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CNC CHARLESTON
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TRANSMITTAL OF INFORMATION REQUESTED BY U S EPA REGION IV ON 26 MAY 1982
CNC CHARLESTON SC
6/22/1982
CNC CHARLESTON

DEPARTMENT OF THE NAVY

NAVAL BASE

CHARLESTON, S.C. 29408

Five 10 114 6/24 114A RB

Code 440.3:MLW
6240
Ser 440-2480

22 JUN 1982

Environmental Protection Agency
Region IV
345 Courtland Street
Atlanta, Georgia 30365

Attn: Mr. Arthur G. Linton, P.E.

Gentlemen:

The information requested by your 26 May 1982 letter is attached. As agreed, it is being provided to the extent that it is readily available.

If additional information is needed, contact Mr. John Sneed, P.E., Head, Environmental Engineering and Hazardous Waste Management Branch, at (803) 743-5519.

Sincerely,

J. W. SHUMATE
Captain, CEC, USN
Public Works Officer
By direction of the Commander,
Charleston Naval Shipyard

Copy to:
CO, SOUTHNAVFACENGCOM (Code 413)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: IV

SITE NUMBER (to be assigned by HQ):

IERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the informa-on this form to develop a Tentat've Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log . Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Pro-ion Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

ITE NAME: Charleston Naval Base

B. STREET (or other identifier): Naval Base

ITY: Charleston

D. STATE: SC

E. ZIP CODE: 29408

F. COUNTY NAME: Charleston

ITE OPERATOR INFORMATION

NAME: Commanding Officer

2. TELEPHONE NUMBER: 803 - 743-5519

STREET: Charleston Naval Shipyard

4. CITY: Charleston

5. STATE: SC

6. ZIP CODE: 29408

EALTY OWNER INFORMATION (if different from operator of site)

NAME: N/A

2. TELEPHONE NUMBER:

CITY:

4. STATE:

5. ZIP CODE:

ITE DESCRIPTION

19,900 total acres - topography is level with only slight irregularites in the landscape

YPE OF OWNERSHIP

[X] 1. FEDERAL [ ] 2. STATE [ ] 3. COUNTY [ ] 4. MUNICIPAL [ ] 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.): 6/10/82

B. APPARENT SERIOUSNESS OF PROBLEM

[ ] 1. HIGH [ ] 2. MEDIUM [ ] 3. LOW [X] 4. NONE

PREPARER INFORMATION

NAME: John Sneed, P.E., Head Environmental Eng

2. TELEPHONE NUMBER: 803-743-5678

3. DATE (mo., day, & yr.): 6/10/82

III. INSPECTION INFORMATION

PRINCIPAL INSPECTOR INFORMATION

NAME: N/A

2. TITLE: N/A

ORGANIZATION: N/A

4. TELEPHONE NO. (area code & no.): N/A

INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
N/A		

SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
N/A		

Continue On Reverse

d From Front

III. INSPECTION INFORMATION (continued)

RATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
eston NavalBase	803-743-5519	Naval Base, Charleston, SC 29408	Misc. Chemicals
eston Naval Base	803-743-5519	Naval Base, Charleston, SC 29408	PCB's

SPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Laboratories	803-877-1048	P.O. Box 816, Greer, SC	Misc. Chemicals
cal Waste ement, Inc.	205-652-9531	P.O. Box 55, Emelle, Ala. 35459	PCB's
onmental prises, Inc.	---	10147 Springfield Pike Cincinnati, Ohio 45215	Otto Fuel

STE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
Laboratorues	803-877-1048	P.O. Box 816, Greer, SC

E OF INSPECTION day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY (credentials must be shown in all cases)
N/A	N/A	☐ 1. PERMISSION ☐ 2. WARRANT N/A

HER (describe)

IV. SAMPLING INFORMATION

'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
UNDWATER	X	Contractor Lab	6/82
FACE WATER	N/A	---	---
TE	X	Contractor Lab	6/82
	X	SCDHEC Lab	6/82
OFF	X	Contractor Lab	6/82
L	N/A	------	---
	X	Contractor Lab	6/82
ETATION	N/A	---	---
ER (specify)			

D MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

Continue On Page 3

ntinued From Page 2

IV. SAMPLING INFORMATION (continued)

PHOTOS

TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL N/A

2. PHOTOS IN CUSTODY OF

N/A

SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS

Charleston Naval Shipyard

COORDINATES

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

32 ° - 51' - 42"

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

79° - 58' -08"

V. SITE INFORMATION

SITE STATUS

☒ 1. ACTIVE (Those industrial or unicipal sites which are being used or waste treatment, storage, or disposal n a continuing basis, even if infre- uently.)

☐ 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.)

IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code) _____

AREA OF SITE (in acres)

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify)

VI. CHARACTERIZATION OF SITE ACTIVITY

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

A. TRANSPORTER	X'	B. STORER	X'	C. TREATER	X'	D. DISPOSER
1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
5. PIPELINE		5. TANK, BELOW GROUND	X	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)		

. 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..

