



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION _____ SITE NUMBER (to be assigned by HQ) PADO8186309

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Bishop Tube Company B. STREET (or other identifier) Rt 30 and Malin Rd.
 C. CITY Fraser D. STATE Pa E. ZIP CODE 19355 F. COUNTY NAME Chester
 G. OWNER/OPERATOR (if known)
 1. NAME Bishop Tube Company 2. TELEPHONE NUMBER 215-647-3450
 H. TYPE OF OWNERSHIP
 1. FEDERAL 2. STATE 3. COUNTY 4. MUNICIPAL 5. PRIVATE 6. UNKNOWN

I. SITE DESCRIPTION

The company manufactures and sells special seamless tubing for industrial use.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

The company notified us as hazardous waste generator and RCRA -
 sites in Fall of 1980. First inspection on 6/23/81

K. DATE IDENTIFIED (mo., day, & yr.)

L. PRINCIPAL STATE CONTACT

1. NAME Frank Holmes 2. TELEPHONE NUMBER 215-631-2420

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
 1. HIGH 2. MEDIUM 3. LOW 4. NONE 5. UNKNOWN
 B. RECOMMENDATION
 1. NO ACTION NEEDED (no hazard) 2. IMMEDIATE SITE INSPECTION NEEDED
 a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____
 3. SITE INSPECTION NEEDED
 a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____
 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME Frank Holmes 2. TELEPHONE NUMBER 215-631-2420 3. DATE (mo., day, & yr.) 11/29/83

III. SITE INFORMATION

A. SITE STATUS
 1. ACTIVE (This is industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)
 2. INACTIVE (This is sites which no longer receive wastes.)
 3. OTHER (specify): _____ (Note sites that include such incidents like "single dumpings" where no regular or continuing use of the site for waste disposal has occurred.)
 B. IS GENERATOR ON SITE?
 1. NO 2. YES (specify generator's four-digit SIC Code): 3317, 3356
 C. AREA OF SITE (in acres) 5 acres
 D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
 1. LATITUDE (deg., min., sec.) _____ 2. LONGITUDE (deg., min., sec.) _____
 E. ARE THERE BUILDINGS ON THE SITE?
 1. NO 2. YES (specify): One very large building - my present office

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED
 Solvent waste is generated from metal cleaning and stored in 55 gal drums in a shed. Fresh solvent TCE is stored in a 4000 gal above ground tank. Waste acid is produced from a metal treating process. This is stored in an above ground tank. Fresh acids (HNO₃ + HF) are stored in two above ground tanks.

V. WASTE RELATED INFORMATION

A. WASTE TYPE
 1. UNKNOWN 2. LIQUID 3. SOLID 4. SLUDGE 5. GAS

B. WASTE CHARACTERISTICS
 1. UNKNOWN 2. CORROSIVE 3. IGNITABLE 4. RADIOACTIVE 5. HIGHLY VOLATILE
 6. TOXIC 7. REACTIVE 8. INERT 9. FLAMMABLE
 10. OTHER (specify):

C. WASTE CATEGORIES
 1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

FOO1, D002, K062

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	X c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
	N/A	3000	120,000		
		Kg	Kg		
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	X (2) OTHER (specify): at least 5-55 gal. drums on site	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		X (3) OTHER (specify): The above qty. is what is generated per month	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(6) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			X (11) OTHER (specify): concentrated		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Solvents
Acids

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

On June 9+10 1981 the company had an incident where acid vapors were released. Bishop Tube is involved in a ground water study because of ground water contamination. Pa. D.E.R. Water Quality is the lead agency

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH		X	6/9/81 6/10/81	Acid vapors were emitted from a above ground acid storage tank
3. NON-WORKER INJURY/EXPOSURE				(see letter of July 10, 1981 attached)
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA		X	6/9/81 6/10/81	
10. FISH KILL				
11. CONTAMINATION OF AIR		X	6/9/81 6/10/81	
12. NOTICEABLE ODORS		X	6/9/81 6/10/81	
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS		X	6/9/81 6/10/81	
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. NIGHTTIME NOISE				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

