



SDMS DocID 000226942

New Bedford  
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226942

		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT			I. IDENTIFICATION	
		01 STATE	02 SITE NUMBER			
<b>II. SITE NAME AND LOCATION</b>						
01 SITE NAME (Legal, common, or descriptive name) (1)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER			
I-195 Bridge Abutments/Fill						
03 CITY		04 STATE	05 ZIP CODE	06 COUNTY		07 COUNTY CODE
New Bedford		MA	02740	Bristol		08 CONG. DIST.
09 COORDINATES		LATITUDE		LONGITUDE		
		41° 39' 20"		70° 55' 07"		
10 DIRECTIONS TO SITE (Starting from nearest public road)						
I-195 as it crosses the Acushnet Estuary between New Bedford and Fairhaven.						
<b>III. RESPONSIBLE PARTIES</b>						
01 OWNER (if known)			02 STREET (Business, mailing, residential)			
Unknown						
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER		
				( )		
07 OPERATOR (if known and different from owner)			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: _____ / _____ / _____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ / _____ / _____ <input checked="" type="checkbox"/> C. NONE						
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>						
01 ON SITE INSPECTION		BY (Check all that apply)				
<input type="checkbox"/> YES    DATE _____ / _____ / _____ <input checked="" type="checkbox"/> NO		<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)		03 YEARS OF OPERATION				
<input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		BEGINNING YEAR: 1963    ENDING YEAR: 1965 <input type="checkbox"/> UNKNOWN				
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED						
It is alleged that PCB-contaminated sediments dredged during construction of the bridge were used as fill in the construction of the bridge abutments or were spread on the abutments for drying purposes.						
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION						
There is the possibility of the release of PCBs to the harbor.						
<b>V. PRIORITY ASSESSMENT</b>						
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)						
<b>VI. INFORMATION AVAILABLE FROM</b>						
01 CONTACT		02 OF (Agency Organization)			03 TELEPHONE NUMBER	
Nick Tangney		Town Planner, Fairhaven			617-992-9228	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE	
Robin L. Smith		NUS		(412) 788-1080	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  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  B. SURFACE WATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  C. CONTAMINATION OF AIR  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  D. FIRE/EXPLOSIVE CONDITIONS  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  E. DIRECT CONTACT  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  F. CONTAMINATION OF SOIL  
03 AREA POTENTIALLY AFFECTED: \_\_\_\_\_  
(Acres)

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  G. DRINKING WATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  H. WORKER EXPOSURE/INJURY  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED

01  I. POPULATION EXPOSURE/INJURY  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_ )  
04 NARRATIVE DESCRIPTION

POTENTIAL       ALLEGED



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 *(continue)*

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)*