39819

EPA File

...NTIAL HAZARDOUS WASTE SIT...
SITE INSPECTION REPORT

REGION: 2 | SITE NUMBER (To be ed by HQ): NJ0000101?

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the inf... tion on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental ... tection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 2...

I. SITE IDENTIFICATION

A. SITE NAME: COMBE FILL SOUTH
B. STREET (or other identifier): PO BOX 418, CHESTER, N.J. 0793...
C. CITY: CHESTER, N.J. (WASHINGTON, TWSP)
D. STATE: N.J.
E. ZIP CODE: 07930
F. COUNTY NAME: MORRIS

G. SITE OPERATOR INFORMATION
1. NAME: COMBE FILL - SOUTH
2. TELEPHONE NUMBER: 201-879-790...
3. STREET: PARKER ROAD
4. CITY: CHESTER TWSP/WASH. TWSP
5. STATE: N.J.
6. ZIP CODE: 0793...

H. REALTY OWNER INFORMATION (If different from operator of site)
1. NAME: COMBE FILL CORPORATION
2. TELEPHONE NUMBER: SAME
3. CITY: SAME AS ABOVE
4. STATE:
5. ZIP CODE:

I. SITE DESCRIPTION: LANDFILL ADJACENT TO FRESHWATER MARSH

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: R.T. DEWLING
2. TELEPHONE NUMBER: 212-264-0396
3. DATE (mo., day, & yr.): 11-20-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION
1. NAME: R.T. DEWLING
2. TITLE: DRA
3. ORGANIZATION:
4. TELEPHONE NO. (area code): 212-264-039(

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Helen Fensley	EPA, Public Participation, Reg II	212-264-2515

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Rita Klamkowsley	Pres, Bd of Health, Chester	
Germaine Carl	Member, Bd. of Health, Chester	
Ed Russo	Councilman, Chester Twsp	
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... INSPECTION INFORMATIO... ...ntinue

D. GENERATOR INFORMATIO... ...urces of waste) N/A

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

E. TRANSPORTER/HAULER INFORMATION N/A

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

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.	N/A 3. ADDRESS

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
11-20-80	9:30AM	☐ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)
CLEAR, SNOW ON GROUND (2"), 45°F

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, contracto... etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DAT... RESUL... AVAILA...
a. GROUNDWATER	X	Samples not collected by EPA/Analysis shown on a...	
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
N/A		

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IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: ☐ a. GROUND ☐ b. AERIAL — NONE

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg-min-sec.)

2. LONGITUDE (deg-min-sec.)

V. 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)

50-100

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): AT ENTRANCE, PARKER RD.

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	X	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 INJECT
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

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 ☐ 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

☐ 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):

C. WASTE CATEGORIES

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

DON'T KNOW - VISIT MADE ON A SAT.; OFFICE CLOSED

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II. WASTE RELATED INFORMAT (cont

2. Estimate the amount (spe unit of measure) of waste by category, ma * to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHE
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEA
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORA PHARMA
(2) METALS SLUDGES	(2) OTHER(specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPIT.
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOA
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIF
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER
			(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
	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. Describ hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

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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

LOCAL CITIZENS CONCERNED THAT DUMPING OF HAZARDOUS WASTES MIGHT BE OCCURRING ∴ HAD GW. TESTED. SEE ATTACHED RESULTS. WELLS ON SITE (SEE MAP) INDICATE NORMAL GW QUALITY ASSOCI WITH LANDFILL. NO ELEVATED LEVELS BEYOND WHICH WOULD EXPE

☒ G. CONTAMINATION OF SURFACE WATER

WALKED STREAMS. DID NOT OBSERVE DIRECT LEACHATE DUCH BIOLOGICAL LIFE PRESENT - SNAILS, WORMS, etc. NO FISH OBSE

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VIII. HAZARD DESCRIPTION (Continued)

☐ H. DAMAGE TO FLORA/FAUNA

☒ I. FISH KILL

REPORTED KILL IN LOCAL STREAMS LAST YEAR

☐ J. CONTAMINATION OF AIR

☑ K. NOTICEABLE ODORS

NO NOTICEABLE ODORS

☑ L. CONTAMINATION OF SOIL

DID NOT OBSERVE DISCOLORATION OF SOIL DUE TO POSSIBL
DUMPING OF LIQUID INDUSTRIAL/HAZ. WASTES

☐ M. PROPERTY DAMAGE

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VIII. HAZARD DESCRIPTION (c... ...ued)

☐ N. FIRE OR EXPLOSION

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

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

DID OBSERVE PONDING AT BASE OF MOUND (SOLID WASTE.

☒ R. INADEQUATE SECURITY

NO SECURITY. NO WEIGHING SCALES, NO LOCKED FENCE

☐ S. INCOMPATIBLE WASTES

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VIII. HAZARD DESCRIPTION (continued)

☒ 7. MIDNIGHT DUMPING

POSSIBLE, BUT NO EVIDENCE TO SUGGEST IT IS HAPPENING.

☐ 8. OTHER (specify):

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. DISTA TO SIT (specify un
1. IN RESIDENTIAL AREAS	100	100	20	1/4 - 1
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
D. POTENTIAL YIELD OF AQUIFER —	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SU

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY <15 CONNECTIONS ☐ 2. COMMUNITY (specify source): >15 CONNECTIONS

☐ 3. SURFACE WATER ☒ 4. WELL INDIVIDUAL WELLS

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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')	CO (ma

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

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	X			
	2. CLAY				
	3. GRAVEL	X			

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

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

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XIV. PERMIT INFORMATIC

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. KN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

Don't know; however, this site should not be confused with Mt. Olive site owned and operated by same corp., with several violations

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) informatio on the first page of this form.

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LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTIO
Answer and Expl
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)
☒ YES ☐ NO POOR SOIL CHARACTERISTICS - ROCK

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
☐ YES ☒ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☐ YES ☐ NO

6. EVIDENCE OF PONDING OF WATER ON SITE
☒ YES ☐ NO AT BASE OF MOUND

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)
☐ YES ☒ NO

8a. SURFACE LEACHATE SPRING
☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☒ NO

10. GAS MONITORING
☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS
☒ YES ☐ NO SEE ATTACHED

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)
☐ YES ☒ NO

14. FIXATION (Stabilization) OF WASTE
☐ YES ☐ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☐ YES ☐ NO

16. COVER (Type)
ON SITE MATERIAL - SANDY/ROCK TYPE SOIL . VERY ~~FINE~~ POROUS

16b. THICKNESS
6"-12"

16b. PERMEABILITY

16c. DAILY APPLICATION
☒ YES ☐ NO

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