

514 II SW
ROAD 15

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

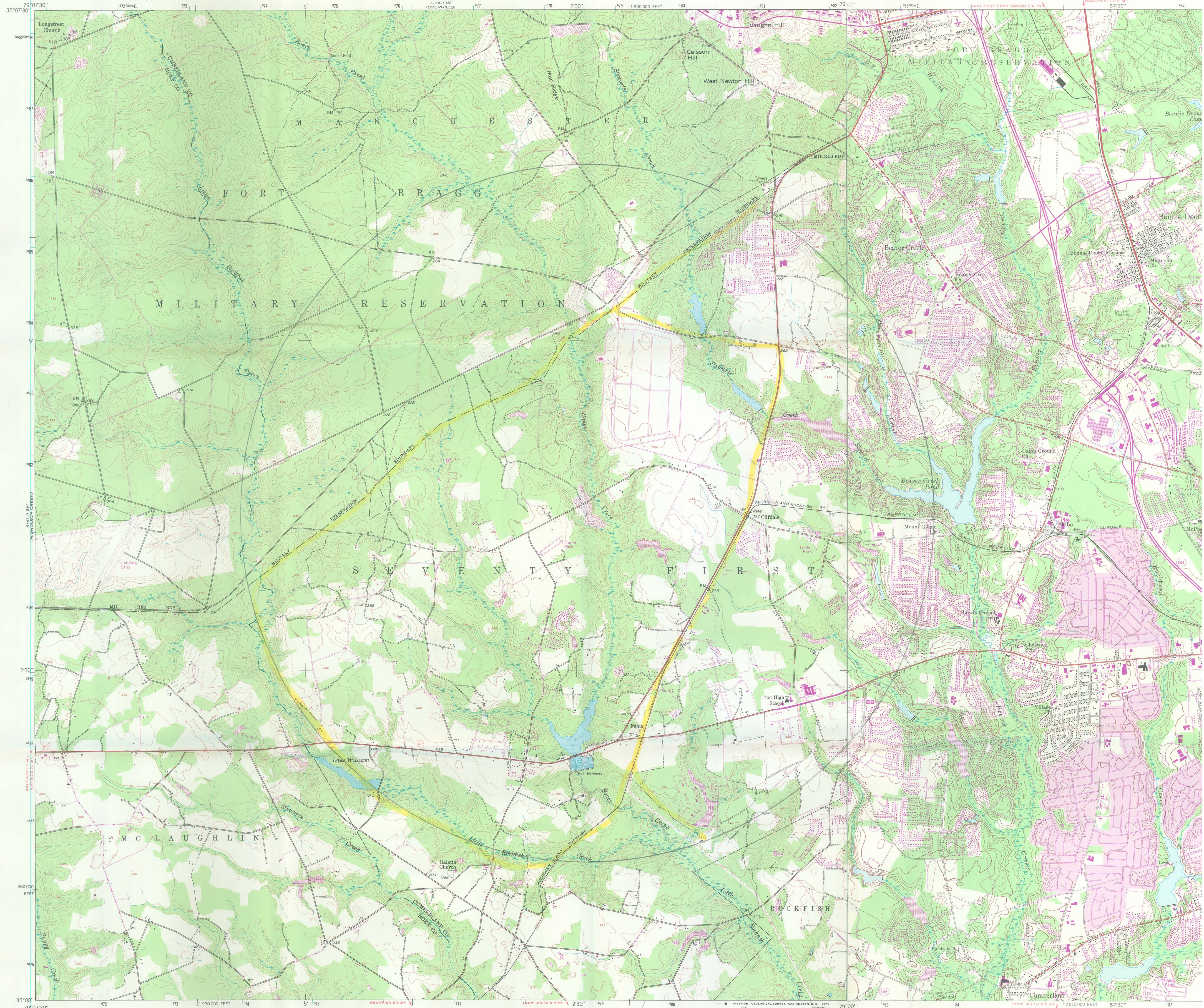
UNITED STATES
DEPARTMENT OF THE ARMY
CORPS OF ENGINEERS

Cumberland County Landfill
Nc D 980502900

CLIFDALE QUADRANGLE
NORTH CAROLINA
7.5 MINUTE SERIES (TOPOGRAPHIC
SE/4 CLIFDALE 15' QUADRANGLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SANFORD 29 MI.
MANCHESTER 5 MI.



