39821

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION | SITE NUMBER (to be assigned by Hq)

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 Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: COMBE FILL LANDFILL (SOUTH)
B. STREET (or other identifier): PARKER RD.
C. CITY: CHESTER
D. STATE: N.J.
E. ZIP CODE: 07930
F. COUNTY NAME: MORRIS

G. SITE OPERATOR INFORMATION
1. NAME: COMBE FILL CORP.
2. TELEPHONE NUMBER: (201)
3. STREET: P.O. BOX 418
4. CITY: CHESTER
5. STATE: N.J.
6. ZIP CODE: 07930

H. REALTY OWNER INFORMATION (if different from operator of site)
1. NAME: PRENTICE-HALL CORP. SYSTEM INC.
2. TELEPHONE NUMBER:
3. CITY: ONE EXCHANGE PL., JERSEY CITY
4. STATE: N.J.
5. ZIP CODE: 07303

I. SITE DESCRIPTION: LANDFILL

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: Richard J Katz
2. TELEPHONE NUMBER: (609) 292-5560
3. DATE (mo., day, & yr.): 8/10/82

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION
1. NAME: R.T. DEWLING
2. TITLE: D.R.A., E.P.A.
3. ORGANIZATION: EPA
4. TELEPHONE NO. (area code & no.): (212) 264-0396

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
HELEN FENSLEY	EPA, REG. II	(212) 264-2515

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
RITA KLAMKOWSKY	PRES., BD. OF HEALTH,	CHESTER
GERMAINE CARL	MEMBER, BD. OF HEALTH,	CHESTER
ED RUSSO	COUNCILMAN,	CHESTER

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III. INSPECTION INFORMATION (cont. and)

D. GENERATOR INFORMATION *(sources of waste)*

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

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

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
		☐ 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	X	Dept of Health (NJ), Princeton Testing	4/81
b. SURFACE WATER	X	" " " " " "	"
c. WASTE			
d. AIR			
e. RUNOFF	X	" " " " " "	"
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
Conductivity	Various suspect locations	Positive
Resistivity	" " "	Positive

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IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: ☐ a. GROUND ☒ b. AERIAL

2. PHOTOS IN CUSTODY OF: Division of Waste Management, Trenton

D. SITE MAPPED?

☑ YES. SPECIFY LOCATION OF MAPS: DWM FILES

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): 40° 46' 15" N

2. LONGITUDE (deg.-min.-sec.): 74° 44' 0" W

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 intermittently.)

☑ 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): 193.34 (approx 80 acres Filled)

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☑ 2. YES (specify): OFFICE; 2 GARAGES

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 INJECTION
					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.

NONE

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II. WASTE RELATED INFORMATION

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: Unknown	AMOUNT:	AMOUNT: Unknown	AMOUNT: Unknown	AMOUNT:	AMOUNT:
UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:
		X (1) HALOGENATED SOLVENTS			
		X (2) NON-HALOGENTD. SOLVENTS			
		(3) OTHER *(specify)*:			
X (8) OTHER *(specify)*: sewage and septage					

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
	X (1) OILY WASTES			X (1) FLYASH	X (1) LABORATORY, PHARMACEUT.
(1) PAINT, PIGMENTS	(2) OTHER *(specify)*:		(1) ACIDS	(2) ASBESTOS	(2) HOSPITAL
(2) METALS SLUDGES			(2) PICKLING LIQUORS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(3) POTW			(3) CAUSTICS	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
			(5) DYES/INKS	(6) OTHER *(specify)*:	
			X (6) CYANIDE		
			X (7) PHENOLS		
			X (8) HALOGENS		
			(9) PCB		
			X (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') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Carbon Tetrachloride		X		X					338	ppb
Benzene		X		X					11	ppb
Tetrachloroethylene		X		X					100	ppb
Lead	X			X					13	ppb
Methylene Chloride	X			X					280	ppb

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.

X A. HUMAN HEALTH HAZARDS

High potential for potable well contamination, High injury potential from contact with on-site surface water and soil

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VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Private well on-site contaminated
Low Level contamination of proximate private wells

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

see D

☒ G. CONTAMINATION OF SURFACE WATER

Leachate and surface run-off contaminating nearby streams

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VIII. HAZARD DESCRIPTION (continued)

☒ H. DAMAGE TO FLORA/FAUNA

GRASS IS GROWING IN SOME AREAS
No life exists in Trout Brook, formerly trout maintenance area.

☒ I. FISH KILL

Fish kill was reported by resident who showed inspectors that Trout Brook (discharge stream for leachate) is devoid of life.

☐ J. CONTAMINATION OF AIR

☒ K. NOTICEABLE ODORS

Present on site

☒ L. CONTAMINATION OF SOIL

Samples taken on site proved contaminated

☐ M. PROPERTY DAMAGE

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VIII. HAZARD DESCRIPTION (continued)

☒ N. FIRE OR EXPLOSION

Several fires reported during active operations

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

Numerous leachate streams evident

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

Side slopes of landfill

☒ R. INADEQUATE SECURITY

INACTIVE LANDFILL; GATE IN FRONT OF ENTRANCE ONLY; EASY ACCESS TO LANDFILL FROM OTHER LOCATIONS

☐ S. INCOMPATIBLE WASTES

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VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

Claimed by residents but unproven

☐ U. 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. 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
SE 10'; SW 10'; NE 30'	West and South	Potable
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
High	75 feet	All

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☐ 2. COMMUNITY (specify town): > 15 CONNECTIONS _____

☐ 3. SURFACE WATER ☒ 4. WELL

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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')	5. COMMUNITY (mark 'X')
NAST		161 E. VALLEY RD., LONG VALLEY	X	
SCRIVENS		151 E. VALLEY BROOK RD., LONG VALLEY	X	
EITNER		96 E. VALLEY BROOK RD., LONG VALLEY	X	
PERRY		SCHOOL HOUSE LANE	X	
PRICE		PARKER RD.	X	

I. RECEIVING WATER

1. NAME: TROUT BROOK

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

TROUT BROOK AND TANNERS BROOK ARE ON SITE; THEY FLOW TO BLACK RIVER LAMINGTON WHICH IS A TRIBUTARY TO THE RARITAN RIVER

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)
X	1. SAND		GNEISSIC BEDROCK		ROCK RUBBLE; SILT; SAND
X	2. CLAY				FRACTURED ROCK
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☒ C. HIGH (1000 to 10 cm/sec.) LANDFILL COVER MATERIAL

☐ 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: MINOR

H. DISCHARGE AREA

☒ 1. YES ☐ 2. NO 3. COMMENTS: WETLAND AREA

I. SLOPE

1. ESTIMATE % OF SLOPE: 10-30%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: Series of mounds, sloping in all directions

J. OTHER GEOLOGICAL DATA

see attached geologist's report (2/27/81, Dan Tooker)

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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
SOLID WASTE DISPOSAL	SWA	1407A					

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

NOTICES OF PROSECUTION:

10/18/77 7:26-2.5.13

10/26/79 7:26-2.5.1 ; 7:26-2.5.13 ; 7:26-2.7.1

7/28/81 7:26-2.5.13

6/8/81 7:26-2.5.13 ; 7:26-2.5.6

3/10/81 7:26-2.5.6 ; 7:26-2.5.17

9/8/81 DEP ISSUED ADMINISTRATIVE ORDER FOR CLOSURE OF LANDFILL

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.

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