

RCRA VIOLATION REPORT

Federal \_\_\_\_\_ State  Individual \_\_\_\_\_ Date of Violation 3-8-84

Name of Handler Kerr McGee Chemical Corp. RCRA No. NV0008290330

Type of Violation

- 1. Failure to Report
  - a. Self Monitoring Data \_\_\_\_\_
  - b. Noncompliance \_\_\_\_\_
- 2. Schedule Noncompliance \_\_\_\_\_
- 3. Unauthorized Discharge \_\_\_\_\_
- 4. Other  Storage of Hazardous Waste

Source of Data

- 1. Noncompliance Report \_\_\_\_\_
- 2. Schedule Report \_\_\_\_\_
- 3. Self Monitoring \_\_\_\_\_
- 4. Compliance Inspection
- 5. Other \_\_\_\_\_

Extent of Violation

<u>Condition</u>	<u>Required</u>	<u>Actual</u>
chlorate process waste is being stored in an open basement without date of accumulation and with a warning label marked "Hazardous Waste"	Violation: 262.34(a)(1) basement is not a tank	
	Violation: 262.34(a)(2) no accumulation date on container as there is no container	
	Violation: 262.34(a)(3) not marked "Hazardous Waste"	
	Violation: 270.13 failure to identify storage in waste pile	
Was EPA consulted? Yes _____ No <input checked="" type="checkbox"/>	Comments: _____	

Previous Action \_\_\_\_\_ What Not on this matter Date \_\_\_\_\_

Recommended Action: No action \_\_\_\_\_ NOV  Civil: Criminal Referral \_\_\_\_\_  
Show Cause  Order

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval: Reviewer \_\_\_\_\_

Fronapfel [Signature] 3/21/84 Rosse \_\_\_\_\_ Legal \_\_\_\_\_

*file copy*

# Hazardous Waste Compliance Monitoring and Enforcement Log

1. EPA ID: NV D 1 0 1 8 1 2 1 9 1 0 3 1 3 1 0 1  
 2. HANDLER NAME: KERR-MGEE CHEMICAL CORPORATION  
 3. ADDRESS: LAKE MEAD DRIVE P.O. BOX 55 HENDERSON, NV 89015

4. HANDLER TYPE:  
 MAJOR  
 NON-MAJOR

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 03/08/84  
 M D Y

6. TYPE OF EVALUATION COVERED BY THIS REPORT:  
 EVALUATION INSPECTION  
 SAMPLING INSPECTION  
 RECORD REVIEW  
 SPECIAL INSPECTION  
 FOLLOW-UP

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5):  
 M D Y

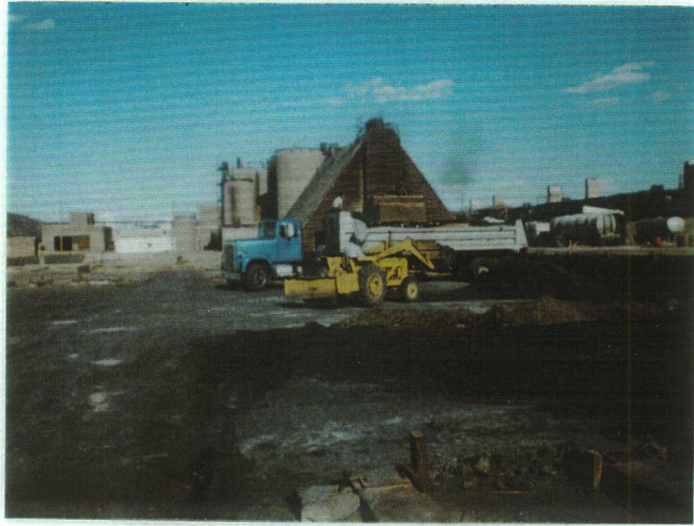
Class of Violation	Area of Violation				
	GM	CI/PC	Fin. Res.	Pl. B	Other
I					to be open of waste pile
II					
III					

8. AREA AND CLASS OF VIOLATION (enter number of violations by area and class):

Area of Violation	Type of Action Taken (circle one)		Date Action Taken (m/d/y)	Compliance Dates (m/d/y)		Penalty	
	M/NDV	CivAc		Scheduled	Actual	Assessed	Collected
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	
200-5	Informal	(M/NDV)	03/21/84	04/20/84	/	/	

