



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION IV SITE NUMBER (to be assigned by HQ) 19

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 <u>ANNISTON PLANT LANDFILL</u> | | B. STREET (or other identifier) <u>HWY 202 WEST</u> | |
| C. CITY <u>ANNISTON</u> | D. STATE <u>ALA</u> | E. ZIP CODE <u>36202</u> | F. COUNTY NAME <u>CALHOUN</u> |
| G. SITE OPERATOR INFORMATION | | H. TELEPHONE NUMBER | |
| 1. NAME <u>MONSANTO COMPANY</u> | | <u>236-6381</u> | |
| 3. STREET <u>HWY 202 WEST</u> | 4. CITY <u>ANNISTON</u> | 5. STATE <u>ALA</u> | 6. ZIP CODE <u>36202</u> |
| H. REALTY OWNER INFORMATION (if different from operator of site) | | I. TELEPHONE NUMBER | |
| 1. NAME | | 2. TELEPHONE NUMBER | |
| 3. CITY | | 4. STATE | |
| | | 5. ZIP CODE | |

I. SITE DESCRIPTION
HAZARDOUS AND NON HAZARDOUS WASTE 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 <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <u>Unknown - Med. Priority</u> |
| C. PREPARER INFORMATION | |
| 1. NAME <u>Darrell A Baker</u> | 2. TELEPHONE NUMBER <u>832-6728</u> |
| 3. DATE (mo., day, & yr.) <u>Mar 5, 80</u> | |

III. INSPECTION INFORMATION

| | |
|--|---|
| A. PRINCIPAL INSPECTOR INFORMATION | |
| 1. NAME <u>DARRELL A. BAKER</u> | 2. TITLE <u>PUBLIC HEALTH ENGINEER</u> |
| 3. ORGANIZATION <u>ALA DEPT OF PUBLIC HEALTH / DIV OF SOLID W</u> | 4. TELEPHONE NO. (area code & no.) <u>(205) 832-6728</u> |

| 1. NAME | 2. ORGANIZATION | 3. TELEPHONE NO. |
|--------------------|--------------------|------------------|
| <u>JERRY BROWN</u> | <u>MONSANTO CO</u> | <u>236-6381</u> |
| <u>Bill Taffey</u> | <u>MONSANTO CO</u> | <u>236-6381</u> |

| C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents) | | |
|---|--------------------------|----------------------------------|
| 1. NAME | 2. TITLE & TELEPHONE NO. | 3. ADDRESS |
| <u>JERRY BROWN</u> | <u>CHEM. 236-6381</u> | <u>MONSANTO CO, HWY 202 West</u> |
| <u>Bill Taffey</u> | <u>ENG. 236-6381</u> | <u>MONSANTO CO, HWY 202 West</u> |
| | | |
| | | |

INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

| 1. NAME | 2. TELEPHONE NO. | 3. ADDRESS | 4. WASTE TYPE GENERATED |
|-------------|------------------|------------------------|---|
| MONSANTO CO | 236-6381 | HWY 202 West, ANNISTON | PARATHION, PCBs PHENOLS, ASBESTOS SULFUR, Biological Solids, TAP, PLANT TRASH |

E. TRANSPORTER/HAULER INFORMATION

| 1. NAME | 2. TELEPHONE NO. | 3. ADDRESS | 4. WASTE TYPE TRANSPORTED |
|-------------|------------------|-----------------------|---------------------------|
| MONSANTO CO | 236-6381 | HWY 202 WEST ANNISTON | SAME |

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

H. TIME OF INSPECTION

I. ACCESS GAINED BY: (credentials must be shown in all cases)

(mo., day, & yr.) **DEC 8 '79** **11:30 AM** 1. PERMISSION 2. WARRANT

J. WEATHER (describe)

FAIR

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 | X | STATE HEALTH LAB | 1-26-79 |
| 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 |
|---------|-----------------------------|------------|
| | | |
| | | |
| | | |
| | | |

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

- a. GROUND b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

YES. SPECIFY LOCATION OF MAPS: **ON FILE AT ALA DIV OF SOLID WASTE**

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

33.5° N

2. LONGITUDE (deg.-min.-sec.)

86.85° 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 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): **2911**

