



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

File - Lancaster SLE
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 SANITARY WASTE HANDFILL B. STREET (or other identifier) PINE HILL CONCRETE MIX COUP., 2255 BAILEY AVE
LANCASTER C. CITY BUFFALO D. STATE N.Y. E. ZIP CODE 14214 F. COUNTY NAME ERIE

G. SITE OPERATOR INFORMATION
 1. NAME LANCASTER SANITARY WASTE HANDFILL 2. TELEPHONE NUMBER 716-894-2255
GUNNVILLE RD / NYS THRUWAY NORTH OF 3. STREET TRUWAY - EAST OF LANCASTER SPEEDWAY 4. CITY TRUWAY 5. STATE N.Y. 6. ZIP CODE 14214

H. REALTY OWNER INFORMATION (if different from operator of site)
 1. NAME PINE HILL CONCRETE MIX CORP. 2. TELEPHONE NUMBER 716-894-2255
 3. CITY BUFFALO, N.Y. 4. STATE N.Y. 5. ZIP CODE 14214

I. SITE DESCRIPTION
WORKING HANDFILL / ALSO AREAS COMPLETED

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 (see last page)

C. PREPARER INFORMATION
 1. NAME H.R. MORIARTY 2. TELEPHONE NUMBER 8-473-6841 3. DATE (mo., day, & yr.) 8/26/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION
 1. NAME H.R. MORIARTY 2. TITLE SANITARY ENGINEER
 3. ORGANIZATION US-EPA-II-STA-RPSB 4. TELEPHONE NO. (area code & no.) 716-263-6841

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
<u>H.R. MORIARTY</u>	<u>US-EPA-II-STA-RPSB</u>	<u>716-263-6841</u>

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
<u>Bob Jones</u>	<u>Supervisor</u>	<u>716-683-6205</u>
<u>(at Buffalo Sand they will page him.)</u>		
<u>MARK KALILE</u>	<u>OWNER</u>	<u>716-894-2255</u>
<u>(spoke to him KALILE over phone only)</u>		

III- INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
RECEIVES DOMESTIC WASTE - <u>NO INDUSTRIAL WASTE</u>			
SHOW A NUMBER OF COMMUNITIES IN THE AREA - THE			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
WASTE IS RECEIVED, DELIVERED BY BOTH PRIVATE and GOVERNMENT HAULERS (see attachment)			

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
N/A	NO SCAVENGING ALLOWED	

G. DATE OF INSPECTION

H. TIME OF INSPECTION

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

(mo., day, & yr.) 8-12-80 5:15AM 1. PERMISSION 2. WARRANT

J. WEATHER (describe)

COOL and CLEAR

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		No Samples Collected	
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
None		

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS:

2. PHOTOS IN CUSTODY OF:

a. GROUND b. AERIAL

Attached to Report - (DR. SPEAR)

D. SITE MAPPED?

YES. SPECIFY LOCATION OF MAPS: see attachments

E. COORDINATES

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

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

42°-57'-8" N

78°-37'-10" 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): _____

C. AREA OF SITE (in acres)

180

D. ARE THERE BUILDINGS ON THE SITE?

1. NO 2. YES (specify): one check point street entrance

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		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): DOMESTIC AND COMMERCIAL REFUSE

C. WASTE CATEGORIES

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

waste checked at gate by yard - no information

Recorded as to CONTENT But only domestic and commercial refuse haulers allowed on site.

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
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<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.
(2) METALS SLUDGES	2) OTHER (specify):	(2) NON-HALOGENATED 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 SMELTING WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL	
(5) OTHER (specify):		(5) DYES/INKS	(5) NON-FERROUS SMELTING WASTES	(5) OTHER (specify):	
		(6) CYANIDE	Commercial & Municipal		
		(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	6. UNIT
	a. SOLID	b. LIQ.	c. VA-POR	a. HIGH	b. MED.	c. LOW	d. NONE			
(PCBs)										
(Halogenated Solvents)										
<p>(Inter agency task force lists the above however in talking to Bob Jones who has been managing the landfill since the beginning - he says industrial waste has ^{KNOWLEDGELY} come into the site in the last several years - The amounts and locations of the above on site are unknown -</p>										

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

THE ONLY POSSIBLE CONCERN THAT I SEE ON THE SITE - IS THE DEPOSIT OF WASTE - ABOUT 200' SHOW THE TARDU WAY - WELL - THE WASTE IS UP GRADE - HOWEVER - THERE IS A HIGH WATER TABLE IN THE AREA - (POND IN BACK OF REST AREA) - wetland