9. ENFORCEMENT ACTIONS FOR CLASS I VIOLATIONS:

10. COMMENTS:



4/3/84 - KERR - MCGEE  
MEETING

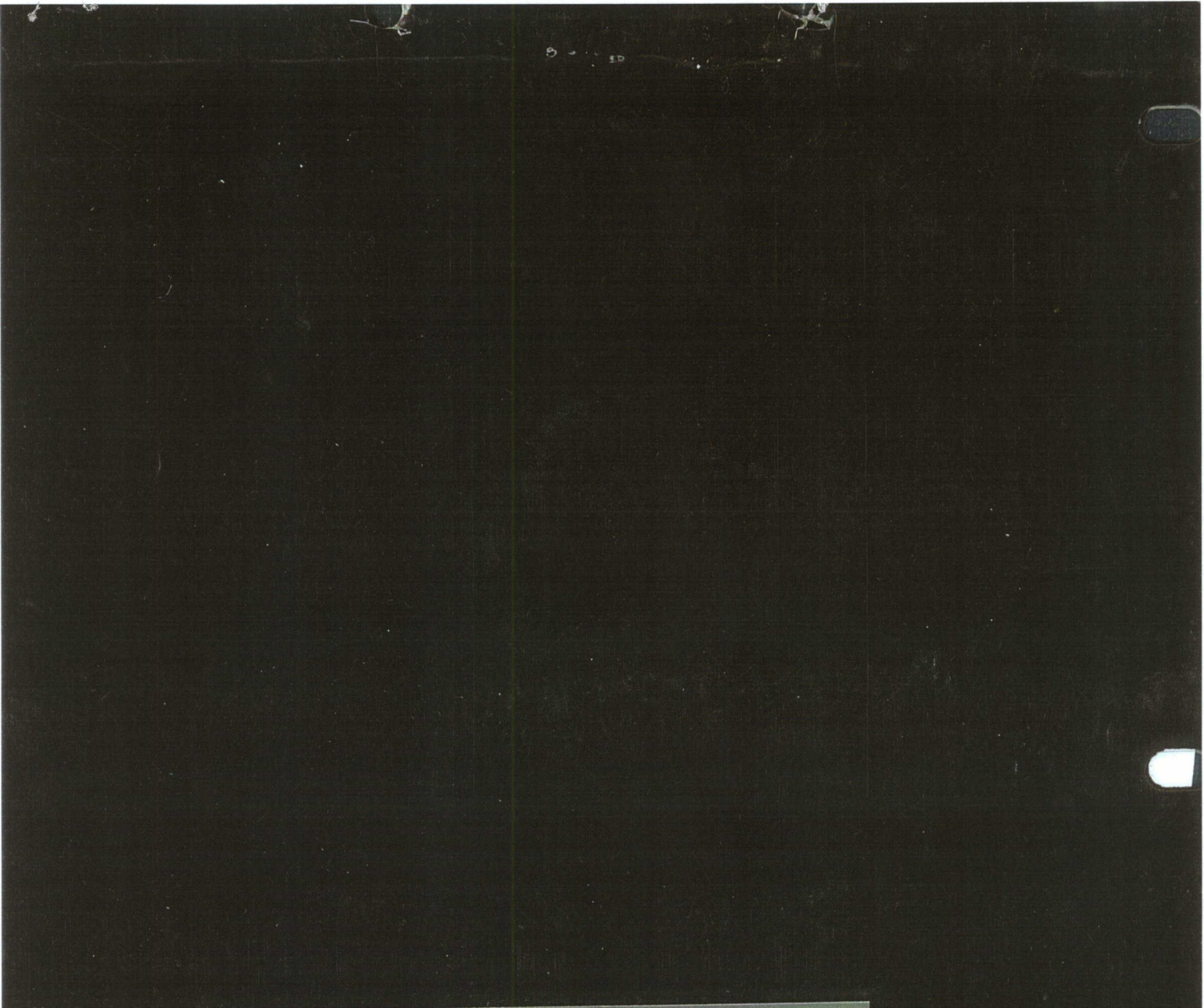


4/3/84 - KERR - MCGEE MEETING



4/3/84 - KERR - MCGEE MEETING





NEVADA DIVISION OF ENVIRONMENTAL PROTECTION

file

INTERIM STATUS STANDARDS (ISS)  
TREATMENT, STORAGE, OR DISPOSAL FACILITY  
INVESTIGATION REPORT  
NAC 444.8850

Facility: Kerr-McGee Chemical Corp. EPA I.D. #: NVD008290330

Street: Lake Mead Dr., P.O. Box 55

City: Henderson State: Nevada Zip Code: 89015

County: Clark Telephone Number: (702) 565-8901

Operator: Kerr McGee

Street: Same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner: Same as above

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Inspection Date: 3/8/84 Time: 3.00 P.M.

Weather Conditions: Warm & Sunny

Facility Representative

Title

Telephone Number

Kay Brothers

Staff Environmental Engineer

(702) 565-8901

NDEP Representative

Title

Telephone Number

Douglas Martin

Environmental Specialist

(702) 885-4670

FACILITY ACTIVITY

(circle areas inspected)

1. STORAGE and/or TREATMENT

a. CONTAINERS

b. TANKS

c. SURFACE IMPOUNDMENTS

d. WASTE PILES

~~2.~~ LAND TREATMENT

3. LANDFILLS

~~4.~~ INCINERATION and/or THERMAL TREATMENT

~~5.~~ CHEMICAL, PHYSICAL, BIOLOGICAL TREATMENT

REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

The existing facility no longer accepts waste as the potassium perchlorate process has been terminated. No wastes have been placed in either the impoundment or the landfill after January 26, 1983 and closure plans have been submitted for review. Kerr-McGee is waiting for approval before proceeding with closure.

This form represents only the TSD facility and not the chlorate process waste which is shipped off-site.



I. GENERAL FACILITY STAN RDS:  
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source? (265.12)				N/A
(B) General Waste Analysis: (265.13)				
1. Has the owner or operator obtained a detailed chemical and physical analysis of of the waste?	X			
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	X			
Does the plan contain:				
-Parameters of analysis of each waste handled?	X			
-Rationale for the selection of each parameter?	X			
-Test methods for each parameter?	X			
-Sampling methods for each waste?	X			
-Frequency which each analysis will be reviewed or repeated?	X			
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?				N/A
4. If the above procedures include sampling, is the sampling method described?				N/A
(C) Security - Do security measures include: (if applicable) (265.14)				
1. 24-Hour surveillance?	X			
2. Artificial or natural barrier around facility?	X			
3. Controlled entry?	X			
4. Danger sign(s) at entrance?	X			

\*Not Inspected

III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
(D) Do Owner or Operator Inspections Include: (265.15)				
1. Records of malfunctions?	_____	_____	_____	_____
2. Records of operator error?	_____	_____	_____	_____
3. Records of discharges?	_____	_____	_____	_____
4. Inspection schedule?	X	_____	_____	_____
5. Safety, emergency equipment?	_____	_____	_____	_____
6. Security equipment?	_____	_____	_____	_____
7. Operating and structural equipment?	_____	_____	_____	_____
8. Inspection log?	_____	_____	_____	_____
Does the inspection log include:				
-Date & time of inspection?	X	_____	_____	_____
-Name of inspector?	X	_____	_____	_____
-Observations recorded?	X	_____	_____	_____
-Date & nature of repairs?	X	_____	_____	_____
(E) Do personnel training records include: (Effective 5/19/81) (265.16)				
1. Job titles?	X	_____	_____	_____
2. Job descriptions?	X	_____	_____	_____
3. Description of training?	X	_____	_____	_____
4. Records of training?	X	_____	_____	_____
5. Have facility personnel received required training by 5/19/81?	X	_____	_____	_____
6. Do new personnel receive required training within six months?	X	_____	_____	_____
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed? (265.17)	N/A			
1. Special handling?	_____	_____	_____	_____
2. No smoking signs?	_____	_____	_____	_____
3. Separation and protection from ignition sources?	_____	_____	_____	_____

\*Not Inspected

1. PREPAREDNESS AND PREVENTION:  
(Part 265 Subpart C)

	Yes	No	NI*	Remarks
<b>(A) Maintenance and Operation of Facility:</b>				
Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<u>X</u>	_____	_____	_____
<b>(B) If required, does the facility have the following equipment: (265.32)</b>				
1. Internal communications or alarm systems?	<u>X</u>	_____	_____	_____
2. Telephone or 2-way radios at the scene of operations?	<u>X</u>	_____	_____	_____
3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?	_____	_____	_____	_____
Indicate the volume of water and/or foam available for fire control:				

<b>(C) Testing and Maintenance of Emergency Equipment: (265.33)</b>				
1. Has the owner or operator established testing and maintenance procedures for emergency equipment?	_____	_____	_____	_____
2. Is emergency equipment maintained in operable conditions?	_____	_____	_____	_____
<b>(D) Has owner or operator provided immediate access to internal alarms (if needed)? (265.34)</b>				
	_____	_____	_____	_____
<b>(E) Is there adequate aisle space for unobstructed movement? (265.35)</b>				
	_____	_____	_____	_____

\* Not Inspected

(E) Is there adequate aisle space for unobstructed movement? (265.35)

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:  
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

	Yes	No	NI*	Remarks
1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)	X			
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?	X			
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators? (265.52)	X			
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities? (265.52)	X			
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?) (265.52)	X			

\*Not Inspected

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations? (265.53)	<u>X</u>	___	___	Not organizations/Plant aware
(C) Emergency Coordinator (265.55)				
1. Is the facility Emergency Coordinator identified?	<u>X</u>	___	___	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<u>X</u>	___	___	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<u>X</u>	___	___	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<u>X</u>	___	___	

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING  
(Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System (265.71) N/A				as Chlorate process waste addressed on separate form.
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	___	___	___	
2. Are records of past shipments retained for 3 years? (262.40)	___	___	___	
(B) Does the owner or operator meet requirements regarding manifest discrepancies? (265.72)	___	___	___	

\*Not Inspected

(C) Operating Record (265.73)

1. Does the owner or operator maintain an operating record as required in 265.73?

2. Does the operating record contain the following information:

\*\*b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I?

c. The location and quantity of each hazardous waste within the facility?

