



SDMS DocID 000226951

New Bedford  
1.2  
226951POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENTI. IDENTIFICATION  
01 STATE 02 SITE NUMBER

## II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Playground Near South Terminal		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Gifford Street			
03 CITY New Bedford	04 STATE MA	05 ZIP CODE 02740	06 COUNTY Bristol	07 COUNTY CODE	08 CONG. DIST.
09 COORDINATES LATITUDE 41° 37' 10"		LONGITUDE 70° 55' 03"			

10 DIRECTIONS TO SITE (Starting from nearest public road)

The playground is located at the intersection of Front and Gifford Streets.

## III. RESPONSIBLE PARTIES

01 OWNER (if known) Palmer's Island Corp.		02 STREET (Business, mailing, residential) 15 Miles Standish Dr.			
03 CITY North Dartmouth	04 STATE MA	05 ZIP CODE 02747	06 TELEPHONE NUMBER ( )		
07 OPERATOR (if known and different from owner) Not Known		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ( )		

13 TYPE OF OWNERSHIP (Check one)

- A. PRIVATE     B. FEDERAL: \_\_\_\_\_ (Agency name)  
 C. STATE     D. COUNTY     E. MUNICIPAL  
 F. OTHER: \_\_\_\_\_ (Specify)     G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

- A. RCRA 3001 DATE RECEIVED: \_\_\_\_\_ MONTH DAY YEAR     B. UNCONTROLLED WASTE SITE (RCRA 103 c) DATE RECEIVED: \_\_\_\_\_ MONTH DAY YEAR     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): _____			
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02 SITE STATUS (Check one)

- A. ACTIVE     B. INACTIVE     C. UNKNOWN

03 YEARS OF OPERATION

BEGINNING YEAR    ENDING YEAR

- UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

This area of the city was filled. Contaminated sediments may have been the source of this fill material.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Possible inundation of the site (during storms) due to its close proximity to the harbor may result in a release of contaminants to the harbor. The potential of direct contact also exists because of the site's use as a recreational area for children.

## 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)

- A. HIGH (inspection required promptly)     B. MEDIUM (inspection required)     C. LOW (inspect on time available basis)     D. NONE (No further action needed, complete current disposition form)

## 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 NUS	06 ORGANIZATION	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 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: _____ <small>(Acres)</small>	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____ ) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
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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 names 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)*