Mapped by the Army Map Service
Edited and published by the Geological Survey
Control by USGS, USC&GS, and CE
Topography from aerial photographs by multiplex methods
Aerial photographs taken 1946-1947. Field check 1948
Polyconic projection. 1927 North American datum
10,000-foot grid based on North Carolina coordinate system
1000-meter Universal Transverse Mercator grid ticks,
zone 17, shown in blue

Revisions shown in purple compiled by the Geological Survey from
aerial photographs taken 1971. This information not field checked

UTM GRID AND 1971 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

SCALE 1:24 000
1 1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 1 2 3 4 5 6 7 8 9 10 KILOMETER
CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL
THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, WASHINGTON, D. C. 20242
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

Entered by
my own
and PWS
& private
D

ROAD CLASSIFICATION
HARD-SURFACE ALL WEATHER ROADS DRY WEATHER ROADS
Heavy-duty ———— Improved dirt ————
Medium-duty ———— Unimproved dirt ————
Loose-surface, graded, or narrow hard-surface ————
U. S. Route ———— State Route ————
CLIFDALE, N. C.
SE/4 CLIFDALE 15' QUADRANGLE
N3500-W7900/7.5
EDITION OF 1950
PHOTOREVISED 1971
AMS 5154 II SE-SERIES V842

Mapped by the Army Map Service
Published for civil use by the Geological Survey
Control by USGS, NOS/NOAA, and USCE
Topography by photogrammetric methods from aerial photographs
taken 1946-1947. Planimetric detail revised from aerial
photographs taken 1959. Field checked 1957
Polyconic projection. 10,000-foot grid ticks based on
North Carolina coordinate system. 1000-meter Universal
Transverse Mercator grid ticks, zone 17, shown in blue. 1927
North American Datum. To place on the predicted North
American Datum 1983 move the projection lines 12 meters
south and 22 meters west as shown by dashed corner ticks
Red tint indicates areas in which only landmark buildings are shown
There may be private inholdings within the boundaries of
the National or State reservations shown on this map

UTM GRID AND 1982 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

THIS MAP
FOR SALE
A FOLDER DESCRIBING
TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

**EPA DID NOT MAIL
TO FACILITY**

DATE: August 22, 1995

SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY

FROM: Matthew J. Robbins, Brownfields Coordinator
Waste Management Division, Region IV

TO: CUMBERLAND COUNTY LDFL
CLIFFDALE RD AND ST RD 1400
FAYETTEVILLE
NC 28301

EPA has identified the Brownfields Initiative as one of the Agency's top priorities. The term "brownfields" refers to previously used properties that may lie vacant because potential contamination makes them unmarketable to the private sector. EPA has recently announced a comprehensive Brownfields strategy, including Pilot grants to municipalities, to stimulate economic revitalization.

One part of the strategy has been for EPA to review its complete inventory of Superfund sites. These sites have been screened and determined to require no remedial action under the Federal Superfund Program based on information available as well as on conditions and policies that currently exist. This is to notify you that EPA has removed your facility from EPA's computer inventory known as CERCLIS. THIS DOES NOT INDICATE THAT THE STATE HAS MADE A SIMILAR DETERMINATION.

If you have any questions, please call me at 404/347-5059 ext. 6214.

cc: State Agency



North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

September 12, 1987

Ms. Denise Smith
EPA NC CERCLA Project Officer
EPA Region IV Waste Division
345 Courtland Street, N.E.
Atlanta, GA 30365

Dear Ms. Smith:

Subject: Preliminary Assessment Report
Cumberland County Landfill, NC D980502900
Cliffdale Rd. (SR 1400)
Fayetteville, NC 28301

Enclosed please find the Preliminary Assessment report for the subject site. This priority is based on review of available data.

The Cumberland County Landfill is located on Cliffdale Rd. (SR 1400) approximately 6 miles west of Fayetteville, NC. Fayetteville is in central Cumberland County. The site has always been privately owned, but was leased by Cumberland County for use as a municipal landfill. The county operated the site from around 1971 to 1973.

E.I. Dupont, Fayetteville Works reported disposing of 2700 tons of plant waste at this site between 1971 and 1973. Dupont now indicates that this was non-hazardous plant trash similar to waste currently disposed at the Bladen County Landfill. No other specific waste disposals have been reported at this site.

The site is currently being used as a horse farm. It is approximately 800 feet west of Bones Creek. Lake Rim, less than 2 miles downstream of the site is used for recreational boating and fishing. Outflow from the lake goes to the Fayetteville Fish Hatchery which has been in operation there since the 1930's. There are no monitoring wells on site, however, the nearest drinking water well is less than 2,000 feet from the site at Colony Village MHP. It appears that all residents, at least 10,000 people, within 3 miles of the site are dependent on groundwater for drinking water supply.