\*\*\*d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.)

e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections?

f. Reports detailing all incidents that required implementation of the Contingency Plan?

g. All closure and post closure costs as applicable? (Effective 5-19-81)

\*\* See page 32252 of the May 19, 1980, Federal Register.

\*\*\* Only applies to disposal facilities

\*Not Inspected

This section does not pertain as site is undergoing closure.

Subpart F

APPENDIX A-1

FACILITY INSPECTION FORM FOR COMPLIANCE WITH INTERIM STATUS STANDARDS COVERING GROUND-WATER MONITORING

Company Name: \_\_\_\_\_; EPA LD. Number: \_\_\_\_\_

Company Address: \_\_\_\_\_; Inspector's Name: \_\_\_\_\_

Company Contact/Official: \_\_\_\_\_; Branch/Organization: \_\_\_\_\_

Title: \_\_\_\_\_; Date of Inspection: \_\_\_\_\_

Type of facility: (check appropriately)	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Waived</u>
a) surface impoundment	_____	_____		
b) landfill	_____	_____		
c) land treatment facility	_____	_____		
d) disposal waste pile*	_____	_____		

Ground-Water Monitoring Program

1. Was the ground-water monitoring program reviewed prior to site visit?  
If "No",

a) Was the ground-water program reviewed at the facility prior to site inspection?

2. Has a ground-water monitoring program (capable of determining the facility's impact on the quality of groundwater in the uppermost aquifer underlying the facility) been implemented? 265.90(a)

\*Listed separate from landfill for convenience of identification.

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>	<u>Waived</u>
<b>3. Has at least one monitoring well been installed in the uppermost aquifer hydraulically upgradient from the limit of the waste management area? 265.91(a)(1)</b>	_____	_____	_____	_____
<b>a) Are ground-water samples from the uppermost aquifer, representative of background ground-water quality and not affected by the facility (as ensured by proper well number, locations and depths?)</b>	_____	_____	_____	_____
<b>4. Have at least three monitoring wells been installed hydraulically downgradient at the limit of the waste handling or management area? 265.91(a)(2)</b>	_____	_____	_____	_____
<b>a) Do well number, locations and depths ensure prompt detection of any statistically significant amounts of HW or HW constituents that migrate from the waste management area to the uppermost aquifer?</b>	_____	_____	_____	_____
<b>5. Have the locations of the waste management areas been verified to conform with information in the ground-water program?</b>	_____	_____	_____	_____
<b>a) If the facility contains multiple waste management components, is each component adequately monitored?</b>	_____	_____	_____	_____
<b>6. Do the numbers, locations, and depths of the ground-water monitoring wells agree with the data in the ground-water monitoring system program? If "No", explain discrepancies.</b>	_____	_____	_____	_____
<b>7. Well completion details. 265.91(c)</b>				
<b>a) Are wells properly cased?</b>	_____	_____	_____	_____
<b>b) Are wells screened (perforated) and packed where necessary to enable sampling at appropriate depths?</b>	_____	_____	_____	_____
<b>c) Are annular spaces properly sealed to prevent contamination of ground-water?</b>	_____	_____	_____	_____



	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
8. Has a ground-water sampling and analysis plan been developed? 265.92(a)	_____	_____	_____
a) Has it been followed?	_____	_____	_____
b) Is the plan kept at the facility?	_____	_____	_____
c) Does the plan include procedures and techniques for:			
1) Sample collection?	_____	_____	
2) Sample preservation?	_____	_____	
3) Sample shipment?	_____	_____	
4) Analytical procedures?	_____	_____	
5) Chain of custody control?	_____	_____	
9. Are the required parameters in ground-water samples being tested quarterly for the first year? 265.92(b) and 265.92 (c)(1)	_____	_____	
a) Are the ground-water samples analyzed for the following:			
1) Parameters characterizing the suitability of the ground-water as a drinking water supply? 265.92(b)(1)	_____	_____	
2) Parameters establishing ground-water quality? 265.92(b)(2)	_____	_____	
3) Parameters used as indicators of ground-water contamination? 265.92(b)(3)	_____	_____	
(i) For each indicator parameter are at least four replicate measurements obtained at each upgradient well for each sample obtained during the first year of monitoring? 265.92(c)(2)	_____	_____	
(ii) Are provisions made to calculate the initial background arithmetic mean and variance of the respective parameter concentrations or values obtained from the upgradient well(s) during the first year? 265.92(c)(2)	_____	_____	
b) For facilities which have completed first year ground-water sampling and analysis requirements:			
1) Have samples been obtained and analyzed for the ground-water quality parameters at least annually? 265.92(d)(1)	_____	_____	
2) Have samples been obtained and analyzed for the indicators of ground-water contamination at least semi-annually? 265.92(d)(2)	_____	_____	

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
c) Were ground-water surface elevations determined at each monitoring well each time a sample was taken? 265.92(e)	_____	_____	
d) Were the ground-water surface elevations evaluated annually to determine whether the monitoring wells are properly placed? 265.93(f)	_____	_____	
e) If it was determined that modification of the number, location or depth of monitoring wells was necessary, was the system brought into compliance with 265.91(a)? 265.93(f)	_____	_____	
10. Has an outline of a ground-water quality assessment program been prepared? 265.93(a)*	_____	_____	
a) Does it describe a program capable of determining:			
1) Whether hazardous waste or hazardous waste constituents have entered the ground water?	_____	_____	
2) The rate and extent of migration of hazardous waste or hazardous waste constituents in ground water?	_____	_____	
3) Concentrations of hazardous waste or hazardous waste constituents in ground water?	_____	_____	
b) After the first year of monitoring, have at least four replicate measurements of each indicator parameter been obtained for samples taken for each well? 265.93(b)	_____	_____	
1) Were the results compared with the initial background means from the upgradient well(s) determined during the first year?	_____	_____	
(i) Was each well considered individually?	_____	_____	
(ii) Was the Student's t-test used (at the 0.01 level of significance)?	_____	_____	
2) Was a significant increase (or pH decrease as well) found in the:			
(i) Upgradient wells	_____	_____	
(ii) Downgradient wells	_____	_____	
If "Yes", Compliance Checklist A-2 must also be completed.			

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
11. Have records been kept of analyses for parameters in 265.92(c) and (d)? 265.94(a)(1)	_____	_____	
12. Have records been kept of ground-water surface elevations taken at the time of sampling for each well? 265.94(a)(1)	_____	_____	
13. Have records been kept of required elevations in 265.93(b)? 265.94(a)(1)	_____	_____	
14. Have the following been submitted to the Regional Administrator 265.94(a)(2) :*			
a) Initial background concentrations of parameters listed in 265.92(b) within 15 days after completing each quarterly analysis required during the first year?	_____	_____	
b) For each well, have any parameters whose concentrations or values have exceeded the maximum contaminant levels allowed in drinking water supplies been separately identified?	_____	_____	
c) Annual reports including:			
1) Concentrations or values of parameters used as indicators of ground-water contamination for each well along with required evaluations under 265.93(b)?	_____	_____	
2) Any significant differences from initial background values in up-gradient wells separately identified?	_____	_____	
3) Results of the evaluation of ground-water surface elevations?	_____	_____	

\*EPA will be proposing (Spring 1982) to replace this reporting requirement with an exception reporting system where reports will be submitted only where maximum contaminant levels or significant changes in the contamination indicators or other parameters are observed. EPA has delayed compliance stage for 14 a) above until August 1, 1982 (Federal Register, February 23, 1982, p.7341-7842) to be coupled with exception reporting in the interim.

