

**POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT**

REGION

IV

SITE NUMBER (to be assigned by HQ)

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 (EA-335); 401 M St., SW; Washington, DC 20460.

**I. SITE IDENTIFICATION**

A. SITE NAME New Ebenezer Church Parking Lot		B. STREET (for other identifier) 900 East 8th Street	
C. CITY Hattiesburg	D. STATE MS.	E. ZIP CODE 39401	F. COUNTY NAME Forrest
G. OWNER/OPERATOR (if known) 1. NAME New Ebenezer Church		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

**I. SITE DESCRIPTION**

Church parking lot in residential area.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
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L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management and Vector Control - Ms. State Board of Health	2. TELEPHONE NUMBER (601) 982-6317
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**II. PRELIMINARY ASSESSMENT (complete this section last)**

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION 1. NAME James Hardage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
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**III. SITE INFORMATION**

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" when no regular or continuing use of the site for waste disposal has occurred)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____	
C. AREA OF SITE (in acres) less than one acre	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? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Church adjacent to the parking lot	

**IV. 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 checked="" type="checkbox"/> B. STOPER	<input checked="" 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
<input checked="" type="checkbox"/> 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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED**

Area behind Church was built up with dirt from Hercules, Inc.

**V. WASTE RELATED INFORMATION**

**A. WASTE TYPE**

- 1 UNKNOWN     2 LIQUID     3 SOLID     4 SLUDGE     5 GAS

**B. WASTE CHARACTERISTICS**

- 1 UNKNOWN     2 CORROSIVE     3 IGNITABLE     4 RADIOACTIVE     5 HIGHLY VOLATILE  
 6 TOXIC     7 REACTIVE     8 INERT     9 FLAMMABLE  
 10 OTHER (specify):

**C. WASTE CATEGORIES**

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

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 PHARMACEUTICALS	
(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 SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (specify):	
						(6) CYANIDE		<input checked="" type="checkbox"/> (6) OTHER (specify): Dirt, water-washed from incoming pine tree stumps before processing.			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				

INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- 1. NPDES PERMIT
- 2. SPO 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): No permits

**B. IN COMPLIANCE?**

- 1. YES
  - 2. NO
  - 3. UNKNOWN
- NA

4. WITH RESPECT TO (list regulation name & number):

**VIII. PAST REGULATORY ACTIONS**

- A. NONE
- B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

**X. REMEDIAL ACTIVITY (past or on-going)**

- 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.



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

**NOTE:** The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

**SITE NAME**

New Ebenezer Church Parking Lot, 900 East 8th Street

**CITY**

Hattiesburg

**STATE**

MS

**ZIP CODE**

39401

**SUMMARY OF POTENTIAL OR KNOWN PROBLEM**

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80
2. PRELIMINARY ASSESSMENT  APPARENT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)  <input type="checkbox"/> a. NO ACTION NEEDED  <input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED  <input type="checkbox"/> c. REMEDIAL ACTION NEEDED  <input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)  <input type="checkbox"/> a. NO ACTION NEEDED  <input type="checkbox"/> b. REMEDIAL ACTION NEEDED  <input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE  <input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED  <input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED  <input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				





# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

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SITE NAME  
 New Ebenezer Church Parking Lot, 900 East 8th Street

CITY  
 Hattiesburg

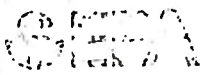
STATE  
 MS

ZIP CODE  
 39401

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/25/79	State	James Hardage	2/8/80
2. PRELIMINARY ASSESSMENT				
APPEARANT SERIOUSNESS OF PROBLEM: <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input checked="" type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN				
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED				
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV  
SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information furnished 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.

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I. SITE IDENTIFICATION

A. SITE NAME New Ebenezer Church Parking Lot		B. STREET (or other identifier) 900 East 8th Street		
C. CITY Mattiesburg	D. STATE MS.	E. ZIP CODE 39401	F. COUNTY NAME Forrest	
G. OWNER/OPERATOR (if known) 1. NAME New Ebenezer Church				2. TELEPHONE NUMBER
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN				

I. SITE DESCRIPTION Church parking lot in residential area.		K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Tobherdt's Report to Congress		
L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management and Vector Control - Ms. State Board of Health		2. TELEPHONE NUMBER (601) 982-6317

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME James Hardage		2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" when no regular or continuing use of the site for waste disposal has occurred)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____	
C. AREA OF SITE (in acres) Less than one acre	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? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Church adjacent to the parking lot	



### III. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by making 'X' in appropriate boxes.

A. TRANSPORTER		B. STOPER		C. TREATED		D. DISPOSER	
<input checked="" type="checkbox"/>	1. RAIL	<input type="checkbox"/>	1. PILE	<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Area behind Church was built up with dirt from Hercules, Inc.

### V. WASTE RELATED INFORMATION

#### A. WASTE TYPE

1. UNKNOWN   
  2. LIQUID   
  3. SOLID   
  4. SLUDGE   
  5. GAS

#### B. WASTE CHARACTERISTICS

1. UNKNOWN   
  2. CORROSIVE   
  3. IGNITABLE   
  4. RADIOACTIVE   
  5. HIGHLY VOLATILE  
 6. TOXIC   
 7. REACTIVE   
 8. INERT   
 9. FLAMMABLE

#### C. WASTE CATEGORIES

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

Company has records.