Ms. Denise Smith
September 11, 1987
Page 2

Currently, there is no documentation of disposal of hazardous substances at this site. There have also been no known releases from the site. However, there are significant groundwater and surface water targets which could be impacted in the event of a release. Sampling and inspection are therefore suggested. Based on the available data, a medium priority for inspection is recommended.

On September 3, 1987, this Preliminary Assessment was reviewed by CERCLA Unit personnel; and by the following representatives from the North Carolina Department of Natural Resources and Community Development, Division of Environmental Management: Glenn Ross, Air Quality Section; and Vince Schneider, Water Quality Section.

If you have any questions, please call me at (919) 733-2801.

Sincerely,

A handwritten signature in black ink, reading "Pat DeRosa". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Pat DeRosa, Waste Management Specialist
CERCLA Unit
Solid and Hazardous Waste Management Branch
Environmental Health Section

PD/pd/0472b.37



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NC D980502900

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Cumberland County Landfill		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Cliffdale Rd. (SR 1400)			
03 CITY Fayetteville	04 STATE NC	05 ZIP CODE 28301	06 COUNTY Cumberland	07 COUNTY CODE 26	08 CONG DIST 07
09 COORDINATES LATITUDE 35 03 42.2		LONGITUDE 079 02 23.2			

10 DIRECTIONS TO SITE (Starting from nearest public road)

Take US 401 South to Fayetteville. Turn right onto the Central Business Loop to Hay St. Turn right onto Hay St. and continue west into Morganton Rd. ~ 1 1/2 miles. Bear left at fork onto Cliffdale Rd. (SR 1400). Continue 6 miles west, site on left just past

III. RESPONSIBLE PARTIES

Bones Creek.

01 OWNER (If known) Mrs. Hepner		02 STREET (Business, mailing, residential)			
03 CITY Fayetteville	04 STATE NC	05 ZIP CODE 28301	06 TELEPHONE NUMBER ()		
07 OPERATOR (If known and different from owner) Cumberland County Health Dept.		08 STREET (Business, mailing, residential) 227 Fountainhead Lane			
09 CITY Fayetteville	10 STATE NC	11 ZIP CODE 28301	12 TELEPHONE NUMBER (919) 483-9046		
13 TYPE OF OWNERSHIP (Check one) <input checked="" 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 type="checkbox"/> G. UNKNOWN					

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

☐ A. RCRA 3001 DATE RECEIVED: ____/____/____ MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 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): _____			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION ~ 1971 1973 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

E.I. Dupont, Fayetteville Works reported disposing of 2700 tons of waste at this site between 1971 - 1973 (Eckhardt List). Dupont currently indicates that this was non-hazardous plant trash similar to waste currently disposed at the Bladen County Landfill. This site was operated as a county landfill. No hazardous wastes are known to be disposed

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

here. No monitoring wells on site. Fayetteville Fish Hatchery and Lake Rim less than 2 miles downstream. Site is currently used as a horse farm.

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 Environmental Lacy Williams, Health Section		02 OF (Agency/Organization) Cumberland County Health Dept.		03 TELEPHONE NUMBER (919) 483-9046	
04 PERSON RESPONSIBLE FOR ASSESSMENT Pat DeRosa		05 AGENCY NC DHR	06 ORGANIZATION St HWM Br.	07 TELEPHONE NUMBER (919) 733-2801	08 DATE 8 / 18 / 87 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT**
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE NC	02 SITE NUMBER D980502900
----------------	------------------------------

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input checked="" type="checkbox"/> A. GROUNDWATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input checked="" type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: <u>> 10,000</u>	04 NARRATIVE DESCRIPTION		

None reported. The nearest well is < 2,000 feet from the site at Colony Village MHP. City water is not available to most residents. At least 10,000 people depend on groundwater from private and community wells.

01 <input checked="" type="checkbox"/> B. SURFACE WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input checked="" type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

None reported. The nearest creek, Bones Creek, is 800 ft. east of the site. Lake Rim, < 2 miles downstream, is used for recreation. The Fayetteville Fish Hatchery is also < 2 miles downstream.

01 <input type="checkbox"/> C. CONTAMINATION OF AIR	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> E. DIRECT CONTACT	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input checked="" type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres)	04 NARRATIVE DESCRIPTION		

None reported.

01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		

01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY	02 <input type="checkbox"/> OBSERVED (DATE: _____)	03 <input type="checkbox"/> POTENTIAL	04 <input type="checkbox"/> ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____	04 NARRATIVE DESCRIPTION		



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NC D980502900

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

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)

See attached list of references 1 - 10.

