



SDMS DocID 000226944

New Bedford
1.2
226944POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

IDENTIFICATION

STATE SITE NUMBER

I. SITE NAME AND LOCATION

01 SITE NAME (Legal name or previous name of site) <u>Lot Near Revere Copper and Brass</u>		02 STREET ROUTE NO. OF SPECIFIC LOCATION IDENTIFIER <u>Belleville Avenue</u>			
03 CITY <u>New Bedford</u>	04 STATE <u>MA</u>	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CROSS DIST.
09 COORDINATES - LATITUDE <u>41° 41' 3.0"</u>		LONGITUDE <u>70° 55' 10"</u>			

10 DIRECTIONS TO SITE (Start from nearest public road)

Travel Belleville Avenue to Revere Copper and Brass.

III. RESPONSIBLE PARTIES

01 OWNER (Name) <u>Unknown</u>		02 STREET (Business, mailing, residential)			
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER		
07 OPERATOR (Name and address from label)		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 <input type="checkbox"/> C STATE <input type="checkbox"/> D COUNTY <input type="checkbox"/> E MUNICIPAL <input type="checkbox"/> F OTHER <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 DATE RECEIVED _____ <input checked="" type="checkbox"/> C NONE					

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE _____ <input checked="" type="checkbox"/> NO DATE _____		02 CHECKED BY <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 _____ CONTRACTOR NAME(S): _____			
03 SITE STATUS (Check one) <input type="checkbox"/> A ACTIVE <input checked="" type="checkbox"/> B INACTIVE <input type="checkbox"/> C UNKNOWN		04 YEARS OF OPERATION FROM _____ YEAR TO _____ YEAR <input checked="" type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT (KNOWN OR ALLEGED)

This area has reportedly been filled with material from an unknown source.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND OR POPULATION

The potential for contaminant release to the Acushnet River exists.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one) (Based on results of this and complete Part 2 - Waste Information and Part 3 - Site Specific Hazardous Constituent and Incident)			
<input type="checkbox"/> A HIGH <small>(inspection required promptly)</small>	<input type="checkbox"/> B MEDIUM <small>(inspection required)</small>	<input checked="" type="checkbox"/> C LOW <small>(inspection on an available basis)</small>	<input type="checkbox"/> D NONE <small>(no further action needed, complete current disposition form)</small>

VI. INFORMATION AVAILABLE FROM

01 CONTACT <u>Paul Anderson</u>	02 OF (Agency/Organization) <u>DEOE, Lakeville</u>	03 TELEPHONE NUMBER <u>617 947-1231</u>	
04 PERSON RESPONSIBLE FOR ASSESSMENT <u>Robin Smith</u>	05 AGENCY <u>NUS</u>	06 ORGANIZATION	07 TELEPHONE NUMBER <u>412 788-1080</u>
		08 DATE <u>2 12 86</u>	



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 *(incidents)*

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)*