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"/>	11,300	<input checked="" type="checkbox"/>	(1) LABORATORY PHARMACEUTICALS
	(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		tons		(2) HOSPITAL
	(3) POTW				(3) OTHER (specify):		(3) CAUSTICS				(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES				(4) MUNICIPAL
	(5) OTHER (specify):						(5) DYES/INKS				(5) OTHER (specify):
							(6) CYANIDE	<input checked="" type="checkbox"/>			
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

Dirt, water-washed from incoming pine tree stumps before processing.

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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, year)	E. REMARKS
1. NO HAZARD				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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. IMPROPER DUMPING				
22. OTHER (specify):				

ALL APPLICABLE PERMITS HELD BY THE SITE.

- 1. UDDDES PERMIT
- 2. SPC 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): No permits

B. IN COMPLIANCE?

- 1. YES
- 2. NO
- 3. UNKNOWN

NA

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- A. NONE
- B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE
- B. YES (complete items 1, 2, 3, & 4 below)

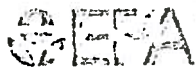
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Meetings with company officials	11/5/79 & 11/8/79	State	

X. REMEDIAL ACTIVITY (past or on-going)

- 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.



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

IV

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-JJ5), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Bobby Ratcliff's Private Property		B. STREET	
C. CITY Hattiesburg		D. STATE MS	E. ZIP CODE 39401

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE <i>(If yes, complete Section III.)</i>					
C. REMEDIAL ACTION <i>(If yes, complete Section 17.)</i>					
D. ENFORCEMENT ACTION <i>(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)</i>					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

No problem. Dirt, water-washed from incoming stumps before processing, was used as fill material.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)
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H. PREPARER INFORMATION

1. NAME Joel G. Veater	2. TELEPHONE NUMBER 257-3067	3. DATE (mo., day, & yr.) May 14, 1980
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III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

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SITE NAME

Bobby Ratcliff's Private Property

CITY

Hattiesburg

STATE

MS

ZIP CODE

39401

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPARENT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
C. STRATEGY COMPLETED					

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV  
SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information furnished 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 Bobby Ratcliff's Private Property		B. STREET (or other identifier)			
C. CITY Hattiesburg	D. STATE MS.	E. ZIP CODE 39401	F. COUNTY NAME Forrest		
G. OWNER/OPERATOR (if known) 1. NAME Bobby Ratcliff					2. TELEPHONE NUMBER
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					

I. SITE DESCRIPTION

Open area (field) adjacent to his house.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Richard's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
--	---

L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management and Vector Control - Mississippi State Board of Health	2. TELEPHONE NUMBER (601) 982-6317
--	---------------------------------------

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME James Handage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
---	---------------------------------------	---------------------------------------

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently). <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify):	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) less than one acre	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? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

IV. CHARACTERIZATION OF SITE ACTIVITIES

Indicate the major site activity(ies) and disposal(s) relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STOPER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDDIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Low area was filled in with dirt from Hercules Incorporated.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE

6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

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

Company has records.

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
				300	
				tons	
<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) LABORATOR PHARMACEU
(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) RADIOACTI
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (sp)
			<input checked="" type="checkbox"/> (6) CYANIDE	Dirt, water-washed from incoming pine stumps before processing.	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				



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): No permits

B. IN COMPLIANCE?

- 1. YES
  - 2. NO
  - 3. UNKNOWN
- NA

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- A. NONE
- B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE
- B. YES (complete items 1, 2, 3, & 4 below)

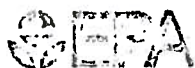
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Meetings with company officials	11/5/79 & 11/8/79	State	

X. REMEDIAL ACTIVITY (past or on-going)

- 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.



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION IV  
SITE NUMBER

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 City of Hattiesburg	B. STREET Dixie Youth Baseball Field
C. CITY Hattiesburg	D. STATE MS
E. ZIP CODE 39401	

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE <i>(If yes, complete Section III.)</i>					
C. REMEDIAL ACTION <i>(If yes, complete Section IV.)</i>					
D. ENFORCEMENT ACTION <i>(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)</i>					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

No problem. Dirt, water-washed from incoming stumps before processing, was used as fill material.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)
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H. PREPARER INFORMATION

1. NAME Joel G. Veater	2. TELEPHONE NUMBER 257-3067	3. DATE (mo., day, & yr.) May 14, 1980
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III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

**NOTE:** The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME

City of Hattiesburg, Dixie Youth Baseball Field

CITY STATE ZIP CODE

Hattiesburg

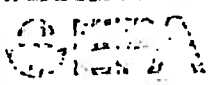
MS

39401

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPEARANT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

13

REGION IV SITE NUMBER (to be assigned by HQ)

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 City of Hattiesburg-Dixie Youth Baseball Field		B. STREET (or other identifier)	
C. CITY Hattiesburg	D. STATE MS	E. ZIP CODE 39401	F. COUNTY NAME Forrest
G. OWNER/OPERATOR (If known) 1. NAME City of Hattiesburg		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

Baseball field and parking area

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
---	---

L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management, Ms. State Board of Health	2. TELEPHONE NUMBER (601) 982-6317
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME James Hardage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, yr.) 11/26/79
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently). <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" or no regular or continuing use of the site for waste disposal have occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in 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? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

X	A. TRANSPORTER	X	B. STOPER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. POND		1. FILTRATION	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		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. MIDDNIGHT 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. SPECIFY DETAILS OF SITE ACTIVITIES /S NEEDED

Low area was filled in with dirt from Hercules Incorporated to make a parking area.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1 UNKNOWN     2 LIQUID     3 SOLID     4 SLUDGE     5 GAS

B. WASTE CHARACTERISTICS

1 UNKNOWN     2 CORROSIVE     3 IGNITABLE     4 RADIOACTIVE     5 HIGHLY VOLATILE  
 6 TOXIC     7 REACTIVE     8 INERT     9 FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

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

Company has records.