APPENDIX A-2

INSPECTION COMPLIANCE FORM FOR A FACILITY WHICH  
MAY BE AFFECTING GROUND-WATER QUALITY

Company Name: \_\_\_\_\_; EPA LD. Number: \_\_\_\_\_

Company Address: \_\_\_\_\_; Inspector's Name: \_\_\_\_\_

Company Contact/Official: \_\_\_\_\_; Branch/Organization: \_\_\_\_\_

Title: \_\_\_\_\_; Date of Inspection: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
Type of facility: (Check appropriately)			
a) surface impoundment	_____	_____	
b) landfill	_____	_____	
c) land treatment facility	_____	_____	
d) disposal waste pile	_____	_____	
 1. Have comparisons of ground-water contamination indicator parameters for the upgradient well(s) 265.93(b) shown a significant increase (or pH decrease as well) over initial background?	 _____	 _____	
a) If "Yes", has this information been submitted to the Regional Administrator according to 265.94(a)(2)(ii)?	_____	_____	
 2. Have comparisons of indicator parameters for the downgradient wells 265.93(b) shown a significant increase (or pH decrease as well) over initial background?		_____	_____
a) If "Yes", were additional ground-water samples taken for those downgradient wells where the significant difference was determined? 265.93(c)(2)	_____	_____	
1) Were samples split in two?	_____	_____	
2) Was the significant difference due to human (e.g., laboratory) error? (If "Yes", do not continue.)	_____	_____	

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
3. If significant differences were not due to error, was a written notice sent to the Regional Administrator within 7 days of confirmation?	_____	_____	
4. Within 15 days of notification of the Regional Administrator was a certified ground-water quality assessment plan submitted? 265.93(d)(2)*	_____	_____	
a) Does the plan specify 265.93(d)(3) :			
1) well information (specifics)	_____	_____	
(a) number?	_____	_____	
(b) locations?	_____	_____	
(c) depths?	_____	_____	
2) sampling methods?	_____	_____	
3) analytical methods?	_____	_____	
4) evaluation methods?	_____	_____	
5) schedule of implementation?	_____	_____	
b) Does the plan allow for determination of 265.93(d)(4) :			
1) Rate and extent of migration of hazardous waste or hazardous waste constituents?	_____	_____	
2) Concentrations of the hazardous waste or hazardous waste constituents?	_____	_____	
c) Is it indicated that the first determination was made as soon as technically feasible? 265.93(d)(5)	_____	_____	
1) Within 15 days after the first determination was a written report containing the assessment of ground-water quality submitted to the Regional Administrator?		_____	_____
d) Was it determined that hazardous waste or hazardous waste constituents from the facility have entered the ground water?	_____	_____	
1) If "No", was the original indicator evaluation program, required by 265.92 and 265.93(b), reinstated?	_____	_____	
(a) Was the Regional Administrator notified of the reinstatement of program within 15 days of the determination? 265.93(d)(6)	_____	_____	

\*See note Page 2-10

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
e) If it was determined that hazardous waste or hazardous waste constituents have entered the ground water 265.93(d)(7) :			
1) For facilities where program was implemented prior to final closure, are determinations of hazardous waste or hazardous waste constituents continued on a quarterly basis? (If program was implemented during the post-closure care period, determinations made in accordance with the ground-water quality assessment plan may cease after the first determination.)	_____	_____	
(a) Were subsequent ground-water quality reports submitted to the Regional Administrator within 15 days of determination?	_____	_____	
2) Were records kept of the analyses and evaluations, specified in the ground-water quality assessment (throughout the active life of the facility)? 265.94(b)(1)	_____	_____	
(a) If a disposal facility, were(are) records kept throughout the post-closure period as well?	_____	_____	
f) Are annual reports submitted to the Regional Administrator containing the results of the ground-water quality assessment program? 265.94(b)(2)*	_____	_____	
1) Do the reports include the calculated or measured rate of migration of hazardous waste or hazardous waste constituents during the reporting period?	_____	_____	

\*See note Page 4-3

APPENDIX A-3

INSPECTION COMPLIANCE FORM FOR DEMONSTRATING  
A WAIVER OF INTERIM STATUS REQUIREMENTS

Company Name: \_\_\_\_\_; EPA LD. Number: \_\_\_\_\_

Company Address: \_\_\_\_\_; Inspector's Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Contact: \_\_\_\_\_; Branch/Organization: \_\_\_\_\_

Title: \_\_\_\_\_; Date of Inspection: \_\_\_\_\_

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
1. Is a written waiver demonstration kept at the site?	_____	_____	_____
2. Is the demonstration certified by a qualified geologist or geotechnical engineer? 265.90(c)	_____	_____	_____
3. Does the waiver demonstration establish:			
a) The potential for migration of hazardous waste or hazardous waste constituents from the facility to the uppermost aquifer? 265.90(c)(1)	_____	_____	_____
b) An evaluation of a water balance including:			
1) Precipitation?	_____	_____	_____
2) Evapotranspiration?	_____	_____	_____
3) Runoff?	_____	_____	_____
4) Infiltration? (including any liquid in surface impoundments)	_____	_____	_____
c) Unsaturated zone characteristics?	_____	_____	_____
1) Geologic materials?	_____	_____	_____
2) Physical properties?	_____	_____	_____
3) Depth to ground water?	_____	_____	_____

Yes

No

Unknown

d) The potential for hazardous waste or hazardous waste constituents which may enter the uppermost aquifer to migrate to a water supply well or surface water, by evaluation of: 265.90(c)(2)

1) Saturated zone characteristics, including:

(a) Geologic materials?

(b) Physical properties?

(c) Rate of ground-water flow?

2) Proximity of the facility to water supply wells or surface water?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



CLOSURE AND POST CLOSURE

CLOSURE PLAN

\*\*S1 Itted for review per closure activities.

I. WRITTEN PLAN

YES    NO    NI            REMARKS

1. Does the facility have a closure plan? (265.112.a.)

X              

\*\*2. Has the closure plan been amended?

X              

a. amended due to change in operating plan or facility design? (265.112b).

X              

b. amended due to change in expected year of closure? (265.112b).

X              

c. was the plan amended within 60 days of the changes? (265.112b).

X              

II. MAXIMUM EXTENT OF OPERATION

1. Does the plan estimate the maximum extent of operation which will be unclosed during the life of the facility? (265.112.a.2)

              X

2. Is the maximum extent of operation estimate exceeded by current operations?

              X

III. MAXIMUM INVENTORY

1. Is there an estimate of the maximum inventory of wastes in storage or treatment at any time during the life of the facility? (265.112.a.2).

X              

2. Does the maximum inventory estimate include the maximum amount of on-site:

a. wastes in surface impoundments?