PA REFERENCES

Cumberland County Landfill
NCD980502900

1. USGS 7.5' Quadrangle Map: Cliffdale, NC 1948 (photorevised 1982).
2. CERCLA File: Cumberland County Landfill, NCD980502900, 698 Ann St., Fayetteville, NC. Solid and Hazardous Waste Management Branch, NC DHR, Raleigh, NC.
3. US EPA, Regional ERRIS List Inventory, by County, ERS-RPT-20, Report Date, July 31, 1987.
4. Pamphlet: Cumberland County Sanitary Landfills, April 1971. Solid Waste File: Cumberland County. Solid and Hazardous Waste Management Branch, NC DHR, Raleigh, NC.
5. Memo to file from Pat DeRosa, NC CERCLA Unit, August 17, 1987. Telephone conversation with Terry Dover, Solid and Hazardous Waste Management Branch, Fayetteville, NC.
6. Memo to file from Pat DeRosa, NC CERCLA Unit, August 17, 1987. Telephone conversation with Tom Olcott, EI Dupont, Fayetteville, NC.
7. Memo to file from Pat DeRosa, NC CERCLA Unit, August 17, 1987. Telephone conversation with Keith Ashley, NC Wildlife Commission, Fayetteville, NC.
8. Memo to file from Pat DeRosa, NC CERCLA Unit, September 10, 1987. Telephone conversation with Lacy Williams, Cumberland County Health Department, Fayetteville, NC.
9. Memo to file from Pat DeRosa, NC CERCLA Unit, September 10, 1987. Personal communication with Dick Caspar, Water Supply Branch, NC DHR, Raleigh, NC.
10. Water Map, City of Fayetteville and Vicinity, 1984. Public Works Commission, Fayetteville, NC.

N
↑

SCA 1:24 000

1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 0.5 1 KILOMETER

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

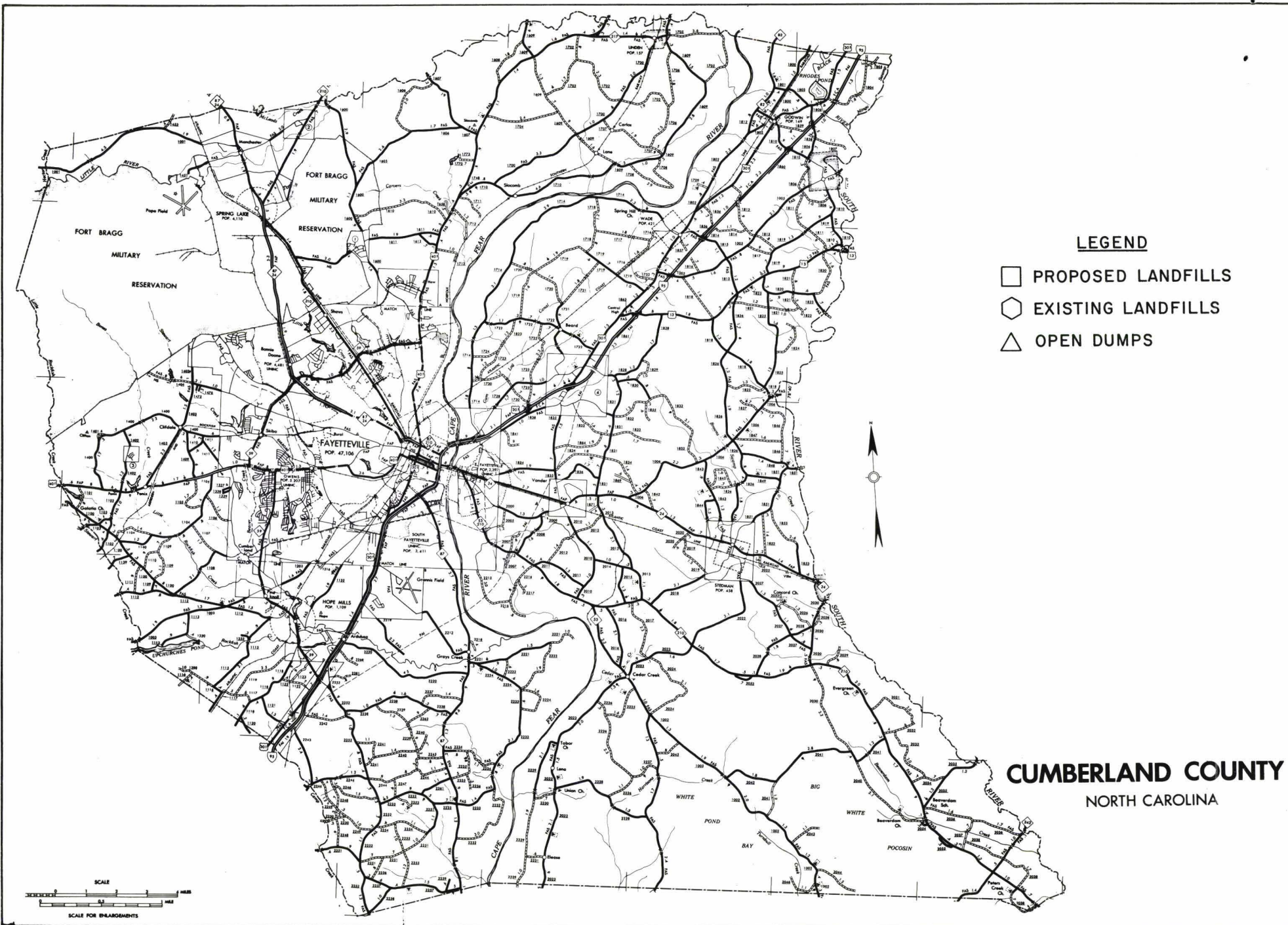
Cumberland County Landfill
NC D980502900