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	
											5,000
											Tons
X	(1) PAINT, PIGMENTS	X	(1) OILY WASTES	X	(1) HALOGENATED SOLVENTS	X	(1) ACIDS	X	(1) FLYASH	X	(1) LABORATORY PHARMACEUTICALS
	(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL WASTE
	(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE WASTE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL SOLID WASTE
	(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMELTING WASTES		(5) OTHER (specify):
							(6) CYANIDE		(6) OTHER (specify):		dirt, water washed from incoming pipe stumps before processing
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

7. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- 1. NPDES PERMIT
- 2. SPCC
- 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? N/A

- 1. YES
- 2. NO
- 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- A. NONE
- B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

X. REMEDIAL ACTIVITY (past or on-going)

- 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.

WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

**NOTE:** The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

## SITE NAME

Bobby Ratcliff's Private Property

## CITY

Hattiesburg

## STATE

MS

## ZIP CODE

39401

## SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPARENT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV  
SITE NUMBER (to be assigned by HQ)

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 Bobby Ratcliff's Private Property		B. STREET (or other identifier)		
C. CITY Hattiesburg	D. STATE Ms.	E. ZIP CODE 39401	F. COUNTY NAME Forrest	
G. OWNER/OPERATOR (if known)				
1. NAME Bobby Ratcliff			2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP				
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN				

I. SITE DESCRIPTION

Open area (field) adjacent to his house.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
---	---

L. PRINCIPAL STATE CONTACT	
1. NAME Division of Solid Waste Management and Vector Control - Mississippi State Board of Health	2. TELEPHONE NUMBER (601) 982-6317

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM	
<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION	
<input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard)	
<input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____	
<input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____	
<input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION		
1. NAME James Hardage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79

III. SITE INFORMATION

A. SITE STATUS		
<input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently).	<input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes).	<input type="checkbox"/> 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?	
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____	

C. AREA OF SITE (in acres) less than one acre	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?	
<input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <u>House</u>	

**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. STOPER	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
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		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**

Low area was filled in with dirt from Hercules Incorporated.

**V. WASTE RELATED INFORMATION**

**A. WASTE TYPE**

- 1 UNKNOWN   
  2 LIQUID   
  3 SOLID   
  4 SLUDGE   
  5 GAS

**B. WASTE CHARACTERISTICS**

- 1 UNKNOWN   
  2 CORROSIVE   
  3 IGNITABLE   
  4 RADIOACTIVE   
  5 HIGHLY VOLATILE  
 6 TOXIC   
  7 REACTIVE   
  8 INERT   
  9 FLAMMABLE  
 10 OTHER (specify):

**C. WASTE CATEGORIES**

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

Company has records.

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 300	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE tons	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATOR PHARMACEU
(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) RADIOACTIV
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (spec
			(6) CYANIDE	X (6) OTHER (specify):	
			(7) PHENOLS	Dirt, water-washed from incoming pine stumps before processing.	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				





# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME

Donald Slade's Private Property

CITY

Hattiesburg

STATE

MS

ZIP CODE

39401

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPEARANT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					

POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

IV signed by HQ

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 Donald Slade's Private Property		D. STREET (or other identifier)		
C. CITY Hattiesburg	D. STATE MS.	E. ZIP CODE 39401	F. COUNTY NAME Forrest	
G. OWNER/OPERATOR (if known) I. NAME Donald Slade				2. TELEPHONE NUMBER
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN				

I. SITE DESCRIPTION

Residential area along a ridge.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
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L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management and Vector Control - Ms. State Board of Health	2. TELEPHONE NUMBER (601) 982-6317
--	---------------------------------------

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED <input type="checkbox"/> 3. SITE INSPECTION NEEDED <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME James Hardage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify):		
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):		
C. AREA OF SITE (in acres) less than one acre	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? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): House		

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? N/A

- 1. YES
- 2. NO
- 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

**VIII. PAST REGULATORY ACTIONS**

- A. NONE
- B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

**X. REMEDIAL ACTIVITY (past or on-going)**

- 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.

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL	<input checked="" type="checkbox"/> 1. PILE	<input checked="" type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL		
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM		
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP		
<input checked="" type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT		
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MOUND DUMPING		
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION		
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION		
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):		
		<input type="checkbox"/> 9. OTHER (specify):			

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Low area next to a public road was built up with dirt from Hercules Incorporated.

V. WASTE RELATED INFORMATION

A. WASTE TYPE  
 1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

B. WASTE CHARACTERISTICS  
 1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE  
 10. OTHER (specify):

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

Company has records

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 PHARMACE						
(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) RADIOACT						
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL						
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):						
			(6) CYANIDE	Dirt, water-washed from incoming pine stumps before processing.							
			(7) PHENOLS								
			(8) HALOGENS								
			(9) PCB								
			(10) METALS								
			(11) OTHER (specify):								



3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				

- 1. NPDES PERMIT       2. SPECIAL 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): No permits

**B. IN COMPLIANCE?**

- 1. YES       2. NO       3. UNKNOWN      NA

4. WITH RESPECT TO (list regulation name & number):

**VIII. PAST REGULATORY ACTIONS**

- A. NONE       B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

**X. REMEDIAL ACTIVITY (past or on-going)**

- 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.