X              

b. wastes in tanks?

c. wastes in piles?

d. wastes in drainage pits/sumps?

e. wastes in containers?

f. contaminated soil from land treatment fields?

g. contaminated soil and liners from non-disposal impoundments?

h. contaminated soil from spills and leaks?

i. decontaminated residues?

j. process residues?

k. other (specify) \_\_\_\_\_

- |  | <u>YES</u> | <u>NO</u> | <u>NI</u> | <u>REMARKS</u> |
|--|------------|-----------|-----------|----------------|
| 3. Does the plan discuss the types of testing and criteria to be used to determine:                      |            |           |           |                |
| a. whether soil is contaminated?   | <u>X</u>   | —         | —         | _____          |
| b. whether decontamination residues are hazardous?   | <u>X</u>   | —         | —         | _____          |
| c. other (specify) _____   |            |           |           |                |
| 4. Are incompatible wastes identified and provisions described for keeping them separate during closure? | <u>X</u>   | —         | —         | _____          |

IV. FINAL CLOSURE

- |  |          |   |   |       |
|--|----------|---|---|-------|
| 1. Does the plan identify the steps to close:  |          |   |   |       |
| a. at any point during the intended operating life? (265.112a)   | —        | — | — | _____ |
| b. at the end of the intended operating life? (265.112a)   | <u>X</u> | — | — | _____ |
| 2. Do the steps to close in the plan include:  |          |   |   |       |
| a. removal of wastes? (265.113a)   | <u>X</u> | — | — | _____ |
| b. treatment of wastes? (265.113a)   | <u>X</u> | — | — | _____ |
| c. waste disposal? (265.113a)  | <u>X</u> | — | — | _____ |
| d. decontamination of equipment & structures? (265.112a 3) (265.14)  | <u>X</u> | — | — | _____ |
| e. closure certification? (265.115)  | <u>X</u> | — | — | _____ |
| 3. Does the plan identify the year when final closure is expected to occur? (265.112a.4).  | <u>X</u> | — | — | _____ |
| 4. Is there a schedule for final closure activities? (265.112a.4).   | <u>X</u> | — | — | _____ |
| 5. Does the schedule for final closure include:  |          |   |   |       |
| a. date closure is expected to begin? (265.112a.1).  | —        | — | — | _____ |
| b. total time required to close: (265.112a.4).   | —        | — | — | _____ |
| c. the items for intervening closure activities (milestone dates)? (265.112a.4) (i.e. time required for waste inventory treatment; disposal; decontamination). | —        | — | — | _____ |

**VI. LANDFILL CLOSURE PLAN**

YES   NO   NI   REMARKS

- |  |  |   |   |
|--|--|---|---|
| <p>1. Does the plan describe the containment of waste, including:</p> <p>a. placement of final cover? (265.310a).</p> <p>b. characteristics of cover including material, thickness, porosity and permeability? (265.310b.5).</p> <p>c. design of cover including final surface contours and length of run of slope? (265.310b.5.).</p> <p>d. type of vegetation on the cover? (265.310b.5.).</p> <p>e. maintenance of the integrity of the cover? (265.310b.2.).</p> <p>f. control of pollution migration from the facility via groundwater surface water and air? (265.310b.2.).</p> <p>g. control of surface water infiltration, including prevention of pooling? (265.310b.2.).</p> <p>h. prevention of erosion? (265.310b.3.).</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>2. Does the Plan include at least a narrative indicating that the following factors were considered in addressing the closure objectives?</p> <p>a. type and amount of waste (265.310c.3.).</p> <p>b. mobility and expected rate of migration (265.310c.2.).</p> <p>c. site location, topography and surrounding land use (265.310c.3.).</p> <p>d. climate, including amount, frequency and PH of precipitation. (265.310.c.4.).</p> <p>e. geological and soil profiles and surface and sub-surface hydrology. (265.310.c.6.).</p>  | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>   | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>  |
| <p>3. Does the plan describe the maintenance and monitoring of the leachate collection, removal and treatment system to prevent excess accumulation of leachate in the system? (265.310b.2.).</p>  | <p>_____</p>   | <p>_____</p>  | <p>_____</p>  |

YES   NO   NI   REMARKS

6. Does the schedule for final closure:
- a. encompass more than 90 days for treatment, removal or disposal of hazardous waste after receipt of final volume of wastes? (265.113a).
  - b. encompass more than 120 days for completion of closure plan activities after receipt of final volume of wastes? (265.113b).

_____	_____	_____	_____
_____	_____	_____	_____

V. PARTIAL CLOSURE

- 1. Does the plan describe the closure of discreet regulated waste management units during the intended will be met? (265.112a.1).
- 2. Do the plans for partial closure identify how the requirements of Sections 265.111, 165.113, 265.114 & 265.115 and other closure requirements specific to the regulated unit will be met? (265.112a.1).
- 3. Does the plan identify the date(s) when partial closure is expected to occur? (265.112a.1).

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	<u>YES</u>	<u>NO</u>	<u>NI</u>	<u>REMARKS</u>
4. Does the plan describe the maintenance and monitoring of the gas collection and control system to control the vertical and horizontal escape of gases? (265.310 b.3.).	---	---	---	_____
5. Does the plan describe the protection and maintenance of surveyed benchmarks? (265.310 b.4.).	---	---	---	_____
6. Does the plan describe security measures to restrict access to the landfill as appropriate? (265.310b.5.).	---	---	---	_____

**VII. LANDFILL POST CLOSURE PLAN**

1. Is there a written post closure plan at the facility? (265.118a).	---	---	---	_____
2. Does the post closure plan provide for 30 years of post-closure care? (265.117d).	---	---	---	_____
3. Does the post-closure plan cover all areas where hazardous waste will remain that were active as of 11-19-80?	---	---	---	_____
4. Does the post-closure plan clearly identify the following minimum activities required in post closure care; including:				
a. a description of the planned ground-water monitoring activities and frequencies at which they will be performed to comply with subpart F? (265.118a.1.).	---	---	---	_____
b. a description of the planned maintenance activities and frequencies at which they will be performed to ensure:				
1. the integrity of the cap and final cover? (265.118a.2.1).	---	---	---	_____
2. the function of the ground-water monitoring system as specified in Section 265.917 (265.118 a.2.11).	---	---	---	_____

	<u>YES</u>	<u>NO</u>	<u>NI</u>	<u>REMARKS</u>
3. the function of the leachate collection, removal and treatment system to prevent excess accumulation of leachate in the system? (265.310 d.2.).	_____	_____	_____	_____
4. the function of the gas collection and control system to control the vertical and horizontal escape of gases? (265.310 d.3.).	_____	_____	_____	_____
5. the protection of the surveyed benchmarks: (265.310 d.4.).	_____	_____	_____	_____
6. the security of the landfill and restrict access as appropriate for its post closure care? (265.310 d.5.).	_____	_____	_____	_____
5. Does the plan identify the name, address and phone number of the person or office to contact about the facility? (265.118 a.3.).	_____	_____	_____	_____
6. Does the post closure plan also address the items in Section 265.310 b and c? (see closure plan checklist).	_____	_____	_____	_____
7. Has the post closure plan been amended?				
a. was the plan amended within 60 days after changes in operating plans or facility design, or events which occur during the active life of the facility? (265.118 b.).	_____	_____	_____	_____
8. Has the post closure plan been submitted 180 days prior to the anticipated closure date? (265.118 c.)?	_____	_____	_____	_____
9. Does the post closure plan address the requirements for notice to the local land authority: (265.119)?	_____	_____	_____	_____
10. Does the post closure plan address the requirements for notice in the deed? (265.120).	_____	_____	_____	_____

