EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: II

SITE NUMBER (to be assigned by HQ): NJ000002870

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: BAYONNE DRUM & BARREL CO Inc

B. STREET (for other identifiers): Pulaski Skyway US Routes 1 & 9 & NJ Turnpike Exit 15

C. CITY: Newark

D. STATE: N.J

E. ZIP CODE:

F. COUNTY NAME: Essex Co.

G. SITE OPERATOR INFORMATION

1. NAME: Frank Langella, president of Corp.

2. TELEPHONE NUMBER: 201 589 0110

3. STREET: 150 Raymond Blvd

4. CITY: Newark

5. STATE: NJ

6. ZIP CODE: 07105

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

1. NAME: Same as G

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: 15 Acres generally flat w/several interconnected factory bldgs.

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

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME: Martin Jacobson

2. TELEPHONE NUMBER: 201 321 6700

3. DATE (mo., day, & yr.): Dec. 12, 1979

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Martin Jacobson

2. TITLE: Environmental Engineer

3. ORGANIZATION: EPA Region II S&A Div.

4. TELEPHONE NO. (area code & no.): (201) 321 6700

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Martin Jacobson	U.S. EPA Region II S&A Div	201 321 6700
Robert Murphy	" " "	201 321 6697

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Frank Langella	President & owner 201 589 0110	150 Raymond Blvd Newark N.J.

141971

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Various - No Data			

E. TRANSPORTER/HAULER INFORMATION

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

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
S & W Waste	201 344 4004	So. Kearney N.J.

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
Dec 12, 1979	10AM -	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)

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			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

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

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

 Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: [X] a. GROUND [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: with report writer

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS: Elizabeth NJ 1/24000 Map

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): 40° - 43' - 56" N

2. LONGITUDE (deg.-min.-sec.): 74° 07' - 35" W

V. 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?

[X] 1. NO [ ] 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres): 15 acres

D. ARE THERE BUILDINGS ON THE SITE?

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

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		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT	X	2. INCINERATION		2. LANDFARM
	3. BARGE	X	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	X	5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT	X	6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
				X	9. OTHER (specify): Pumped to Passaic Valley Sewage Treatment Plant after settling		

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 [X] 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

A. WASTE TYPE

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

B. WASTE CHARACTERISTICS

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

[ ] 5. TOXIC [ ] 6. REACTIVE [ ] 7. INERT [ ] 8. FLAMMABLE

[ ] 9. OTHER (specify): All of above - unknown

C. WASTE CATEGORIES

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

No

Continued From Front

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
		unknown			
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 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		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

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			

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

 Continue On Page 5

Continued From Front

VII. WASTE RELATED INPORMATION (continued)

2. Estimate tbe amount (specify unit of measure) ot waste by cateeoiy; maik 'X' to indioate whioh wastes sre piesent.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHEP
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
		unknown			
UNIT OF MEASURE	UNIT OF MEASUNE	UNIT OF MEASUFE	UNIT OF MEASURE	UNIT OF MEASUNE	UNIT OP MEASURE
'X' (1) PAINT, FIOMENTS	'X' (1) OILY WASTES	'X' (1) HALOGENATED SOLVENTS	'X' (1) ACIDS	'X' (1) FLYASH	'X' (1) LADOFATOHY, FHAnMAEEUT.
(2) METALS SLUDOES	(2) OTHEn(epecify):	(2) NON-HALOONTD. SOLVENTS	(2) FICKLINO LIQUORS	(2) ASeESTOS	(2) HOSPITAL
(3) POTW		(3) OTHEn(epecify):	(3) GAUSTICS	(3) MILLINO/MINE TAILINCS	(8) nADIOAOTIVE
(4) ALUMINUM SLUDGE			(4) FESTIEIDES	(4) FARHOUS SMELTINO WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) OYES/INKS	(5) NON-FERROUS SMLTO. WASTES	(5) OTHER(specify):
			(6) EYANIDE	(6) OTHER(sFecify):	
			(7) PHENOLS		
			(8) HALGGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(sFecify):		

D. LIST SUBSTANCBS OF CREATEST CONCERN WHIOH ARE ON THE SITE (place in descending crder ef bazard)

1. SURSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. OAS NUMRER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIO.	c. YAFOR	a. HIGH	b. MED.	c. LOW	d. NONE			

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARO DESORIPTION: Ptaee an 'X' in tbe box to indioate that the tisied haasrd exists. Desoribe the hazerd in the spaoe providsd.

☐ A. HUMAN HEALTH HAZAHOS

Continued From Page 4

VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

odor due to barrel residues & repainting and coating of drums.

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

 Continue On Page 7

Continued From Page 6

HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

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

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

 Continue On Reverse

VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

☐ U. OTHER *(specify)*:

Population affected: Site has N.J. Turnpike on one side, Pulaski Skyway and Route 1 & 9 Truck Route on other side with a drive-in Movie on last side. No estimate ~~of~~ of people passing site can be made.

there are 150 employees on site.

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
8-15 above Mean Highwater		None
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)*: City of Newark > 15 CONNECTIONS

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

Continued From Page 8

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')

I. RECEIVING WATER

1. NAME: Passaic River

☒ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

wastes to PVSC → NY Harbor - Upper Bay vicinity Liberty Anchorage

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)
	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: 1%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: slope N or NE from Barrel storage to Factory & offices

J. OTHER GEOLOGICAL DATA

Site was Formerly Newark City Dump.
Storm drainage from site to Harrison Creek & Laywers Creek which are now enclosed in stormwater culverts.

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)

Approx. May 1979 citation issued by NJDEP because incinerator was smoking.

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.

INCINERATORS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. INCINERATION OF ALL SUBSTANCES APPROVED BY REGULATORY AGENCY
☐ YES ☒ NO
LIST ALL SUBSTANCES INCINERATED, INDICATING WHETHER OR NOT APPROVAL EXISTS.
Incinerator used to clean drums. Anything shipped may be burned as well as paint and/or coating in drum.

2. COMBUSTION EFFICIENCY MONITORED
☐ YES ☒ NO *(Explain)*

3. TEMPERATURE, GAS FLOW, RETENTION CALCULATIONS, AND COMBUSTION ZONE MONITORED
☐ YES ☒ NO

4. MONITORING EQUIPMENT FUNCTIONING PROPERLY
☐ YES ☒ NO

5. ADEQUATE MAINTENANCE OF EMISSION CONTROL EQUIPMENT
☐ YES ☐ NO unknown

6. MONITORING PORTS IN INCINERATOR *(Indicate Position)*
☐ YES ☐ NO open ended

7. WASTE FLOW RATE MONITORED
☐ YES ☒ NO

8. CUT-OFF DEVICE FUNCTIONING PROPERLY
☐ YES ☐ NO Not Applicable

9. STACK TEST
☐ YES ☐ NO unknown

9a. EPA METHOD

9b. AGENCY CONDUCTING TEST

9c. DATE

10. ADEQUATE METHOD FOR DISPOSAL OF SCRUBBER LIQUOR WASTEWATER *(Describe)*
☐ YES ☐ NO To holding tank then to Passaic Valley Sewage Treatment Plant

11. ADEQUATE METHOD FOR DISPOSAL OF ASH QUENCHING WASTEWATER OR ASH *(Describe)*
☐ YES ☐ NO Same as 10

12. TYPE OF SCRUBBER MEDIUM
unknown

13. TYPE OF SCRUBBER
unknown

14. MIST ELIMINATOR
☐ YES ☐ NO unknown

Continued on reverse