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

## SITE NAME

Fred Bradley's Private Property, Highway 11 By'Pass

## CITY

Hattiesburg

## STATE

MS

## ZIP CODE

39401

## SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPARENT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

IV

signed by HQ

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information reflected 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 Fred Bradley's Private Property		B. STREET (or other identifier) Highway 11 by Pass		
C. CITY Hattiesburg	D. STATE MS	E. ZIP CODE 39401	F. COUNTY NAME Forrest	
G. OWNER/OPERATOR (if known) 1. NAME Fred Bradley				2. TELEPHONE NUMBER
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN				

I. SITE DESCRIPTION Commercial building on site. Commercial/residential area.	
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management - Ms. State Board of Health	
2. TELEPHONE NUMBER (601) 982-6317	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME James Hardege		2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if site-quality). <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumpings" or no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____		
C. AREA OF SITE (in acres) less than one acre	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? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): One building		

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate box.

A. TRANSPORTER		B. STOPER		C. TREATER		D. DISPOSER	
<input checked="" type="checkbox"/> 1. RAIL		<input type="checkbox"/> 1. PILE		<input checked="" type="checkbox"/> 1. FILTRATION		<input checked="" type="checkbox"/> 1. LANDFILL	
<input type="checkbox"/> 2. SHIP		<input type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input type="checkbox"/> 2. INCINERATION		<input type="checkbox"/> 2. LANDFARM	
<input type="checkbox"/> 3. BARGE		<input type="checkbox"/> 3. DRUMS		<input type="checkbox"/> 3. VOLUME REDUCTION		<input type="checkbox"/> 3. OPEN DUMP	
<input checked="" type="checkbox"/> 4. TRUCK		<input type="checkbox"/> 4. TANK, ABOVE GROUND		<input type="checkbox"/> 4. RECYCLING/RECOVERY		<input type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input type="checkbox"/> 5. PIPELINE		<input type="checkbox"/> 5. TANK, BELOW GROUND		<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT		<input type="checkbox"/> 5. MIDNIGHT DUMPING	
<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. BIOLOGICAL TREATMENT		<input type="checkbox"/> 6. INCINERATION	
				<input type="checkbox"/> 7. WASTE OIL REPROCESSING		<input type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input type="checkbox"/> 8. SOLVENT RECOVERY		<input type="checkbox"/> 8. OTHER (specify):	
				<input type="checkbox"/> 9. OTHER (specify):			

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Low area built up with dirt from Hercules Incorporated. Commercial building on this site.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE

6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

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

Company has records.

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 PHARMACE	
(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) RADIOACT	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (sp	
						(6) CYANIDE		<input checked="" type="checkbox"/> (6) OTHER (specify): dirt, water-washed from incoming pipe stubs before processing.			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of priority)

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 'A')	D. DATE OF INCIDENT (mo, day, yr)	E. REMARKS
1. NO HAZARD				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				

1. NPDES PERMIT     2. SPILL 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): No permits

**B. IN COMPLIANCE?**

1. YES     2. NO     3. UNKNOWN

NA

4. WITH RESPECT TO (list regulation name & number):

**VIII. PAST REGULATORY ACTIONS**

- A. NONE     B. YES (summarize below)

**IX. INSPECTION ACTIVITY (past or on-going)**

- A. NONE     B. YES (complete items 1, 2, 3, & 4 below)

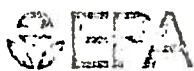
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Meetings with company officials	11/5/79 & 11/8/79	State	

**X. REMEDIAL ACTIVITY (past or on-going)**

- 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.



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

IV

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 Fred Bradley's Private Property		B. STREET Highway 11 By'-Pass	
C. CITY Hattiesburg		D. STATE MS	E. ZIP CODE 39401

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part F whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

No problem. Dirt, water-washed from incoming stumps before processing, was used as fill material.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)
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H. PREPARER INFORMATION

1. NAME Joel G. Veater	2. TELEPHONE NUMBER 257-3067	3. DATE (mo., day, & yr.) May 14, 1980
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III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	





# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

*Forrest*

**NOTE:** The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

## SITE NAME

Donald Slade's Private Property

CITY

Hattiesburg

STATE

MS

ZIP CODE

39401

## SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPEARANT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV SITE NUMBER (to be assigned by HQ)

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 Donald Slade's Private Property		B. STREET (or other identifier)	
C. CITY Hattiesburg	D. STATE Ms.	E. ZIP CODE 39401	F. COUNTY NAME Forrest
G. OWNER/OPERATOR (if known) 1. NAME Donald Slade		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

Residential area along a ridge.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
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L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management and Vector Control - Ms. State Board of Health	2. TELEPHONE NUMBER (601) 982-6317
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARED BY 1. NAME James Hardage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently). <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify):	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) less than one acre	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? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): House	

**IV. 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 checked="" type="checkbox"/> B. STOPER	<input checked="" 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
<input checked="" type="checkbox"/> 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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED**

Low area next to a public road was built up with dirt from Hercules Incorporated.