71st High School




CLIFDALE, N. C.
SE/4 CLIFDALE 15' QUADRANGLE
N3500-W7900/7.5

1948
PHOTOREVISED 1982
DMA 5154 II SE-SERIES V842

1948
PHOTOREVISED 1982
DMA 5154 II SE-SERIES V842



LEGEND

-  PROPOSED LANDFILLS
-  EXISTING LANDFILLS
-  OPEN DUMPS

CUMBERLAND COUNTY
NORTH CAROLINA

SITE: NUMBER 2004 PAGE 1 FOR THIS SITE

CUMBERLAND COUNTY LANDFILL

~~DUNCE ROAD~~ *S.R. 1400 present Co. Landfill*

CUMBERLAND COUNTY, NC X----

COMPANY: COMPANY-FACILITY NUMBER 7053

BORDEN CHEMICAL DIV

X----

FAYETTEVILLE PLANT

1411 INDUSTRIAL DR

FAYETTEVILLE, NC 28301

COMPOSITION OF WASTE:

G. Org

ORGAN1

*Amides,
amines
imides*

ORGAN10

FIRST YEAR USED: 1974

LAST YEAR USED: 1979

HUNDRED TONS: 2

THOUSAND CUBIC YDS.: .

THOUSAND GALLONS: .

Resins

ORGAN12



LEGEND: IF LISTED, THEN PRESENT IN WASTED. IF NOT LISTED, THEN ITEM NOT PRESENT, NOT KNOWN IF PRESENT, OR DATA MISSING.

[illegible]

11 2004

I. SITE IDENTIFICATION

B. STREET (or other identifier)

B. STREET (or other identifier)	
Bunice Rd	
D. STATE	E. ZIP CODE

D. STATE

E. ZIP CODE

F. COUNTY NAME	
----------------	--

1. NAME

2. TELEPHONE NUMBER.

W. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☒ 2. STATE *AL* ☒ 3. COUNTY *SS* ☐ 4. MUNICIPAL ☐ 5. PRIVATE ☐ 6. UNKNOWN

~~Sanitary Landfill~~

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

1. NAME

12. TELEPHONE NUMBER

PARENT SERIOUSNESS OF PROBLEM

☒ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED

■ TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED (low priority)

1. NAME

2. TELEPHONE NUMBER

3. DATE (mo., day, & yr.)

Gordon Layton

733.2178

2/22/80

A. SITE STATUS

☐ 1. ACTIVE (those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify) _____
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

☐ L. NO

☐ 2. YES (specify generator's four-digit SIC Code):

5. AREA OF SITE (in acres)

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (d.-m.-sec.)

F. ARE THERE BUILDINGS ON THE SITE?

☐ L. 10 ☐ ? YFS (specify):

IV. CHARACTERIZATION OF SITE ACTIVITY

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

A. TRANSPORTER		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		3. DRUMS			3. VOLUME REDUCTION			3. OPEN DUMP	
4. TRUCK		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

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.

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

a. SLUDGE		b. OIL		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	
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		(2) OTHER (specify):		(2) NON-HALOGENATED SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL	
(5) 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					
						(11) OTHER (specify):					

V. WASTE RELATED INFORMATION (continued)

ST SUBSTANCES OF GREA T CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

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

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				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
OTHER (specify):				

VII. PERMIT INFORMATION

STATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 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

4. WITH RESPECT TO (list regulation name & number): _____

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

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

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.

