141972

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
2	NJ00002870

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: BAYONNE DRUM & BARREL

B. STREET (or other identifier): 45 ROUTE 1

C. CITY: NEWARK

D. STATE: NJ

E. ZIP CODE:

F. COUNTY NAME: ESSEX

G. OWNER/OPERATOR (if known)
1. NAME: Frank Langella, President of Corp. 150 Raymond Blvd, Newark NJ
2. TELEPHONE NUMBER: (201) 589-0110

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: Site is adjacent to Pulaski Skyway, Route 1-9, and a drive in movie theatre. Several large factories + warehouses employ 150.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): Referred to EPA by NJDEP

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

L. PRINCIPAL STATE CONTACT
1. NAME: Bob Reed
2. TELEPHONE NUMBER: (609) 292-9120

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~~ performed
a. TENTATIVELY SCHEDULED FOR: 12/12/79
b. ~~WILL BE~~ PERFORMED BY: EPA
☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION
1. NAME: John Jimenez
2. TELEPHONE NUMBER: (212) 264-1573
3. DATE (mo., day, & yr.): 3/11/80.

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): Some are + Some are not

C. AREA OF SITE (in acres): 15

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): Drum processing buildings + Tanks

Continue On Reverse

Continued From Front

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		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		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

Old drums are cleaned + reconditioned
New drums are manufactured.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 8. 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.

NO

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 UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	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)		

 Continue On Page 3

Continued From Page 2

V. WASTE RELATED INFORMATION *(continued)*

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE *(place in descending order of hazard)*.

UNKNOWN

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

Site is relatively well operated, Hazardous wastes are either returned to point of origin or carted away by private contractor.

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	X			
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)*:				

Continue On Reverse

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 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
- [x] B. YES *(summarize below)*

May 1979 - NJDEP issued citation because of smoking incinerator

IX. INSPECTION ACTIVITY *(past or on-going)*

- [ ] A. NONE
- [x] 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
Site VISIT	12/12/80	EPA	Visual inspection no sample taken

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.

EPA

POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER: NJ-43

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME: BAYONNE DRUM & BARREL Co | ROUTE 1

CITY: NEWARK | STATE: NJ | ZIP CODE:

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo,day,yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/79	State NJ	Jimenez	12/79
2. PRELIMINARY ASSESSMENT			Jimenez	
APPARENT SERIOUSNESS OF PROBLEM: [ ] HIGH [ ] MEDIUM [X] LOW [ ] NONE [ ] UNKNOWN				
3. SITE INSPECTION	12/12	Rubel	Jimenez	1/9/80
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)	2/7/80	EPA	JIMENEZ	2/12/80
[X] a. NO ACTION NEEDED				
[ ] b. INVESTIGATIVE ACTION NEEDED				
[ ] c. REMEDIAL ACTION NEEDED				
[ ] d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)				
[ ] a. NO ACTION NEEDED				
[ ] b. REMEDIAL ACTION NEEDED				
[ ] c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
[ ] d. ENFORCEMENT ACTION NEEDED				
[ ] (1) CASE DEVELOPMENT PLAN PREPARED				
[ ] (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				

EPA Form T2070-1 (10-79)

12

RECORD OF COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☒ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO: Dr. Spear
Mr Rubel

FROM: Martin Jacobson

DATE: Dec. 13, 1979

TIME:

SUBJECT: Hazardous Waste Site Investigation - Bayonne Barrel & Drum Corp.

SUMMARY OF COMMUNICATION

The Bayonne Barrel & Drum Corp. is a Metal Drum reconditioning and new drum manufacturing operation. Wastes generated on site are from residues in drums which are collected and given to a scavenger along with particulates from the metal refinishing operation; Liquids from washing drums, floor drainage and sanitary waste drain to a collection pit, then pumped to an above ground holding tank. This tank is drained daily to the Passaic Valley Sewage Comm. Treatment plant. Solids collected at the bottom are combined with the waste given to the scavenger. The scavenger ~~[illegible]~~ S & W Waste, South Kearny N.J. (201) 344 4004, was said to be licenced for the disposal of the various wastes.

Mr. Frank Langella, President of Bayonne Barrel & Drum said that efforts are made to minimize the quantity of wastes in barrels accepted by ~~the~~ his firm by both adding a surcharge if large quantities of remnants are in barrels or refusing to accept material suspected of being hazardous.