**V. WASTE RELATED INFORMATION**

**A. WASTE TYPE**

- 1 UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

**B. WASTE CHARACTERISTICS**

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify):

**C. WASTE CATEGORIES**

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

Company has records

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) LABORATOR PHARMACEU	
(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) RADIOACTIV	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER (spec	
						(6) CYANIDE		<input checked="" type="checkbox"/> (6) OTHER (specify): Dirt, water-washed from incoming pine stumps before processing.			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify)					

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazard
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				

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? N/A

1. YES     2. NO     3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): \_\_\_\_\_

VIII. PAST REGULATORY ACTIONS

- A. NONE     B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

X. REMEDIAL ACTIVITY (past or on-going)

- 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.



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

IV

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 Trailer Court		B. STREET 2807 4th Street	
C. CITY Hattiesburg		D. STATE MS	E. ZIP CODE 39401

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part I whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

No problem. Dirt, water-washed from incoming stumps before processing, was used as fill material.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)
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H. PREPARER INFORMATION

1. NAME Joel G. Veater	2. TELEPHONE NUMBER 257-3067	3. DATE (mo., day, & yr.) May 14, 1980
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III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

## SITE NAME

2801 West 4th Street Trailer Court

## CITY

Hattiesburg

## STATE

MS

## ZIP CODE

39401

## SUMMARY OF POTENTIAL OR KNOWN PROBLEM

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)	
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80	
2. PRELIMINARY ASSESSMENT					
APPARENT SERIOUSNESS OF PROBLEM:	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION					
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)					
<input type="checkbox"/> a. NO ACTION NEEDED					
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED					
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE					
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED					
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED					
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED					
6. STRATEGY COMPLETED					

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV SITE NUMBER (to be assigned by HQ)

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 2801 West 4th Street Mobile County		B. STREET (or other identifier) 2801 West 4th Street	
C. CITY Hattiesburg	D. STATE Ms.	E. ZIP CODE 39401	F. COUNTY NAME Forrest
G. OWNER/OPERATOR (if known) 1. NAME Property now belongs to Panama Pump Company		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

Flat area across from the trailer court

J. HOW IDENTIFIED (no., citizen's complaints, OSHA citations, etc.) Hohrhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
---	---

L. PRINCIPAL STATE CONTACT 1. NAME Division of Solid Waste Management and Vector Control - Mississippi State Board of Health	2. TELEPHONE NUMBER (601) 982-6317
--	---------------------------------------

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN
---

B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY:	<input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY:	<input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)
---	---	---

C. PREPARER INFORMATION 1. NAME James Harbage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79
---	---------------------------------------	---------------------------------------

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dump ing" when no regular or continuing use of the site for waste disposal has occurred)
---

B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):
--

C. AREA OF SITE (in acres) Less than one acre	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? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):
---



IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. DRUMS	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MIDNIGHT DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Low area filled with dirt from Hercules, Inc.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

B. WASTE CHARACTERISTICS

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify):

C. WASTE CATEGORIES

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

Company has records

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 PHARMACEUTICALS
	(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		(4) MUNICIPAL
	(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMELTING WASTES		(5) OTHER (specify):
							(6) CYANIDE	<input checked="" type="checkbox"/>	dirt, water-washed from incoming pipe stumps before processing		
							(7) PHENOLS				
							(8) HALOGENS				
							(9) PCB				
							(10) METALS				
							(11) OTHER (specify):				

WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (please list in descending order of hazard).

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				No apparent hazards
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORES/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				

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): No permits

B. IN COMPLIANCE? N/A

- 1. YES     2. NO     3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- A. NONE     B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

X. REMEDIAL ACTIVITY (past or on-going)

- 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.



# POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

**NOTE:** The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

**SITE NAME**

2801 West 4th Street Trailer Court

**CITY**

Hattiesburg

**STATE**

MS

**ZIP CODE**

39401

**SUMMARY OF POTENTIAL OR KNOWN PROBLEM**

No problem. Dirt, water-washed from incoming pine stumps before processing, was used as fill material.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	11/26/79	State	James Hardage	2/8/80
2. PRELIMINARY ASSESSMENT  APPARENT SERIOUSNESS OF PROBLEM:				
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)  <input type="checkbox"/> a. NO ACTION NEEDED  <input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED  <input type="checkbox"/> c. REMEDIAL ACTION NEEDED  <input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)  <input type="checkbox"/> a. NO ACTION NEEDED  <input type="checkbox"/> b. REMEDIAL ACTION NEEDED  <input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE  <input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED  <input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED  <input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				

POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

IV

SITE NUMBER (to be assigned by HQ)

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 2801 West 4th Street Traylor Court		B. STREET (or other identifier) 2801 West 4th Street		
C. CITY Hattiesburg	D. STATE Ms.	E. ZIP CODE 39401	F. COUNTY NAME Forrest	

G. OWNER/OPERATOR (if known)		2. TELEPHONE NUMBER
1. NAME Property now belongs to Panama Pump Company		

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

Flat area across from the trailer court

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt's Report to Congress	K. DATE IDENTIFIED (mo., day, & yr.) 11/2/79
---	---

L. PRINCIPAL STATE CONTACT		2. TELEPHONE NUMBER
1. NAME Division of Solid Waste Management and Vector Control - Mississippi State Board of Health		(601) 982-6317

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)