B. NON-WORKER INJURY/EXPOSURE

N/A

 C. WORKER INJURY/EXPOSURE

N/A

 D. CONTAMINATION OF WATER SUPPLY

See "A" (cont) - N.Y.S. DEC HAS NOT allowed the company to place any more silt in area and the area has been silted for about 2 years, covered and seeded. MR Jones claims a good clay barrier exists between silt and well - well sampled 12/27/78 (reattached) by N.Y.S. DEC. Samples - contain ALDRIN, DDT, CHLORDANE, and Heptachlor epoxide. - No information on depth or construction of well

 E. CONTAMINATION OF FOOD CHAIN

N/A

 F. CONTAMINATION OF GROUND WATER

See "D" and attachment

 G. CONTAMINATION OF SURFACE WATER

Surface water contained in ponds & wet area site also bounded on Northeast area by wet lands. All surface runoff is directed to the ponds with one exit or to low-diked area between Speedway and landfill - north of Thruway & west of landfill.

H. DAMAGE TO FLORA/FAUNA

None - (may have some methane gas damage to banks along thruway) no grass growing in a few areas - looks like top soil may have also eroded - reseeding needed.

 I. FISH KILL

None

 J. CONTAMINATION OF AIR

None - no burning

 K. NOTICEABLE ODORS

None - at time of visit

 L. CONTAMINATION OF SOIL

Area where land fill have been started or completed must be contaminated.

 M. PROPERTY DAMAGE

None

VIII. HAZARD DESCRIPTION (continued)

 N. FIRE OR EXPLOSION

none - But Mr. Jones indicated these things happen once in a while -

 O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

none - drainage gaged

 P. SEWER, STORM DRAIN PROBLEMS

N/A

 Q. EROSION PROBLEMS

very slight - evidence of continuous control over conditions.

 R. INADEQUATE SECURITY

gate locked at night - no one on site.

 S. INCOMPATIBLE WASTES

Refer to tank chemicals or industrial waste.

VIII. HAZARD DESCRIPTION (continued)

T. MIDNIGHT DUMPING

None

U. OTHER (specify):

Old dump area completely has up to 40 feet of fill - some of the new or working area will have up to 40 ft. + Jones states that when they did take in chemical Co. waste it went in with the regular fill - It is unknown how much and where such wastes are buried. Drums were crushed just like other fill.

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	10 to 15 houses	up to 50	10-15	1/4 to 1/2 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	Speedway	> 2000 est	1/2 dozen	< 1/4 mile
3. IN PUBLICLY TRAVELLED AREAS	Flavence REST AREA, U.Y.S. THRUWAY	> 5000 est	one	< 1/4 mile
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) 10' +	B. DIRECTION OF FLOW UNKNOWN	C. GROUNDWATER USE IN VICINITY DRINKING H2O *
D. POTENTIAL YIELD OF AQUIFER UNKNOWN	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 200 ft.	F. DIRECTION TO DRINKING WATER SUPPLY EAST

G. TYPE OF DRINKING WATER SUPPLY

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

3. SURFACE WATER

4. WELL - Series Recharge on Thruway

* Ground water is also pumped out of near by quarries to the west - These quarries are 75 to 100' deep - Ground water from handpump near these quarries.

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')
REST AREA	?	200' + EAST of landfill	X	

Rest Area has been waste treated

I. RECEIVING WATER

1. NAME RAMSON CREEK * 2. SEWERS Went plants 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. KNOWN FAULT ZONE B. KARST ZONE C. 100 YEAR FLOOD PLAIN D. WETLAND (HEAP)
 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. COVERED	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X			Quarries in		
X			area near old		
X			gravel pit.		

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: More than likely drains to Ramson

H. DISCHARGE AREA

1. YES 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC. Major portion is level
All directions - Small patches minor patches

J. OTHER GEOLOGICAL DATA

None

* THIS appears to drainage creek however ponds could appear to see flow into marsh-wetlands

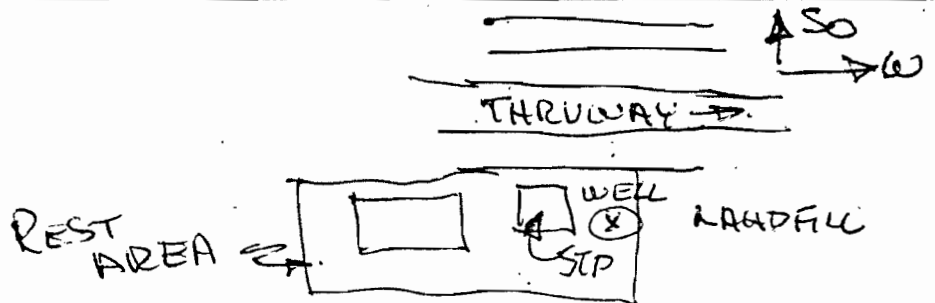
XIV. PERMIT INFORMATION

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
Reviewed by STATE (for landfill)	DEC	—	—	—			