SITE: NUMBER 2015 PAGE 1 FOR THIS SITE
CUMBERLAND COUNTY LANDFILL
CLIFFDALE RD
FAYETTEVILLE, NC X----

Not present site, First Co. site

COMPANY: COMPANY-FACILITY NUMBER 16028
E.I. DUPONT DE NEMOURS & CO INC
PLASTIC PRODUCTS & RESINS
FAYETTEVILLE WORKS
P.O. DRAWER Z
FAYETTEVILLE, NC 28303
COMPOSITION OF WASTE:

FIRST YEAR USED: 1971
LAST YEAR USED: 1973

HUNDRED TONS: 27
THOUSAND CUBIC YDS.: .
THOUSAND GALLONS: .

G Org
ORGAN1

G Inorg
INORG1

ORGAN10
INORG2

*Amides
amines
imines*

salts

Resins
ORGAN12

LEGEND: IF LISTED, THEN PRESENT IN WASTED. IF NOT LISTED, THEN ITEM NOT PRESENT, NOT KNOWN IF PRESENT, OR DATA MISSING.



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION IV SITE NUMBER (to be assigned by HQ) 2015

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). Fill 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 Cumberland County Landfill		B. STREET (or other identifier) Cliffdale Rd SR 1400	
C. CITY Fayetteville	D. STATE NC	E. ZIP CODE 28301	F. COUNTY NAME Cumberland
G. OWNER/OPERATOR (if known) 1. NAME E.I. Dupont Fayetteville Works		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eck Report		K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT 1. NAME Bill Meyer		2. TELEPHONE NUMBER (919) 733-2178

II. PRELIMINARY ASSESSMENT (complete this section last)

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

C. PREPARER INFORMATION

1. NAME Terry F. Dorn	2. TELEPHONE NUMBER (919) 733-2178	3. DATE (mo., day, & yr.)
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) 1971-1973 <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON-SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) 10	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? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

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	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDDNIGHT 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

First Landfill operated by Cumberland County closed 1973

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.

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

a. SLUDGE	b. OIL	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
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	27 hundred tons X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) 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		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

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

ORGANICS - Amides, Amins - Imides
Inorganics - Mercaptans

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

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				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
OTHER (specify):				

V. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 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

4. WITH RESPECT TO (list regulation name & number): _____

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

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

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.

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)
IV 2015

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 II 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 <i>Cumberland Co. Landfill</i>		B. STREET (or other identifier) <i>SR. 1400 Cliffdale Rd.</i>	
C. CITY <i>Fayetteville</i>	D. STATE <i>NC</i>	E. ZIP CODE	F. COUNTY NAME <i>Cumberland</i>
G. OWNER/OPERATOR (if known) 1. NAME <i>Cumberland Co.</i>		2. TELEPHONE NUMBER <i>919 868-3166</i>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>Eck Rep.</i>		K. DATE IDENTIFIED (mo., day, & yr.)
---	--	--------------------------------------

L. PRINCIPAL STATE CONTACT

1. NAME <i>Bill Meyer</i>	2. TELEPHONE NUMBER <i>733-2178</i>
------------------------------	--

II. PRELIMINARY ASSESSMENT (complete this section last)

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

C. PREPAPER INFORMATION

1. NAME <i>London Laster</i>	2. TELEPHONE NUMBER <i>733-2178</i>	3. DATE (mo., day, & yr.) <i>2/22/80</i>
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) <input checked="" type="checkbox"/> 2. INACTIVE (those sites which no longer receive wastes) <i>Closed 1974</i> <input type="checkbox"/> 3. OTHER (specify): _____ <i>(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)</i>	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): _____	
C. AREA OF SITE (in acres) <i>20</i>	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? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): _____	

IV. CHARACTERIZATION OF SITE ACTIVITY

Major site activity) and details relating to each activity by m 'X' in the appropriate boxes.			
A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER		
1. AIR	1. PILE	1. FILTRATION	1. LANDFILL		
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM		
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP		
4. TRUCK	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

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.

NO

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

a. SLUDGE	b. OIL	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
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	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X' (6) OTHER (specify):	
			(7) PHENOLS	Industrial SOLIDS	
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

DISTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (pl in descending order of hazard).

ORGANICS

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

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				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. FEDERAL PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): SOLID WASTE
☐ 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

4. WITH RESPECT TO (list regulation name & number): NC Solid Waste Rules

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
Inspection	10/11/79	STATE	Routine Quarterly

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

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.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION IV SITE NUMBER (to be assigned by HQ) 2015

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log file. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms 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 Cumberland Cty Landfill		B. STREET (or other identifier) Cliffdale Rd	
C. CITY Fayetteville	D. STATE N.C.	E. ZIP CODE 28301	F. COUNTY NAME Cumberland
G. SITE/OPERATOR INFORMATION 1. NAME Cumberland County Board of Commissioners		2. TELEPHONE NUMBER 919-483-4897	
3. STREET Cliffdale Rd SR 1400	4. CITY Fayetteville	5. STATE N.C.	6. ZIP CODE 28301
H. REALTY OWNER INFORMATION (if different from operator of site) 1. NAME S/A		2. TELEPHONE NUMBER 919	
3. CITY		4. STATE	5. ZIP CODE