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

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

4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION		
1. NAME James Hardage	2. TELEPHONE NUMBER (601) 982-6317	3. DATE (mo., day, & yr.) 11/26/79

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" when 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)	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): \_\_\_\_\_

**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. STOPER		X' C. TREATMENT		X' D. DISPOSER	
<input type="checkbox"/> 1. RAIL		<input type="checkbox"/> 1. PILE		<input type="checkbox"/> 1. FILTRATION		<input checked="" type="checkbox"/> 1. LANDFILL	
<input type="checkbox"/> 2. SHIP		<input type="checkbox"/> 2. SURFACE IMPOUNDMENT		<input type="checkbox"/> 2. INCINERATION		<input type="checkbox"/> 2. LANDFARM	
<input type="checkbox"/> 3. BARGE		<input type="checkbox"/> 3. DRUMS		<input type="checkbox"/> 3. VOLUME REDUCTION		<input type="checkbox"/> 3. OPEN DUMP	
<input checked="" type="checkbox"/> 4. TRUCK		<input type="checkbox"/> 4. TANK, ABOVE GROUND		<input type="checkbox"/> 4. RECYCLING/RECOVERY		<input type="checkbox"/> 4. SURFACE IMPOUNDMENT	
<input type="checkbox"/> 5. PIPELINE		<input type="checkbox"/> 5. TANK, BELOW GROUND		<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT		<input type="checkbox"/> 5. MIDNIGHT DUMPING	
<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. OTHER (specify):		<input type="checkbox"/> 6. BIOLOGICAL TREATMENT		<input type="checkbox"/> 6. INCINERATION	
				<input type="checkbox"/> 7. WASTE OIL REPROCESSING		<input type="checkbox"/> 7. UNDERGROUND INJECTION	
				<input type="checkbox"/> 8. SOLVENT RECOVERY		<input type="checkbox"/> 8. OTHER (specify):	
				<input type="checkbox"/> 9. OTHER (specify):			

**E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED**

Low area filled with dirt from Hercules, Inc.

**V. WASTE RELATED INFORMATION**

**A. WASTE TYPE**

- 1 UNKNOWN     2 LIQUID     3 SOLID     4 SLUDGE     5 GAS

**B. WASTE CHARACTERISTICS**

- 1 UNKNOWN     2 CORROSIVE     3 IGNITABLE     4 RADIOACTIVE     5 HIGHLY VOLATILE  
 6 TOXIC     7 REACTIVE     8 INERT     9 FLAMMABLE

10. OTHER (specify):

**C. WASTE CATEGORIES**

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

Company has records

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 PHARMACEUTICALS	
(2) METALS SLUDGES		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL WASTES	
(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE WASTES	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL WASTES	
(5) OTHER (specify):						(5) DYES/INKS		(5) NON-FERROUS SMELTING WASTES		(5) OTHER (specify):	
						(6) CYANIDE		dirt, water-washed from incoming pine stumps before processing			
						(7) PHENOLS					
						(8) HALOGENS					
						(9) PCB					
						(10) METALS					
						(11) OTHER (specify):					

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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				No apparent hazards
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
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):				

LIST 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?

N/A

- 1. YES
- 2. NO
- 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

**VIII. PAST REGULATORY ACTIONS**

- A. NONE
- B. YES (summarize below)

**IX: INSPECTION ACTIVITY (past or on-going)**

- 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
Meetings with company officials	11/5/79 & 11/8/79	State	

**X. REMEDIAL ACTIVITY (past or on-going)**

- 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.





POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION

IV

SITE NUMBER (to be assigned by HQ)

MS000000230

**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 City of Hattiesburg Landfill		B. STREET (or other identifier)			
C. CITY Hattiesburg	D. STATE Miss.	E. ZIP CODE	F. COUNTY NAME Forrest		
G. SITE OPERATOR INFORMATION					
1. NAME			2. TELEPHONE NUMBER		
3. STREET		4. CITY		5. STATE	6. ZIP CODE
H. REALTY OWNER INFORMATION (if different from operator of site)					
1. NAME			2. TELEPHONE NUMBER		
3. CITY		4. STATE		5. ZIP CODE	
I. SITE DESCRIPTION 20-25 acre site adjacent to a creek, open dump					
J. TYPE OF OWNERSHIP					
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input checked="" type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 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 checked="" type="checkbox"/> 3. LOW	<input type="checkbox"/> 4. NONE

C. PREPARER INFORMATION		
1. NAME Ron W. Joyner	2. TELEPHONE NUMBER 257-2234	3. DATE (mo., day, & yr.) 9/29/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION			
1. NAME Ron W. Joyner		2. TITLE Hydrogeologist	
3. ORGANIZATION U.S. EPA U.S.S.		4. TELEPHONE NO. (area code & no.) 257-2234	
B. INSPECTION PARTICIPANTS			

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Lisa Lowe	Miss Div. of. Solid Waste Man.	601/982-6317

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

RECEIVED  
OCT 8 '80  
EPA REGION 4

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

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

E. TRANSPORTER/HALER 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.) **6/24/80** H. TIME OF INSPECTION **3:40 pm** I. ACCESS GAINED BY: (credentials must be shown in all cases)

1. PERMISSION  2. WARRANT

J. WEATHER (describe)

**partly cloudy, temp ~ 90°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, 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			
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:**

