



SDMS DocID 000226954

New Bedford
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226954

		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT			I. IDENTIFICATION 07 STATE 08 SITE NUMBER	
II. SITE NAME AND LOCATION						
01 SITE NAME (Legal, common, or project name)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER			
West Island Dredge Disposal Area			Buzzards Bay (off coast of West Island)			
03 CITY		04 STATE	05 ZIP CODE	06 COUNTY		07 COUNTY OR CONG CODE DIST
09 COORDINATES LATITUDE		LONGITUDE				
10 DIRECTIONS TO SITE (Starting from nearest public road)						
The disposal area is located just south of West Island In Buzzards Bay.						
III. RESPONSIBLE PARTIES						
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: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE						
IV. CHARACTERIZATION OF POTENTIAL HAZARD						
01 ON SITE INSPECTION			BY (Check all that apply)			
<input type="checkbox"/> YES DATE _____ MONTH DAY YEAR <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)			
02 SITE STATUS (Check one)			03 YEARS OF OPERATION			
<input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input checked="" type="checkbox"/> C. UNKNOWN			_____ BEGINNING YEAR _____ ENDING YEAR <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED						
It is alleged that sediment dredged from New Bedford Harbor during the construction of the hurricane barrier were dumped at this site. These sediments may have been contaminated with various metals and PCBs.						
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION						
The contaminated sediments may lead to eventual contamination of the food chain.						
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)						
VI. INFORMATION AVAILABLE FROM						
01 CONTACT		02 OF (Agency Organization)		03 TELEPHONE NUMBER		
Paul Anderson		DEQE, Lakeville		(617) 947-1231		
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE	
Robin L. Smith		NUS		(417) 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)*