The site and factory are generally clean and well maintained with the exception of a small area by the open drum incinerator where a purple liquid had spilled. With the exception of small areas that are

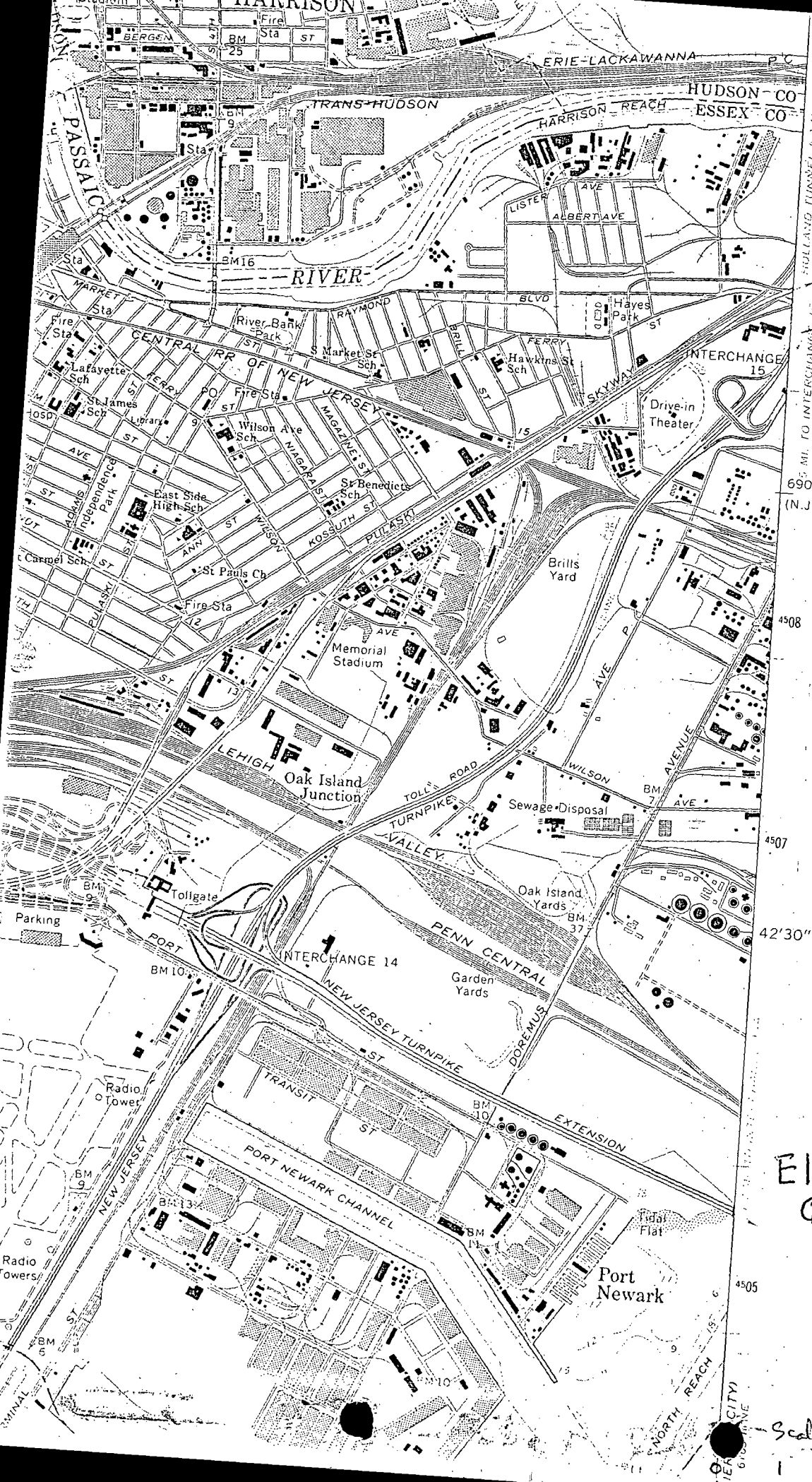
CONCLUSIONS, ACTION TAKEN OR REQUIRED

paved with asphalt the site is earth and cinders. ~~[illegible]~~ the old Newark City dump, is under the entire site.

The site is not believed to be hazardous but some of the wastes that are given to the scavenger or passed through to the Passaic Valley STP may be dangerous.

INFORMATION COPIES TO:

EPA Form 1300-6 (7-72) REPLACES EPA HQ FORM 5500-5 WHICH MAY BE USED UNTIL SUPPLY IS EXHAUSTED.



Bayonne Barrel Site

Elizabeth NJ-NY Quadrangle

Scale in 1000 feet.