Ron W. Joyner

**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)**

~ 25

**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.

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

Continued From Front

II. 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.
<input type="checkbox"/>	(2) METALS SLUDGES	<input checked="" type="checkbox"/>	(2) OTHER (specify):	<input type="checkbox"/>	(2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/>	(2) PICKLING LIQUORS	<input type="checkbox"/>	(2) ASBESTOS	<input type="checkbox"/>	(2) HOSPITAL
<input type="checkbox"/>	(3) POTW			<input type="checkbox"/>	(3) OTHER (specify):	<input type="checkbox"/>	(3) CAUSTICS	<input type="checkbox"/>	(3) MILLING/MINE TAILINGS	<input type="checkbox"/>	(3) RADIOACTIVE
<input type="checkbox"/>	(4) ALUMINUM SLUDGE			<input type="checkbox"/>	(4) PESTICIDES	<input type="checkbox"/>	(4) FERROUS SMELTING WASTES	<input checked="" type="checkbox"/>	(4) MUNICIPAL		
<input type="checkbox"/>	(5) OTHER (specify):			<input type="checkbox"/>	(5) DYES/INKS	<input type="checkbox"/>	(5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/>	(5) OTHER (specify):		
				<input type="checkbox"/>	(6) CYANIDE	<input type="checkbox"/>	(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	6. UNIT
	a. SOLID	b. LIQ.	c. VA-POR	a. HIGH	b. MED.	c. LOW	d. NONE			
none										

VII. 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

open dump

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

G. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (continued)

H. DAMAGE TO FLORA/FAUNA

I. FISH KILL

J. CONTAMINATION OF AIR

K. NOTICEABLE ODORS

L. CONTAMINATION OF SOIL

M. PROPERTY DAMAGE

VIII. 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): _____ > 15 CONNECTIONS	
<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')

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. 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. C.VERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
1.	SAND				
2.	CLAY				
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:

H. DISCHARGE AREA

1. YES

2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

3-4%

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

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

**XV. PAST REGULATORY OR ENFORCEMENT ACTIONS**

NONE     YES (summarize in this space)

site is not permitted by the State, state has been trying to close site down.

**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.

LANDFILLS SITE INSPECTION REPORT  
(Supplemental Report)

INSTRUCTION  
Answer and Explain  
as Necessary.

1. EVIDENCE OF SITE INSTABILITY (*Erosion, Settling, Sink Holes, etc*)

YES  NO

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

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

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*)