C. AREA OF SITE (in acres)

30

D. ARE THERE BUILDINGS ON THE SITE?

1. NO 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.

| <input checked="" type="checkbox"/> | A. TRANSPORTER | <input type="checkbox"/> | B. STORER | <input type="checkbox"/> | C. TREATER | <input checked="" type="checkbox"/> | D. DISPOSER |
|-------------------------------------|---------------------|--------------------------|------------------------|--------------------------|---------------------------|-------------------------------------|---|
| | 1. RAIL | | 1. PILE | | 1. FILTRATION | | <input checked="" type="checkbox"/> 1. LANDFILL |
| | 2. SHIP | | 2. SURFACE IMPOUNDMENT | | 2. INCINERATION | | <input type="checkbox"/> 2. LANDFARM |
| | 3. BARGE | | 3. DRUMS | | 3. VOLUME REDUCTION | | <input type="checkbox"/> 3. OPEN DUMP |
| <input checked="" type="checkbox"/> | 4. TRUCK | | 4. TANK, ABOVE GROUND | | 4. RECYCLING/RECOVERY | | <input type="checkbox"/> 4. SURFACE IMPOUNDMENT |
| | 5. PIPELINE | | 5. TANK, BELOW GROUND | | 5. CHEM./PHYS./TREATMENT | | <input type="checkbox"/> 5. MIDNIGHT DUMPING |
| | 6. OTHER (specify): | | 6. OTHER (specify): | | 6. BIOLOGICAL TREATMENT | | <input type="checkbox"/> 6. INCINERATION |
| | | | | | 7. WASTE OIL REPROCESSING | | <input type="checkbox"/> 7. UNDERGROUND INJECTION |
| | | | | | 8. SOLVENT RECOVERY | | <input type="checkbox"/> 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.

NO

VII. 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 | |
| 20000000 | | | | | | 20002000 | | 48,000,200 | | | |
| UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | | UNIT OF MEASURE | |
| lbs | | | | | | lbs | | | | | |
| <input checked="" type="checkbox"/> (1) PAINT, PIGMENTS | <input checked="" type="checkbox"/> (1) OILY WASTES | <input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS | <input checked="" type="checkbox"/> (1) ACIDS | <input checked="" type="checkbox"/> (1) FLYASH | <input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT. | | | | | | |
| <input checked="" type="checkbox"/> (2) METALS SLUDGES CA3 P04 | (2) OTHER(specify): | (2) NON-HALOGENATED SOLVENTS | (2) PICKLING LIQUORS | <input checked="" type="checkbox"/> (2) ASBESTOS | (2) HOSPITAL | | | | | | |
| (3) POTW | | (3) OTHER(specify): | (3) CAUSTICS | (3) MILLING/MINE TAILINGS | (3) RADIOACTIVE | | | | | | |
| (4) ALUMINUM SLUDGE | | | <input checked="" type="checkbox"/> (4) PESTICIDES PARATHION | (4) FERROUS SMELTING WASTES | (4) MUNICIPAL | | | | | | |
| (5) OTHER(specify): | | | (5) DYES/INKS | (5) NON-FERROUS SMELTING WASTES | (5) OTHER(specify): | | | | | | |
| | | | (6) CYANIDE | <input checked="" type="checkbox"/> (6) OTHER(specify): SULFUR 18,000,000 HIGH MELT TAR 30,000,000 | | | | | | | |
| | | | <input checked="" type="checkbox"/> (7) PHENOLS | | | | | | | | |
| | | | (8) HALOGENS | | | | | | | | |
| | | | <input checked="" type="checkbox"/> (9) PCB, 10,000,000 | | | | | | | | |
| | | | (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. VA-POR | a. HIGH | b. MED. | c. LOW | d. NONE | | | |
| PCB | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | | 10,000,000 | lbs |
| Parathion | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | | | 10,000,000 | lbs |
| Phenols | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | 2000 | lbs |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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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

HAZARD DESCRIPTION (continued)

B. NON-WORKER INJURY/EXPOSURE

C. WORKER INJURY/EXPOSURE

D. CONTAMINATION OF WATER SUPPLY

Recharge zone for Cold WATER SPRINGS IS UNKNOWN. Cold WATER SPRINGS IS WATER SUPPLY FOR CITY OF ANNISTON

E. CONTAMINATION OF FOOD CHAIN

F. CONTAMINATION OF GROUND WATER

UNLINED LANDFILL, however clay is very impermeable

G. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (continued)

H. DAMAGE TO FLORA/FAUNA

ANIMALS MAY BECOME EXPOSED TO PARATHION WASTE

I. FISH KILL

Should parathion escape from site into nearby snow creek.

J. CONTAMINATION OF AIR

K. NOTICEABLE ODORS

L. CONTAMINATION OF SOIL

M. PROPERTY DAMAGE

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

VIII. HAZARD DESCRIPTION (continued)

T. MIDNIGHT DUMPING

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 |
| 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 | | |
| <input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* | <input type="checkbox"/> 2. COMMUNITY (specify town): _____ | |
| <input type="checkbox"/> 3. SURFACE WATER | <input type="checkbox"/> 4. WELL | |

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') |
|---------|----------------------------|--|--------------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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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 VEGETATION DATA

LOCATION OF SITE IS IN:

- A. UNKNOWN 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 | | | | |
| X | 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: *Possibly, since recharge zone is unknown*

H. DISCHARGE AREA

1. YES 2. NO 3. COMMENTS: _____

I. SLOPE

1. ESTIMATE % OF SLOPE 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

10

North

J. OTHER GEOLOGICAL DATA _____

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 |
| | | | | | | | |
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XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

NONE YES (summarize in this space)

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.

Releasable K. Hickerson ²⁴
9/28/01 Date