T-3-2:Shane:carol/rg:CLOSUREPLAN:12/10/82  
986F

FINANCIAL REQUIREMENTS

N/I

Being Reviewed by NDEP STAFF

FACILITY NAME: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

YES   NO   NI   REMARKS

A. Closure Costs and Financial Assurance

1. Is cost estimate for facility closure available? (265.142a) (Effective May 19, 1981)

\_\_\_\_\_

2. Does the closure cost estimate reflect any amendments to the Closure Plan? (265.142b)

\_\_\_\_\_

3. Has the closure cost estimate been adjusted annually using an inflation factor? (265.142c)

\_\_\_\_\_

4. Has financial assurance been established for facility closure? (265.143)

\_\_\_\_\_

If YES, specify the chosen mechanism(s) (trust fund, surety bond guaranteeing payment into a trust fund, letter of credit, insurance, financial test, etc.) \_\_\_\_\_

\_\_\_\_\_

5. Has the facility satisfied the requirements for the use of the chosen financial mechanism(s)?

\_\_\_\_\_

If NO, describe the deficiencies; (I.E., failure to execute required documents; to use exact wording in agreement as required; to make adjustments to reflect increases in closure cost estimates; to make payments to trust fund or pay insurance premiums.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

YES   NO   NI   REMARKS

**B. Post-closure Care Costs and Financial Assurance**  
**(Disposal Facilities Only)**

1. Is the cost estimate for post-closure monitoring & maintenance available? (265.144a)  
(Effective May 19, 1981)
2. Does the post-closure estimate reflect any amendment to the post-closure plan? (265.144b)
3. Has the post-closure cost estimate been adjusted annually using an inflation factor? (265.144c)
4. Has financial assurance been established for facility post-closure care? (165.145)

<u>YES</u>	<u>NO</u>	<u>NI</u>	<u>REMARKS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If YES, specify the chosen mechanism(s) (trust fund, surety bond guaranteeing payment into a trust fund, letter of credit, insurance, financial test, etc.). \_\_\_\_\_

5. Has the facility satisfied the requirements for the use of the chosen financial mechanism(s)?

<u>YES</u>	<u>NO</u>	<u>NI</u>	<u>REMARKS</u>
_____	_____	_____	_____

If NO, describe the deficiencies; (I.E., failure to execute required documents; to use exact wording in agreement as required; to make adjustments to reflect increases in post-closure care estimates; to make payments to trust fund or pay insurance premiums.) \_\_\_\_\_



FACILITY NAME: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

YES   NO   NI   REMARKS

**C. Financial Liability**

1. Can the facility demonstrate the liability coverage for sudden accidental occurrences in the amount of at least \$1 million per occurrence with an aggregate of at least \$2 million? (265.147a)

\_\_\_\_\_

2. Circle the mechanism(s) being used to demonstrate liability coverage:

Insurance

Financial Test

Financial Test & Insurance

3. Insurance:

a) Is the insurance policy amended to contain a hazardous waste facility liability endorsement.

\_\_\_\_\_

Is the endorsement worded as required in Sec. 264.151

(or)

Is the insurance policy evidenced by a certificate of liability insurance.

\_\_\_\_\_

Is the certificate worded as required in Sec. 264.151.

\_\_\_\_\_

b) Is the insurer of the insurance policy licensed to transact the business of insurance?

(or)

Is the insurer eligible to provide insurance as an excess or surplus lines insurer?

\_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

YES   NO   NI   REMARKS

4. Financial Test:

a) Circle the criteria that the facility is using to demonstrate that it passes the financial test:

Alternative I

Alternative II

b) Does the facility meet the criteria for the chosen alternative? \_\_\_\_\_

If NO, explain the defecienzie(s): \_\_\_\_\_

c) Has the facility submitted the following three items to the Regional Administrator

1) A letter signed by the Chief Financial officer and worded as specified in Sec. 264.151. \_\_\_\_\_

2) A copy of the C.P.A.'s report on examination of the financial statement for the latest completed fiscal year. \_\_\_\_\_

3) A special report from the C.P.A. to the owner or operator stating that a comparison of the data from the letter with the amounts in the financial statement has been completed and that no inconsistencies exist which would require an adjustment. \_\_\_\_\_

4) Has the facility applied for a one time extension? \_\_\_\_\_

5. The following applied only to owners and operators of surface impoundments, landfills and land treatment facilities:

a) Does the facility have available insurance coverage for claims resulting from non sudden accidental occurrences (\$3 million per occurrence, \$6 million annual aggregate\*). (265.147b) \_\_\_\_\_

\* Facilities with annual sales/revenue of:

\$10 million - effective January 15, 1983

\$5-10 million - effective January 15, 1984

<\$5 million - effective January 15, 1985

I  
USE AND MANAGEMENT OF CONTAINERS

Facility Name: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

	Yes	No	NI*	Remarks
1. Are containers in good condition? (265.171)	_____	_____	_____	_____
2. Are containers compatible with waste in them? (265.172)	_____	_____	_____	_____
3. Are containers stored closed? (265.173a)	_____	_____	_____	_____
4. Are containers managed to prevent leaks? (265.173b)	_____	_____	_____	_____
5. Are containers inspected weekly for leaks and defects? (265.174)	_____	_____	_____	_____
6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.) (265.176)	_____	_____	_____	_____
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.) (265.176)	_____	_____	_____	_____
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance? (265.177)	_____	_____	_____	_____

J  
TANKS

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank? (265.192.b) \_\_\_\_\_
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? (265.192.c) \_\_\_\_\_
3. Do continuous feed systems have a waste-feed cutoff? (265.192.d) \_\_\_\_\_
4. Are waste analyses done before the tanks are used to store a substantially different waste than before? (265.193) \_\_\_\_\_
5. Are required daily and weekly inspections done? (265.194) \_\_\_\_\_
- \*6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) (265.198) \_\_\_\_\_
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.) (265.199) \_\_\_\_\_
8. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes? (265.198.b) \_\_\_\_\_

Tank capacity: \_\_\_\_\_ gallons

Tank diameter: \_\_\_\_\_ feet

Distance of tank from property line \_\_\_\_\_ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K  
SURFACE IMPOUNDMENTS

\*See Page 3.