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

NONE YES (summarize in this space)

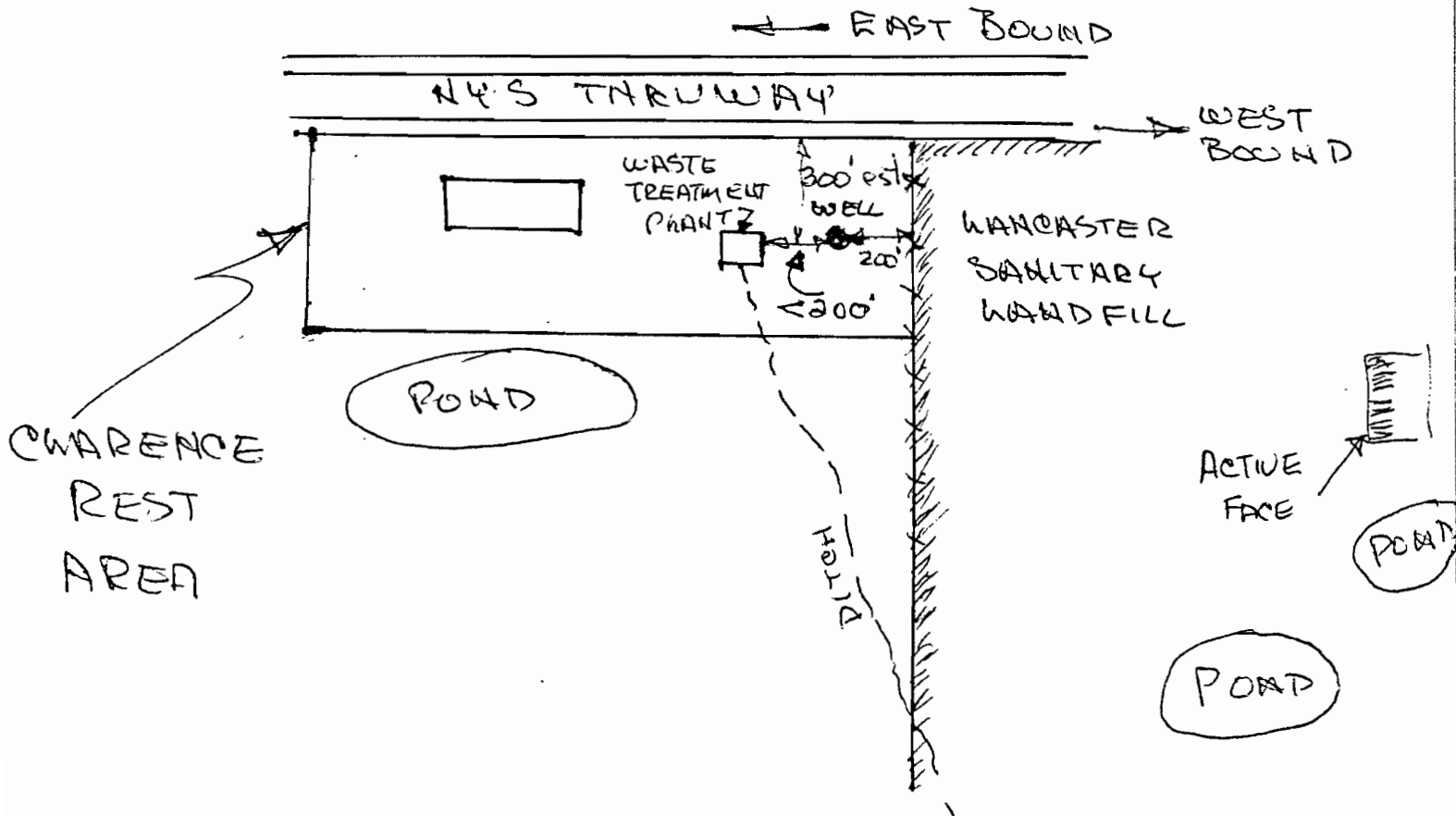


* The well area waste treatment plant is as close to the well as the landfill. The pesticides found in the analysis could also come from paint spraying on the Rest area ground and along the Highway

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.

II-B - As operated this is a good landfill. Drainage is good and well controlled. The unknown is past chemical reports if anything they would be hard to find if they are draining it likely more to the back Quarry than to the Thruway Rest Area. - However Rest Area well is not a good location. Also the *

NORTH



CHARENCE REST AREA

WELL LOCATION
CHARENCE REST
AREA
ERIE COUNTY
N.Y.

8/27/80, WRM