NPDES / Solid Waste / Air Quality
 PA001364 / PA008186309 / 15-399-017

- 1. NPDES PERMIT
- 2. SPCC PLAN
- 3. STATE PERMIT (specify):
- 4. AIR PERMITS
- 5. LOCAL PERMIT
- 6. RCRA TRANSPORTER
- 7. RCRA STORER
- 8. RCRA TREATER
- 9. RCRA DISPOSER
- 10. OTHER (specify):

B. IN COMPLIANCE?

- 1. YES
- 2. NO
- 3. UNKNOWN

75.265 (r)(6)

4. WITH RESPECT TO (list regulation name & number): Continuance of above ground storage tanks

VIII. PAST REGULATORY ACTIONS

- A. NONE
- B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- A. NONE
- B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
See attached copies	6/17/81	Present	Solid Waste RCRA Inspection - Gen. + TSD
See attached copies	1970's	Present	Water Quality NPDES - Water Quality

X. REMEDIAL ACTIVITY (past or on-going)

- A. NONE
- B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
RCRA Compliance	See attached sheets	Solid Waste	Gen + TSD Compliance
Ground water study	May 2, 1980	Betsy Converse Wurdock	Proposal attached - Cont. find. Report
Consent Order + Agreement	2/10/82	Air Quality	Attached

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

FIELD TRIP SUMMARY REPORT

This summary should be prepared in conjunction with the Preliminary Assessment Form, (EPA Form T2070-2), so that a proper site rating can be assigned.

Name of Site Bishop Tube Company
EPA Case Number PAD081868309 (PA-568)

I. If site is active, has owner/operator notified EPA in accordance with Section 3010 of RCRA. Yes X No

If Yes: a) Note EPA I.D. No. PAD081868309

b) Is the site a generator, storer, treater or disposer of hazardous waste? (CIRCLE ONE).

II. If the answers submitted in Part VI (Hazard Description) of EPA Form T2070-2 or observations warrant a more thorough site investigation/sampling, please attach a sketch map showing those areas of concern. (i.e.: lagoons, leachate seeps, drum storage, monitoring wells, etc.).

III. Please list site contacts and accompanying inspectors; include name, title and phone numbers. Mess C. Johnson - Project Engineer

215-647-3450

IV. Site observations: (attach a topo map).

A. Population within 1000 ft. of the site is (CHECK ONE)

- 1. 0-10 people
- ② 10-100 people
- 3. greater than 100 people

B. List surrounding land use: (woodlot, agricultural, playground, industrial, etc.)

North: Woodlot

South: industrial

East: residential

West: industrial

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C. Water supply for area. (CHECK ONE)

- 1. Surface intakes (locate on attached map)
- 2. Municipal wells (locate on attached map)
- 3. Domestic wells:

- a. Approximate number within 1/4 mile. On site
- b. Locate a minimum of 3 wells on attached map and list below:

Property owner Bishop Tube On site Wells

Address _____

Phone No. _____

Well records	YES	NO	YES	NO	YES	NO
Odor problems	YES	NO	YES	NO	YES	NO
Taste problems	YES	NO	YES	NO	YES	NO

c. If odor or taste problems are reported please elaborate: _____

D. Are surface or subsurface, (leachate), drainage areas from site apparent?
YES _____ NO X. If yes:

- 1. Were unusual odors or stains noted? YES _____ NO X
- 2. Was stressed vegetation noted? YES _____ NO X

a. If yes please note area on map.

E. Are streams or receiving waters adjacent to site? YES X NO _____
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.). Water Quality

Sample results + inspections attached

F. Site topography: (i.e.-plateau, strip mine ravines, etc.). Side of

ridge

G. Other observations: (i.e.-erosion, located in flood plain, etc.). _____

V. Were photographs taken? YES _____ NO X
If yes: Who has custody of photos? _____

Name: _____

Agency: _____

Phone No.: _____

VI. Is a hydrogeological survey for this site attached? YES _____ NO X
If no, Section III D of EPA Form 12070-2 must be completed.

VII. Please attach pertinent copies of reports or data reviewed by inspector:
(i.e.-State monitoring data, consultant reports, etc.).

VIII. Name of Inspector: Frank Holmes

Agency: Pa DER

Phone No.: 215-631-2420

Time on Site: 1300

Weather Conditions: Clear + cool + windy