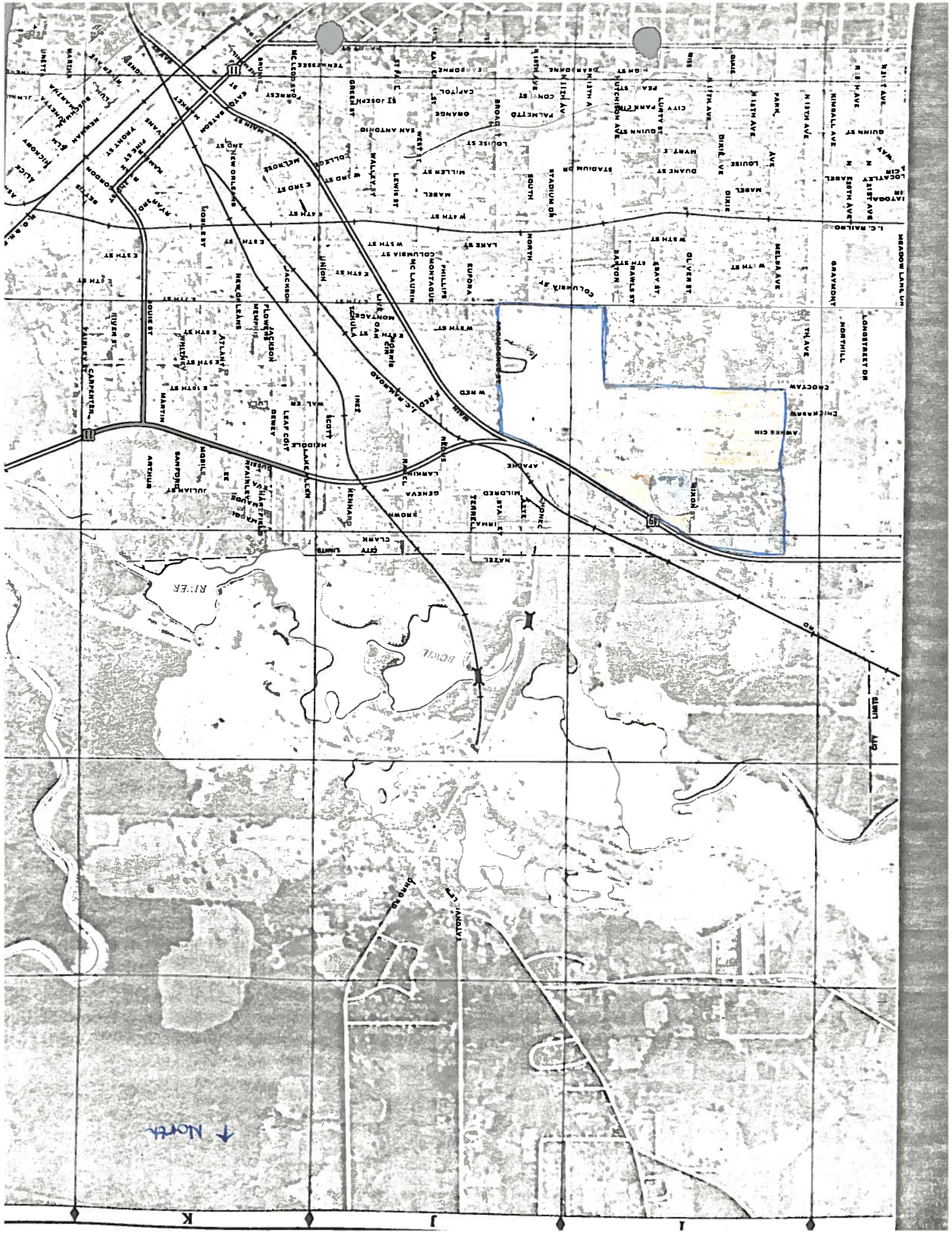
none

16a. THICKNESS

16b. PERMEABILITY

16c. DAILY APPLICATION

YES  NO



↑ North

K

J

I

H

## City Landfill

### Normal trash

Paper bags

Broken banding

Waste from change rooms.

Paint cans

Resin + Own Products - samples + scraps

Scrap - Rubber - Elastomers - own product

Cardboard -

Flour sweepings

No iron pipes or  
concrete

No big stuff.

Off Rasimo - burned in boilers - heating/cooling  
facility on plant property. Off spec often  
reworked. Basically liquids - flammable at that.

Do pesticide drums go to the Back 40?

Do they wash the machines down where they make the pesticide - what is done w/ this waste water?

Why is there pesticide in the sludge? <sup>that goes to the lagoon</sup> Process feeds into lagoon.

Clear up two sites in our files.

(Rollings, Chem Dyne → solvents + pesticides.)

clarify pesticide waste that is carried off.

Were other pesticides ever made there? what are they?

Do they records of sludge - how much brought to "back 40".

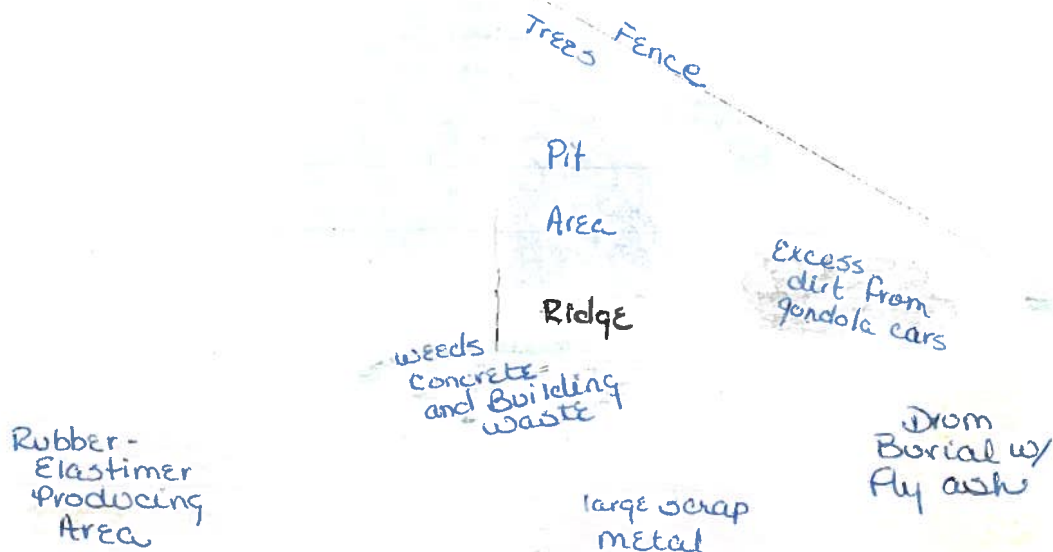
≈ how much metal waste - lg. equipment etc?

≈ how much building debris? - ?

Are all the drums empty? Could he again go over the types of materials in the drums before disposal?

What types of metals - actually how much (instead of trace) is in the sludge?

Hercules Incorporated - Back 40



On the Back 40 Hercules disposes of all their waste that should not go to the City of Hattiesburg landfill. Here, they dispose of large metal waste, building material-cement waste, empty drums, boiler fly ash, and the sludge from the process waste stream treatment lagoon.

The metal waste consists of old equipment, junked machinery, large metal pipes, and other objects of this nature. At the present time Ben Schaffer and Son, a scrap metal dealer in Hattiesburg, is reclaiming some of the scrap metal waste.

The building-cement waste is too large to go to the City of Hattiesburg landfill. It is kept on the Back 40 because of this. The area where this waste is kept does not have any enclosure or fence around it.

The drums that are "landfilled" in the Back 40 are according to Mr. Heller mostly Hercules' own drums.

There are some drums from other companies that contained chemicals used in the various manufacturing processes. All of these drums are empty (at least the ones that we could see - can't vouch for those already buried). The drums are covered with boiler fly ash from the company's steam generating operation and some dirt.

The pits that contained the sludge were basically dry with some water standing in the lower areas. Mr. Heller stated that this sludge is mostly dirt w/ ether extractables. He also said that when touched it feels like oily dirt. It looks like cracked asphalt and smells nasty in my opinion. Heller said they had no leachate problem except when they first start using a new pit. The dried sludge is dug out of the pits periodically and piled to the side of the pits forming a type of dike (≈ 2 to 3 feet in height). The vegetation nearby the pit looks healthy.

Sara Elizabeth Lowe

11-8-79