EPA

# POTENTIAL HAZARDOUS WASTE SITE
# IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: 8

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: Bacchus Works

B. STREET *(or other identifier)*: —

C. CITY: Magna

D. STATE: UT

E. ZIP CODE: —

F. COUNTY NAME: —

G. OWNER/OPERATOR *(if known)*

1. NAME: Hercules Inc Aerospace Div.

2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP

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

govt owned, contractor operated - company owned

I. SITE DESCRIPTION

Near 8400 W. 4100 South

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

K. DATE IDENTIFIED *(mo., day, & yr.)*: 11/79

L. PRINCIPAL STATE CONTACT

1. NAME: Dale Parker

2. TELEPHONE NUMBER:

422382 - R8 SDMS
004921
422382

## 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)*
barium transport o/ site during burning

C. PREPARER INFORMATION

1. NAME: Called in Malcolm Carter

2. TELEPHONE NUMBER: 303 837-1192

3. DATE *(mo., day, & yr.)*: 11-28-79

## 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)*: ① 5 acres ② 5-7 acres ③ 7-10 acres ④ 2 acres

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)*: numerous admin. + operational bldgs

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, 3, 4 |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | 2. LANDFARM |
| | 3. BARGE | | 3. DRUMS | | 3. VOLUME REDUCTION | | 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 | | 5. MIDNIGHT DUMPING |
| | 6. OTHER (*specify*): | | 6. OTHER (*specify*): | | 6. BIOLOGICAL TREATMENT | X | 6. INCINERATION 1 |
| | | | | | 7. WASTE OIL REPROCESSING | | 7. UNDERGROUND INJECTION |
| | | | | | 8. SOLVENT RECOVERY | | 8. OTHER (*specify*): |
| | | | | | 9. OTHER (*specify*): | | |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

(1) burn area, incineration of waste rocket repellant
(2) & (3) disposal of resins, drums, solvents & plastic — landfill
(4) operation garbage refuse & minor plant waste, burned & covered
Taken out by 1960

## V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1 UNKNOWN [X] 2. LIQUID [X] 3. SOLID [ ] 4. SLUDGE [X] 5. GAS (generated during incineration)

B. WASTE CHARACTERISTICS

[ ] 1 UNKNOWN [ ] 2. CORROSIVE [X] 3. IGNITABLE [ ] 4. RADIOACTIVE [X] 5 HIGHLY VOLATILE
[ ] 6. TOXIC [ ] 7 REACTIVE [X] 8 INERT [X] 9. FLAMMABLE

[ ] 10. OTHER (*specify*): _____

C. WASTE CATEGORIES

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

(1) maintained in log book — Jim Bryant

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. |
| X (2) METALS SLUDGES | (2) OTHER (*specify*): | (2) NON-HALOGNTD. SOLVENTS | (2) PICKLING LIQUORS | (2) ASBESTOS | (2) HOSPITAL |
| X (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 | X (6) OTHER (*specify*): plasticers, elastomers, resins | accum. of 3 cat less than 1 unit 100 tons |
| | | | (7) PHENOLS | | |
| | | | (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | X (10) METALS barium | | |
| | | | X (11) OTHER (*specify*) nitrated talvenes | | |


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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).

barium generated burning waste fuel

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

map of facil. attach, photos not allowed, questionaire available formal request to Mr. E.P Whaley 910 Market Wilmington DE 19899

## 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 | | | | |
| 8. CONTAMINATION OF SURFACE WATER | | | | |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | X | | | unconfirmed but should be checked out |
| 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
- [x] 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)*: Note: exemption allowing open burning & venting agree w/ local fire dept between 1-2 PM daily

B. IN COMPLIANCE?

- [x] 1. YES
- [ ] 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)*

- [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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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.