EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: II

SITE NUMBER (to be assigned by Hq): NY0000005230

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: DENTON AVENUE LANDFILL = NEW HYDE PARK LANDFILL = TOWN OF NORTH HEMPSTEAD LANDFILL

B. STREET (or other identifier): DENTON AVENUE AND HILLSIDE AVENUE

C. CITY: NEW HYDE PARK (TOWN OF)

D. STATE: NEW YORK

E. ZIP CODE: 11040

F. COUNTY NAME: NASSAU

G. OWNER/OPERATOR (if known)

1. NAME: TOWN OF NORTH HEMPSTEAD (PLANDOME ROAD, MANHASSET) TOWN HALL

2. TELEPHONE NUMBER: FTS 116/627-0590

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION: 40 ACRES, INACTIVE LANDFILL CONSISTING OF 2 PARTS: 1ST PART WAS USED AS MUNICIPAL LANDFILL FROM 1951 TO 1961; 2ND PART FROM 1961 TO 1965, FROM 1965 THROUGH 1974 SITE WAS USED SOLELY FOR DISPOSAL OF MUNICIPAL INCINERATOR RESIDUES; SITE IS NOW A PARK.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): SITE IS LISTED IN NYS DEC'S TECHNICAL REPORT, "TOXIC SUBSTANCES IN NEW YORK'S ENVIRONMENT" (MAY 1979) – AS OF

K. DATE IDENTIFIED (mo., day, & yr.): 4/15/1979

L. PRINCIPAL STATE CONTACT

1. NAME: PAUL LAPPANO, P.E., NYS DEC, REGION 1, SUNY, STONY BROOK

2. TELEPHONE NUMBER: FTS 116 751-7900

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*)

☒ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (*low priority*)

C. PREPARER INFORMATION

1. NAME: GEORGE B. RADAN

2. TELEPHONE NUMBER: (212) 264-1576

3. DATE (mo., day, & yr.):

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*): 40 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*): DURING ACTIVE LIFE: NOW - RECREATIONAL FACILITIES IN A LARGE STRUCTURE AT THE BUILDING; SMALL COMFORT STATION, STADIUM & BLEECHERS, LOCK ROOMS, GOLF RANGE ETC.

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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
X	1. RAIL		1. PILE		1. FILTRATION	X	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	X	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

SITE IS TRANSFORMED INTO A PARK WITH RECREATIONAL FACILITIES, AT THE NORTH END IS A GOLF RANGE, PRIOR TO TH SITE'S CLOSING, FROM 1965 THROUGH 1974 THE LANDFILL WAS USED SOLELY FOR DISPOSAL OF MUNICIPAL INCINERATOR RESIDUE

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[X] 1. UNKNOWN [ ] 2. LIQUID [X] 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 [X] 8. INERT [ ] 9. FLAMMABLE

[ ] 10. OTHER (*specify*):

C. WASTE CATEGORIES

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

NONE (TO EPA)

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 UNKNOWN	AMOUNT UNKNOWN	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 SMLTG. WASTES	X (4) MUNICIPAL
(5) OTHER (*specify*):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (*specify*): COMMERICAL WASTES, DEMOLITION DEBRIS, WOOD, PAPER, ETC.
			(6) CYANIDE	X (6) OTHER (*specify*): MUNICIPAL INCINERATOR RESIDUE	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			X (11) OTHER (*specify*) INDUSTRIAL WASTE ?		

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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).

SITE IS LISTED IN "TOXIC SUBSTANCES IN NEW YORK'S ENVIRONMENT", BUT QUANTITY AND QUALITY OF INDUSTRIAL WASTES RECEIVED IS UNKNOWN.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE 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	X			NASSAU COUNTY BOARD OF HEALTH WILL DRILL INTO THE FORMER LF AND TEST FOR
6. CONTAMINATION OF FOOD CHAIN				POSSIBLE CONTAMINATION OF THE UNDERGROUND
7. CONTAMINATION OF GROUND WATER	X			WATER SUPPLIES. WATER WILL BE TESTED FOR 150-160 POLLUTANTS, INCL. 129 CONTAMINANTS
8. CONTAMINATION OF SURFACE WATER				LISTED BY EPA ("PRIORITY POLLUTANTS"). THE SITE IS LOCATED ATOP A SOLE SOURCE AQUIFER (GLACIAL, MAGOTHY AND LLOYD).
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			SITE IS MONITORED FOR METHANE GAS (MANHOLES ON SITE ARE PERIODICALLY CHECKED)
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

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)*: NONE

B. IN COMPLIANCE?

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