1 2 3 4

HAZARDOUS WASTE SITE STATUS

Name & Address

BAYONNE DRUM + BARREL CO.
ROUTE 1
NEWARK, NEW JERSEY

Site Number

NJ 000002870

Staff Responsible

JOHN JIMENEZ

County

ESSEX

Agency Responsible

____ EPA ____ State ____ None

Preliminary Assessment Rating

NO HAZARD

Date of Assessment

3-11-80

Tentative Disposition

NO ACTION NEEDED

Date of Disposition

2-12-80

Site Inspection Requested	Date of Request	Date of Inspection	Date of Report
✓ Yes ____ No	12-11-79 by HWEC	12-12-79	12-12-79

Site Inspection Rating

LOW

JRB Rating

Sampling Requested	Date of Request	Date of Sampling	Date of Report
____ Yes ____ No			

Final Strategy Determination -
(based on sampling results)

Date of Determination

Enforcement by EPA

____ Yes ____ No

Date of Case Development Plan

Enforcement Team Leader

Technical Staff -

Legal Staff -

S&A Field Staff -

FIT Staff -

Enforcement Case Filed Date

Administrative Order Issued Date

Current Location of File	File Holder
✓ Assessment Staff	JOHN JIMENEZ
____ Case Development Staff	
____ Enforcement Division	
____ Other	

EPA

POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER: NJ-43

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the **EPA's Hazardous Waste Site Enforcement and Response System** to determine if a hazardous waste problem actually exists.

SITE NAME: BAYONNE DRUM & BARREL Co | ROUTE 1

CITY: NEWARK | STATE: NJ | ZIP CODE:

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo,day,yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/79	State NJ	[illegible]	12/79
2. PRELIMINARY ASSESSMENT			[illegible]	
APPARENT SERIOUSNESS OF PROBLEM:	[ ] HIGH	[ ] MEDIUM	[X] LOW [ ] NONE	[ ] UNKNOWN
3. SITE INSPECTION	2/12	Rula	[illegible]	[illegible]
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
[ ] a. NO ACTION NEEDED				
[ ] b. INVESTIGATIVE ACTION NEEDED				
[ ] c. REMEDIAL ACTION NEEDED				
[ ] d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)				
[ ] a. NO ACTION NEEDED				
[ ] b. REMEDIAL ACTION NEEDED				
[ ] c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
[ ] d. ENFORCEMENT ACTION NEEDED				
[ ] (1) CASE DEVELOPMENT PLAN PREPARED				
[ ] (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				

EPA Form T2070-1 (10-79)

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
2	NJ000002870

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	B. STREET	
BAYONNE DRUM + BARREL Co Inc	US Route 1 + 9 + PULASKI SKYWAY	
C. CITY	**D. STATE**	**E. ZIP CODE**
NEWARK	NJ	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD	X				
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*					
C. REMEDIAL ACTION NEEDED *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION NEEDED *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR DISPOSITION

Facility is well operated + maintained properly

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION *(mo., day, & yr.)*	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
JOHN JIMENEZ	212 264 1573	2/12/80

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY *(Detailed Information)*

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION *(mo, day, & yr)*	3. TO BE PERFORMED BY *(EPA, Contractor, State, etc.)*	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

Continue On Reverse

EPA

POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
2	NJ 000002870

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	B. STREET	
Bayonne Drum & Barrel Co.	US Rt. 1&9 and Pulaski Skyway	
C. CITY	**D. STATE**	**E. ZIP CODE**
Newark	N.J.	

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE *(If yes, complete Section III.)*					
C. REMEDIAL ACTION *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

Industrial facility on 15 acre site which manufactures, reconditions and cleans drums. Wastes are transported off-site by a State-licensed scavenger. Facility is fairly well run according to the site inspection report.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED *(mo., day, & yr.)*	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
M. Hauptman	264-1573	5/1/81

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
D. TOTAL ESTIMATED COST	$	

Continue On Reverse

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS *(On Site and Off-Site)*: List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site and Off-Site)*: List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	5. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				$	
				$	
				$	
				$	
				$	
				$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN-HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		$
b. STATE		$
c. PRIVATE PARTIES		$
d. OTHER *(specify)*:		$

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS (1)				
(2)				
e. OTHER (specify) (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		

REVISED - INFO: UPDATED

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMSER
2	NJ 000002870

File this form in the egional 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	B. STREET	
Bayonne Drum & Barrel Co.	US Rt. 1&9 and Pulaski Skyway	
C. CITY	**D. STATE**	**E. ZIP CODE**
Newark	N.J.	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED — NO HAZARD	X				
B. INVESTIGATIVE ACTIONIS) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

Industrial facility on 15 acre site wich drains, reconditions, and manufactures drums. Wastes are transported off-site by a State-licensed scavenger. Facility is fairly well run according to the site inspection report.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
M. Hauptman	264-1573	5/1/81

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

E. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS (1)				
(2)				
e. OTHER (specify) (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo,day,&yr)	3. EST. END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo,day,&yr)	3. EST. END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		