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard? (265.222)

\_\_\_\_\_

2. Do earthen dikes have protective covers? (265.223)

\_\_\_\_\_

3. Are waste analyses done when the impoundment is used to store a substantially different waste than before? (265.225)

\_\_\_\_\_

4. Is the freeboard level inspected at least daily? (265.226.a.2)

\_\_\_\_\_

5. Are the dikes inspected weekly for evidence of leaks or deterioration? (265.226.a.2)

\_\_\_\_\_

6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) (265.229)

\_\_\_\_\_

7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.) (265.230)

\_\_\_\_\_

L

WASTE PILES

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

	Yes	No	NI*	Remarks
1. Are waste piles covered or protected from dispersal by wind? (265.251)	---	---	---	_____
2. Is each in-coming movement of waste analyzed before being added to the waste pile? (265.252)	---	---	---	_____
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.253? (The effective date of this provision is Nov. 19, 1981.) (265.253)	---	---	---	_____
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.) (265.256.a.1)	---	---	---	_____
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react? (265.265.a.2)	---	---	---	_____
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.) (265.257.a)	---	---	---	_____
7. Are piles of incompatible waste protected by barriers or distance from other waste? (265.257.b)	---	---	---	_____

\*Not Inspected

LAND TREATMENT

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

- 1. Is treated hazardous waste capable of biological or chemical degradation? (265.272.a) \_\_\_\_\_
- 2. Are run-off and run-on diverted from the facility or collected? (Effective date: November 19, 1981)? (265.272b,c) \_\_\_\_\_
- 3. Is waste analyzed according to 265.273? \_\_\_\_\_
- 4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276? \_\_\_\_\_
- 5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available? (265.278) \_\_\_\_\_
- 6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278? \_\_\_\_\_
- 7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility? (265.279) \_\_\_\_\_
- 8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.) (265.281) \_\_\_\_\_
- 9. Are incompatible wastes land treated? (If yes, 265.17(b) applies) (265.282) \_\_\_\_\_



N  
LANDFILLS

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Yes   No   NI\*   Remarks

(A) General Operating Requirements

Does the facility provide the following:

\*\*1. Diversion of run-on away from active portions of the fill? (265.302.a)

\_\_\_\_\_

\*\*2. Collection of run-off from active portions of the fill? (265.302.b)

\_\_\_\_\_

\*\*3. Is collected run off treated? (265.302.c)

\_\_\_\_\_

4. Control of wind dispersal of hazardous waste? (265.302.d)

\_\_\_\_\_

(\*\*Effective 11-19-81)

(B) Surveying and Recordkeeping

Does the Operating Record Include:

1. A map showing the exact location and dimensions of each cell? (265.309.b)

\_\_\_\_\_

2. The contents of each cell and the location of each hazardous waste type within each cell? (265.309.b)

\_\_\_\_\_

(C) Special requirements for ignitable or reactive waste

Are ignitable or reactive waste treated so the resulting mixture is no longer ignitable or reactive? (265.312)

\_\_\_\_\_

	Yes	No	NI*	Remarks
(If waste is rendered non-reactive or non-ignitable see treatment requirements) If not, the provisions of 40 CFR 265.17(b) apply.	_____	_____	_____	_____
<b>(D) Special Requirements for Incompatible Wastes.</b>  Does the owner or operator dispose of incompatible wastes in separate cells? (215.313) If not, the provisions of 40 CFR 265.17(b) apply.	_____	_____	_____	_____
<b>(E) Special requirements for liquid waste (effective 11-19-81)</b>  1. Are bulk or non-containerized liquids placed in the landfill?  *2. Does the landfill have a chemically and physically resistant liner system? (265.314)  3. Does the landfill have a functional leachate collection system? (265.314)  4. Are free liquids stabilized prior to or immediately after placement in the landfill? (265.314)	_____	_____	_____	_____
<b>(F) Special requirements for Containers (effective 11-19-81)</b>  Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill? (265.315)	_____	_____	_____	_____

\*Not Inspected

O and P  
**INCINERATION and THERMAL TREATMENT 340-351\***

(A) Facility Name: \_\_\_\_\_

(B) Date of Inspection: \_\_\_\_\_

I. Determination of Steady State

A. Type of unit (i.e., type of incinerator or thermal treatment): \_\_\_\_\_

B. Components and steady state condition:

	Component	**** Was this component at SS prior to adding was			Remarks
		Yes	No	NI*	
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

II. Waste Analysis

A. Minimum requirements, for wastes not previously burned/treated.

1. Required analyses; has an analysis been performed for the following?	Yes	No	NI*	Remarks
a. Heating value	_____	_____	_____	_____
b. Halogen content	_____	_____	_____	_____
c. Sulfur content	_____	_____	_____	_____

\*Not Inspected

	Yes	No	NI*	Remarks
2. Has documented or written data been substituted for analysis of either:				
a. Lead?	_____	_____	_____	_____
b. Mercury?	_____	_____	_____	_____
B. List other parameters for which the waste is tested to enable owner or operator to est steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)				Remarks
1. _____				_____
2. _____				_____
3. _____				_____
4. _____				_____
5. _____				_____

III. Monitoring and Inspections

	Yes	No	NI*	Remarks
A. Are combustion/emission control instruments monitored at least every 15 minutes?	_____	_____	_____	_____
B. Is steady state maintained or corrections attempted?	_____	_____	_____	_____
C. Is stack plume observed at least hourly for normal color and opacity?	_____	_____	_____	_____
D. Did any stack observations made by owner or operator show a plume different than normal? **	_____	_____	_____	_____
E. If yes to D above, were corrections made to return emissions to normal appearance? **	_____	_____	_____	_____
F. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?	_____	_____	_____	_____
G. Are emergency shutdown controls and system alarms checked daily for proper operation?	_____	_____	_____	_____

\*Not Inspected

\*\*Specify in Remarks for what period of time this was checked.

IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI*	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A No answer means <u>other</u> hazardous waste is open-burned.)	—	—	—	_____
2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below) (265.382)	—	—	—	_____

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others	
0 to 100.....	204 m	670 ft
101 to 1,000.....	380 m	1,250 ft
1,001 to 10,000.....	530 m	1,730 ft
10,001 to 30,000.....	690 m	2,260 ft

Q

CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

	Yes	No	NI*	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure? (265.401.b)	—	—	—	_____
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?) (265.401.c)	—	—	—	_____

\*Not Inspected

	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	_____	_____	_____	_____
4. Are inspection procedures followed according to 265.403?	_____	_____	_____	_____
5. Are the special requirements fulfilled for ignitable or reactive wastes? (265.405)	_____	_____	_____	_____
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.) (265.406)	_____	_____	_____	_____

**Note:** EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Section 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.11 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason.

**IX**

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

**1. MANIFEST REQUIREMENTS**

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review? (262.22)	_____	_____	_____	_____
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements) (262.21)				
1. Manifest document number?	_____	_____	_____	_____
2. Name, mailing address, telephone number, and EPA ID Number of Generator	_____	_____	_____	_____

	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	_____	_____	_____	_____
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	_____	_____	_____	_____
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	_____	_____	_____	_____
6. The total quantity of waste(s) and the type and number of containers loaded?	_____	_____	_____	_____
7. Required certification?	_____	_____	_____	_____
8. Required signatures? (262.23)	_____	_____	_____	_____
(C) Does the owner or operator submit exception reports when needed? (262.42)	_____	_____	_____	_____

## 2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site) (49 CFR 172.101) (262.30).	_____	_____	_____	_____
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site) (49 CFR 172.101) (262.31, 262.32)	_____	_____	_____	_____
(C) If required, are placards available to transporters of hazardous waste? (262.33)	_____	_____	_____	_____

Omit Section 3 if the facility has interim status and its Part A permit application describes storage

3. On Site Accumulation

	Yes	No	NI*	Remarks
1. Are containers marked with start of accumulation date? (265.34)	_____	_____	_____	_____
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days? (262.34)	_____	_____	_____	_____
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line? (265.176)	_____	_____	_____	_____
4. If wastes are stored in tanks, are the tanks managed according to the following requirements?				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank? (265.192.b)	_____	_____	_____	_____
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures? (265.192.c)	_____	_____	_____	_____
c. Do continuous feed systems have a waste-feed cutoff? (265.192.d)	_____	_____	_____	_____
d. Are required daily and weekly inspections done? (265.194)	_____	_____	_____	_____
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements? (265.198)	_____	_____	_____	_____
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply) (265.199)	_____	_____	_____	_____

\*Not Inspected



**VI. RECORDKEEPING and REPORTING**  
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years? (262.40)	—	—	—	_____
(B) Has the generator submitted Annual Reports and Exception Reports as required? (262.42)	—	—	—	_____

**VII. INTERNATIONAL SHIPMENTS**  
(Part 262, Subpart E)

	Yes	No	NI*	Remarks
Has the installation imported or exported Hazardous Waste?	—	—	—	_____

(If answered Yes, complete the following as applicable.)