I. SITE DESCRIPTION
LANDFILL

J. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☒ 3. COUNTY ☐ 4. MUNICIPAL ☐ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) 1971-1973	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE
PREPARER INFORMATION	
NAME Andrew L. Robinson Jr	2. TELEPHONE NUMBER 919-486-1191
3. DATE (mo., day, & yr.) 10-24-80	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION	
1. NAME Andrew L. Robinson Jr	2. TITLE District Sanitarian
3. ORGANIZATION N.C. Solid & Hazardous Waste Management Branch	4. TELEPHONE NO. (area code & no.) 919-486-1191
B. INSPECTION PARTICIPANTS	

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

III. INS.

ION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
ET Dupont De Nemours Co Inc	(919) 483-4681	RD. Box 2 Faye, N.C.	Amides Amines Organic Inorganic mercaptans

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION
(mo., day, & yr.)

10-6-80

H. TIME OF INSPECTION

2:00 P.M.

I. ACCESS GAINED BY: (credentials must be shown in all cases)



1. PERMISSION



2. WARRANT

J. WEATHER (describe)

Dry

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): _____
 (Those sites that include such incidents like "midnight dumping" 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): _____

C. AREA OF SITE (in acres)

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES (specify): _____

VI. CHARACTERIZATION OF SITE ACTIVITY

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

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

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM./BIO./PHYS. TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☐ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify): _____

WASTE CATEGORIES

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

VII. WASTE RELATED INFORMATION (continued)

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

a. SLUDGE		b. OIL		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	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW			(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE		
(4) ALUMINUM SLUDGE				(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL			
(5) 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						
					(11) OTHER(specify):						

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

None

VIII. HAZARD DESCRIPTION

(inued)

☐ B. NON-WORKER INJURY POSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☐ F. CONTAMINATION OF GROUND WATER☐ G. CONTAMINATION OF SURFACE WATER

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☐ L. CONTAMINATION OF SOIL☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input checked="" type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input checked="" type="checkbox"/> 4. WELL		

X. WATER AND HYDROLOGICAL DATA (continued)

1. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER(specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. COVERED BURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND	X			
	2. CLAY	X			
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☒ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

5%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

Direction Toward Rockfish Creek

J. OTHER GEOLOGICAL DATA

XIV PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain
as Necessary. 2015

1. EVIDENCE OF SITE INSTABILITY (*Erosion, Settling, Sink Holes, etc*)

☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☒ YES ☐ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☐ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☐ YES ☒ NO

6. EVIDENCE OF PONDING OF WATER ON SITE

☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (*If "Yes", specify Type*)

☒ YES ☐ NO

8a. SURFACE LEACHATE SPRING

☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS

☐ YES ☒ NO

10. GAS MONITORING

☒ YES ☐ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☒ NO

ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES (*Clay Bottom, Sides, etc*)

☐ YES ☒ NO

14. FIXATION (*Stabilization*) OF WASTE

☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☒ YES ☐ NO

16. COVER (*Type*)

Sand/clay

16a. THICKNESS

at least 2'

16b. PERMEABILITY

16c. DAILY APPLICATION

☐ YES ☐ NO



POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION SITE NUMBER

IV

2015

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
Cumberland City Landfill

B. STREET
Clyde Rd. SR 1400

C. CITY
Fayetteville

D. STATE
N.C.

E. ZIP CODE
28301

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	ACTION AGENCY				
	MARK 'X'	EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD	X				
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

No visible evidence of health hazards

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION
(mo., day, & yr.)

10-24-80

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED
(mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME

Andrew Robinson

2. TELEPHONE NUMBER

919-484-1191

3. DATE (mo., day, & yr.)

10-24-80

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS				
(1)				
(2)				
e. OTHER (specify)				
(1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		

SITE: NUMBER 2015 PAGE 1 FOR THIS SITE
CUMBERLAND COUNTY LANDFILL
CLIFFDALE RD
FAYETTEVILLE, NC X----

Not present site, first Co. site

COMPANY: COMPANY-FACILITY NUMBER 16028
E.I. DUPONT DE NEMOURS & CO INC
PLASTIC PRODUCTS & RESINS
FAYETTEVILLE WORKS
P.O. DRAWER Z
FAYETTEVILLE, NC 28303
COMPOSITION OF WASTE:

FIRST YEAR USED: 1971
LAST YEAR USED: 1973

HUNDRED TONS: 27
THOUSAND CUBIC YDS.: .
THOUSAND GALLONS: .

