



SDMS DocID 000226939

New Bedford  
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226939

POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER

## II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Francis Playground		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Cove Road			
03 CITY New Bedford		04 STATE MA	05 ZIP CODE	06 COUNTY Bristol	07 COUNTY CODE
09 COORDINATES LATITUDE 41° - 36' - 55"		LONGITUDE 70° - 55' - 36"			
10 DIRECTIONS TO SITE (Starting from nearest public road) Francis Playground is on the south side of Cove Road in New Bedford.					

## III. RESPONSIBLE PARTIES

01 OWNER (If known) Unknown		02 STREET (Business, mailing, residential)			
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER ( )	
07 OPERATOR (If known and different from owner) Unknown		08 STREET (Business, mailing, residential)			
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )	
13 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input checked="" type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					

## IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES    DATE ____/____/____ MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Reports were received that indicated this site was used for industrial waste disposal. It is also alleged that contaminated sediments from Clark's Cove were deposited at the site. However, soil samples from the site indicated no contamination.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION The playground is frequently inundated with seawater. The potential of a release of contaminants to Clarks Cove exists. A potential health threat may also exist for children playing on the site.					

## V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input checked="" type="checkbox"/> C. LOW (inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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## VI. INFORMATION AVAILABLE FROM

01 CONTACT Paul Anderson		02 OF (Agency Organization) DEQE, Lakeville		03 TELEPHONE NUMBER 617-947-1231	
04 PERSON RESPONSIBLE FOR ASSESSMENT Robin L. Smith		05 AGENCY	06 ORGANIZATION NUS	07 TELEPHONE NUMBER 412-788-1080	08 DATE 2, 12, 86 MONTH DAY YEAR





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01  A. GROUNDWATER CONTAMINATION 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  B. SURFACE WATER CONTAMINATION 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  C. CONTAMINATION OF AIR 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  D. FIRE/EXPLOSIVE CONDITIONS 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  E. DIRECT CONTACT 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  F. CONTAMINATION OF SOIL 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_ (Acres) 04 NARRATIVE DESCRIPTION

01  G. DRINKING WATER CONTAMINATION 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  H. WORKER EXPOSURE/INJURY 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  I. POPULATION EXPOSURE/INJURY 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE  
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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS *(Include)*

01  J. DAMAGE TO FLORA 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

01  K. DAMAGE TO FAUNA 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION *(Include name(s) of species)*

01  L. CONTAMINATION OF FOOD CHAIN 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

01  M. UNSTABLE CONTAINMENT OF WASTES 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
*(Spills, runoff, standing liquids, leaking drums)*  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

01  N. DAMAGE TO OFFSITE PROPERTY 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

01  O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

01  P. ILLEGAL/UNAUTHORIZED DUMPING 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

IV. COMMENTS

V. SOURCES OF INFORMATION *(Cite specific references, e. g., state files, sample analysis, reports)*