H. DAMAGE TO FLORA/FAUNA

Vegetation on fill area dying in spots due to leachate seeping out of hillside. It is unknown what, if any, damage to stream + river life

☐ I. FISH KILL

ORIGINAL
(Red)

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

Leachate odors are present in eroded areas near Rap. River and along Deep Run Ck.

☐ L. CONTAMINATION OF SOIL

Soil on hillside of fill area contaminated by leachate seeping

☐ M. PROPERTY DAMAGE

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Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

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

RUNOFF OF CONTAMINATED TOP SOIL FLOWS INTO DEEP RUN CREEK + INTO RAPPAHANNOCK RIVER

ORIGINAL
(Red)

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

EROSION OF FILL AREA, VARIES FROM A few INCHES to ABOUT 2' deep

EROSION OF BLUFF NEAR RAPPAHANNOCK RIVER SEVERE

☐ R. INADEQUATE SECURITY

No fence AROUND FILL AREA Adj. to Deep Run Ck.

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

☐ 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	SYLVANIA HEIGHTS So. of Fredericksburg	100 - 200	25 - 40	≈1/4 mi
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
N/A yet R.O.		
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)*: Fredericksburg > 15 CONNECTIONS

☐ 3. SURFACE WATER ☐ 4. WELL

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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')
		No Wells Located		

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS ☐ 3. STREAMS/RIVERS

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

ORIGINAL (Red)

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				
	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:

I. SLOPE

1. ESTIMATE % OF SLOPE: 25 %

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: Slope down to N, Erosion runs into Deep Run Ck.

J. OTHER GEOLOGICAL DATA

Filled Burning Pit + Caustic pit are ≈ 100' from Rap. River

Vertical 50'-60' Cliff next to pits

 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

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

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

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.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc)*
☒ YES ☐ NO EROSION

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
☒ YES ☐ NO DISPOSED ON STEEP SLOPE Close to Deep Run Ck. & Rap. River

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
☐ YES ☐ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☐ YES ☒ NO

6. EVIDENCE OF PONDING OF WATER ON SITE
☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☐ YES ☒ NO

ORIGINAL
(Red)

8. ADEQUATE LEACHATE COLLECTION SYSTEM *(If "Yes", specify Type)*
☐ YES ☒ NO

SURFACE LEACHATE SPRING
☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☒ NO

10. GAS MONITORING
☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS
☐ YES ☒ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES *(Clay Bottom, Sides, etc)*
☐ YES ☒ NO

14. FIXATION *(Stabilization)* OF WASTE
☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☐ YES ☒ NO RR TIES placed into EROSION ditch to slow RUNOFF

16. COVER *(Type)*
EARTH covered by grass

16a. THICKNESS
N/A

16b. PERMEABILITY
N/A

16c. DAILY APPLICATION
☐ YES ☒ NO

Fill AREA WAS AN open dump before 1975 Allowing leachate & RUNOFF of UNKNOWN QUANTITIES RUNOFF INTO DEEP RUN Ck. & RAPPAHANNOCK RIVER

EPA Form T2070-3E (10-79)

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. none by SHD

- [x] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [x] 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): VA0004014 - not reissued because of plant shutdown - SWCB

B. IN COMPLIANCE?

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

4. WITH RESPECT TO (list regulation name & number): no past SHD permit

VIII. PAST REGULATORY ACTIONS

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

ORIGINAL (Red)

IX. INSPECTION ACTIVITY (past or on-going)

- [x] A. NONE by SHD
- [ ] 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)

- [x] A. NONE by SHD
- [ ] 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.

EPA Form T2070-2 (10-79)