1. Exporting Hazardous waste, has a generator: (265.12)				
a. Notified the Administrator in writing?	—	—	—	_____
b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?	—	—	—	_____
c. Met the Manifest requirements?	—	—	—	_____
2. Importing Hazardous Waste, has the generator:				
Met the manifest requirements?	—	—	—	_____

\*Not Inspected

GENERATOR INVESTIGATION REPORT  
NAC 444.8635 - 444.700

*file*

I. GENERAL INFORMATION

1. Facility Name: Kerr-McGee Chemical Corporation
2. EPA Identification Number: NVD008290330
3. Street: Lake Mead Drive, P.O. Box 55
4. City: Henderson State: Nevada Zip: 89015
5. Telephone Number: (702) 565-8901 County: Clark
6. Inspection Date: 3/8/84
7. Weather Conditions: Warm/Sunny
8. 

<u>Facility Representative</u>	<u>Title</u>	<u>Telephone Number</u>
<u>Kay Brothers</u>	<u>Staff Environmental Engineer</u>	<u>(702) 565-8901</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
9. 

<u>NDEP Representative</u>	<u>Title</u>	<u>Telephone Number</u>
<u>Doug Martin</u>	<u>Environmental Specialist</u>	<u>(702) 885-4670</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
10. Type of Business: Manufacturing of Inorganic Chemicals
11. 

<u>Process Waste By-Products</u>	<u>Amount Per Month</u>
<u>Chlorate Process Mud NA 9189</u>	<u>100 cu. yd.</u>
<u>Chlorate Process filter cake</u>	<u>as generated through clean out</u>
<u> </u>	<u>process</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

## II. OWNER/OPERATOR REQUIREMENTS

1. GENERATOR APPLICABILITY (444.8635)	YES	NO	REMARKS
(a) Determined if waste is a hazardous waste?	<input checked="" type="radio"/>	N	
(b) Treat, store, or disposal of hazardous waste?	Y	<input checked="" type="radio"/>	
(c) Import hazardous waste?	Y	<input checked="" type="radio"/>	
(d) Mix hazardous waste of different shipping descriptions?	Y	<input checked="" type="radio"/>	
(e) Obtained a U.S. EPA Identification Number?	<input checked="" type="radio"/>	N	
2. PRESHIPMENT REQUIREMENTS (444.8645)			H.W. ORM
(a) Waste packaged IAW DOT Regulations?	Y	N	N/A
(b) Waste packages labeled IAW DOT Regulations?	Y	N	N/A
(c) Waste packages marked IAW DOT Regulations?	Y	N	N/A
. Proper shipping name used?	Y	N	N/A
Proper Identification Number used?	Y	N	N/A
ORM-A, B, C, D, or E marked when required?	Y	N	N/A
(d) Required placards offered to transporter?	Y	N	N/A

3. MANIFEST REQUIRE NTS (444.8650)	YES	NO	REMARKS
(a) Properly filled out manifest given to transporter?	<input checked="" type="radio"/>	N	
(b) TSD/Alternate Facility designated?	Y	<input checked="" type="radio"/>	
(c) Transporter instructed to return all undeliverable waste to generator?	<input checked="" type="radio"/>	N	
4. MANIFEST CONTENTS AND DISTRIBUTION			
(a) Unique serial number assigned each manifest?	<input checked="" type="radio"/>	N	
(b) Generator name, address, telephone number, and I.D. Number on manifest?	<input checked="" type="radio"/>	N	
(c) Transporter's name and I.D. Number?	<input checked="" type="radio"/>	N	
(d) TSD Facility/Alternate Facility name, address, and I.D. Number?	<input checked="" type="radio"/>	N	
(e) Waste description?	<input checked="" type="radio"/>	N	
(f) Each waste listed?	<input checked="" type="radio"/>	N	
Total quantity of waste by weight or volume?	<input checked="" type="radio"/>	N	
Number and type of containers?	<input checked="" type="radio"/>	N	
(g) Proper certification?	<input checked="" type="radio"/>	N	
(h) Required signatures obtained?	<input checked="" type="radio"/>	N	
(i) Copy of manifest retained for three (3) years?	<input checked="" type="radio"/>	N	
5. UNRETURNED MANIFEST REQUIREMENTS (444.8660) N/A			
(a) Determined status of waste (within 35 days)?	Y	N	
(b) Report submitted to NDEP (within 45 days)?	Y	N	
(c) Copy of report retained for three (3) years?	Y	N	

	YES	NO	REMARKS
6. HAZARDOUS WASTE ACCUMULATION WITHOUT A PERMIT (444.8665 - 444.8670)			
(a) Hazardous waste accumulated for more than ninety (90) days?	Y	(N)	
(b) Hazardous waste in containers managed IAW 49 CFR 172? (Attachment 1)	Y	(N)	N/A
(c) Accumulation date clearly marked?	Y	(N)	Violation
(d) Containers properly labeled and marked?	Y	(N)	Violation
(e) In compliance with 444.8850 - 444.8895?	Y	(N)	Violation
(f) Present a hazard to human health or the environment?	(Y)	N	
7. ANNUAL REPORT - IF WASTE SHIPPED OFF-SITE (444.8675)		1982	
(a) Submitted Annual Report when requested?	(Y)	N	
(b) Retained report copy for three (3) years?	(Y)	N	
8. EXPORTING HAZARDOUS WASTE N/A (444.8685)			
(a) Notified NDEP four (4) weeks prior to shipment?	Y	N	
(b) Properly label containers?	Y	N	
(c) Name/address of foreign consignee on manifest?	Y	N	
(d) Notified U.S. EPA?	Y	N	
(e) Require foreign consignee to confirm delivery?	Y	N	
(f) Properly filled out manifest used?	Y	N	
(g) Submit required Annual Report to NDEP?	Y	N	

ATTACHMENT 1

USE AND MANAGEMENT OF CONTAINERS

	YES	NO	REMARKS
1. Accumulation date clearly marked?	Y	(N)	
2. Are containers in good condition?	(Y)	N	
3. Are containers compatible with waste inside?	(Y)	N	
4. Are containers stored closed?	Y	(N)	
5. Are containers managed to prevent leaks?	(Y)	N	
6. Are containers inspected weekly for leaks and defects?	(Y)	N	
7. Are ignitable and reactive wastes stored at least 50 feet from facility property line?	Y	N	N/A
8. Are incompatible wastes stored in separate containers?	Y	N	N/A
9. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	Y	N	N/A