43361

EPA

# POTENTIAL HAZARDOUS WASTE SITE
## IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: IX

SITE NUMBER (to be assigned by Hq): 10164

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.

Correction

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: James Clary

B. STREET (or other identifier): PO BOX 1006

C. CITY: Eureka

D. STATE: CA

E. ZIP CODE: 95501

F. COUNTY NAME: Humboldt

G. OWNER/OPERATOR (if known)
1. NAME: Mercer Fraser Company PO Box F Garberville Ca 95440
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
- [ ] 1. FEDERAL
- [ ] 2. STATE
- [ ] 3. COUNTY
- [ ] 4. MUNICIPAL
- [x] 5. PRIVATE
- [ ] 6. UNKNOWN

I. SITE DESCRIPTION: 4 surface impoundments with an unknown bottom liner
Category: Industrial

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): SIA # 10006

K. DATE IDENTIFIED (mo., day, & yr.): 11-27-79

L. PRINCIPAL STATE CONTACT
1. NAME:
2. TELEPHONE NUMBER:

### II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
- [x] 1. HIGH
- [x] 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:
- [x] 3. SITE INSPECTION NEEDED
  a. TENTATIVELY SCHEDULED FOR:
  b. WILL BE PERFORMED BY:
- [ ] 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION
1. NAME: Anna M. Gabriel
2. TELEPHONE NUMBER: (415) 556-4606
3. DATE (mo., day, & yr.): 7/10/80

### III. SITE INFORMATION

A. SITE STATUS
- [x] 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
- [x] 2. YES (specify generator's four-digit SIC Code): 295

C. AREA OF SITE (in acres): all impoundments 4.71 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.-min.-sec.): 40° 00' 13"
2. LONGITUDE (deg.-min.-sec.): 123° 46' 43"

E. ARE THERE BUILDINGS ON THE SITE?
- [ ] 1. NO
- [ ] 2. YES (specify): unknown

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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 | | 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

Waste Source: Paving and Roofing Materials

No ground water-quality Monitoring

## V. WASTE RELATED INFORMATION

A. WASTE TYPE

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

B. WASTE CHARACTERISTICS

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

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 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. W[illegible]E RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN[illegible]ICH MAY BE ON THE SITE (place in descending [illegible]r of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.
Closest surface water is within 200 meters of site

## 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 | | | | |
| 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): | | | | |

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## VII. PERMIT INFORMATION

10184

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

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- [x] 1. NPDES PERMIT
- [ ] 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
- [ ] 10. OTHER (specify): _____

B. IN COMPLIANCE?

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

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

## VIII. PAST REGULATORY ACTIONS

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

## IX. INSPECTION 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 |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## 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.