N/A

☐ 1. STC ☐ 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

. WASTE TYPE

☒ 1. LIQUID ☒ 2. SOLID ☒ 3. SLUDGE ☐ 4. GAS

. WASTE CHARACTERISTICS

☒ 1. CORROSIVE ☒ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☒ 6. REACTIVE ☒ 7. INERT ☒ 8. FLAMMABLE

☐ 9. OTHER (specify):

. WASTE CATEGORIES

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

Manifests and inventories available.

Continue On Reverse

Continued From Front

VII. SITE 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 1100	AMOUNT 2025	AMOUNT 1475	AMOUNT 15,570	AMOUNT	AMOUNT 600
UNIT OF MEASURE gallons	UNIT OF MEASURE gallons	UNIT OF MEASURE gallons	UNIT OF MEASURE gallons	UNIT OF MEASURE lbs.	UNIT OF MEASURE lbs.
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
X (2) METALS SLUDGES	(2) OTHER (specify):	X (2) NON-HALOGNTD. SOLVENTS	X (2) PICKLING LIQUORS	X (2) ASBESTOS	X (2) HOSPITAL
(3) POTW		(3) OTHER (specify)	X (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			X (6) CYANIDE	(6) OTHER (specify):	
			X (7) PHENOLS		
			(8) HALOGENS		
			X (9) PCB		
			X (10) METALS		
			(11) OTHER (specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Solvents (paint, etc)		X			X				1,000	gal
Acids (corrosive)		X			X				11,000	gal
Caustics (corrosive	X	X			X				800	gal
Toxics(Mercury)	X	X		X					30	gal
Cyanides (Sodium, Potassium)	X			X					empty containers	
PCB's		X			X				1870	gal
PCB's		X			X				retifiers, 42 transformers,etc	

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

[X] A. HUMAN HEALTH HAZARDS

Hazardous waste are now being segregated and stored in a secured open field. Military construction project has been submitted for the construction of a facility that is in full compliance with RCRA.

 Continue On Page 5

Continued From Page 4

VII. HAZARD DESCRIPTION (continued)

B. NON-WORKER INJURY/EXPOSURE

N/A

C. WORKER INJURY/EXPOSURE

N/A

D. CONTAMINATION OF WATER SUPPLY

N/A

E. CONTAMINATION OF FOOD CHAIN

N/A

F. CONTAMINATION OF GROUND WATER

N/A

G. CONTAMINATION OF SURFACE WATER

N/A

 Continue On Reverse

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

N/A

☐ I. FISH KILL

N/A

☐ J. CONTAMINATION OF AIR

N/A

☐ K. NOTICEABLE ODORS

N/A

☐ L. CONTAMINATION OF SOIL

N/A

☐ M. PROPERTY DAMAGE

N/A

 Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

N/A

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

N/A

☐ P. SEWER, STORM DRAIN PROBLEMS

N/A

☐ Q. EROSION PROBLEMS

N/A

☐ R. INADEQUATE SECURITY

N/A

☐ S. INCOMPATIBLE WASTES

N/A

 Continue On Reverse

VIII. HAZARD DESCRIPTION (continued)

T. MIDNIGHT DUMPING

None

U. OTHER (specify)

None

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)
IN RESIDENTIAL AREAS	0	0	0	1 mile
IN COMMERCIAL OR INDUSTRIAL AREAS	0	0	0	1 mile
IN PUBLICLY TRAVELLED AREAS	0	0	0	1 mile
PUBLIC USE AREAS (parks, schools, etc.)	0	0	0	5 mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
2 to 18 feet	Toward Cooper - Eastward	None
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
N/A	N/A water supplied by N.Chas.	N/A water supplied by N.Chas

TYPE OF DRINKING WATER SUPPLY

- [ ] 1. NON-COMMUNITY < 15 CONNECTIONS
- [X] 2. COMMUNITY (specify town): > 15 CONNECTIONS North Charleston
- [ ] 3. SURFACE WATER
- [ ] 4. WELL

Continue On Page 9

inued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

ST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
		None		

ECEIVING WATER

NAME
rth Charleston Public
wer District

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

SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Waste Treatment Plant

XI. SOIL AND VEGETATION DATA

CATION 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

rk 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
1. SAND	X	Stiff Calcareous Clay		
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.)

RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS

DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

LOPE

ESTIMATE % OF SLOPE: < 6%

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

OTHER GEOLOGICAL DATA

 Continue On Reverse

XIV. PERMIT INFORMATION

List all applicable permits held by the [illegible]e 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
RCRA	DHEC	SC0170022560				X	
NPDES	DHEC	SC0024708			X		
RCRA	DHEC	SC8170022620				X	
NPDES	DHEC	SC0022764	3/4/80	3/4/85	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.