G.Org
ORGAN1

G.Inorg
INORG1

*Amides
amines
imines*
ORGAN10
salts
INORG2

Resins
ORGAN12

LEGEND: IF LISTED, THEN PRESENT IN WASTED. IF NOT LISTED, THEN ITEM NOT PRESENT, NOT KNOWN IF PRESENT, OR DATA MISSING.



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by HQ)
IV	2015

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 <i>Cumberland County Landfill</i>		B. STREET (or other identifier) <i>Cliffdale Rd SR 1400</i>	
C. CITY <i>Fayetteville</i>	D. STATE <i>NC</i>	E. ZIP CODE <i>28301</i>	F. COUNTY NAME <i>Cumberland</i>
G. OWNER/OPERATOR (if known) 1. NAME <i>E.I. DuPont Fayetteville Works</i>		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>Eck Report</i>		K. DATE IDENTIFIED (mo., day, & yr.)
---	--	--------------------------------------

L. PRINCIPAL STATE CONTACT 1. NAME <i>Bill Meyer</i>	2. TELEPHONE NUMBER <i>(919) 733-2178</i>
--	--

II. PRELIMINARY ASSESSMENT (complete this section last)

APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME <i>Terry F. Duvall</i>	2. TELEPHONE NUMBER <i>(919) 733-2178</i>	3. DATE (mo., day, & yr.)
--	--	---------------------------

III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intermittently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <i>1971-1973</i> <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):
C. AREA OF SITE (in acres) <i>10</i>	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? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

IV. CHARACTERIZATION OF SITE ACTI

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		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDDIGHT 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

First Landfill operated by Cumberland County closed 1973

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.

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

a. SLUDGE		b. OIL		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	
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		(2) OTHER (specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL
	(3) POTW				(3) OTHER (specify):		(3) CAUSTICS		(3) MILLING/ MINE TAILINGS		(3) RADIOACTIVE
	(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMLTG. WASTES		(4) MUNICIPAL
	(5) 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				
							(11) OTHER (specify):				

V. WASTE RELATED INFORMATION (contir

3. LIST SUBSTANCES OF GREATEST

ERN WHICH MAY BE ON THE SITE (place in de

ing order of hazard).

Organics - Amides, Amines - Imides
Inorganics - Mercaptans

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

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				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 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

4. WITH RESPECT TO (list regulation name & number): _____

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

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

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.

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

IV

2015

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). Fill 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 <i>Cumberland Co. Landfill</i>		B. STREET (or other identifier) <i>S.R. 1400</i>		<i>Chesdale Rd.</i>	
C. CITY <i>Fayetteville</i>	D. STATE <i>NC</i>	E. ZIP CODE	F. COUNTY NAME <i>Cumberland</i>		
G. OWNER/OPERATOR (if known)					
1. NAME <i>Cumberland Co.</i>			2. TELEPHONE NUMBER <i>919 868-3166</i>		
H. TYPE OF OWNERSHIP					
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input checked="" type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN					

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <i>Eck Rep.</i>		K. DATE IDENTIFIED (mo., day, & yr.)
L. PRINCIPAL STATE CONTACT		
1. NAME <i>Bill Meyer</i>		2. TELEPHONE NUMBER <i>733-2178</i>

II. PRELIMINARY ASSESSMENT (complete this section last)

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

C. PREPARER INFORMATION

1. NAME <i>London Lantier</i>	2. TELEPHONE NUMBER <i>733-2178</i>	3. DATE (mo., day, & yr.) <i>2/22/80</i>
----------------------------------	--	---

III. SITE INFORMATION

A. SITE STATUS	
<input type="checkbox"/> 1. ACTIVE (those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently) <input checked="" type="checkbox"/> 2. INACTIVE (those sites which no longer receive wastes) <input type="checkbox"/> 3. OTHER (specify: <i>Closed 1974</i>) (those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE?	
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) <i>20</i>	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?	
<input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

IV. CHARACTERIZATION OF SITE ACTIVITY

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

TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
AIR		1. PILE		1. FILTRATION		1. LANDFILL
SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
4. TRUCK		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

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.

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

a. SLUDGE	b. OIL	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
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	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X' (6) OTHER (specify):	
			(7) PHENOLS	Industrial	
			(8) HALOGENS	SOLIDS	
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. WASTE RELATED INFORMATION (continued)

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

0.09. 03

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

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				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☒ 1. RCRA PERMIT ☐ 2. SPCC PLAN ☒ 3. STATE PERMIT (specify): SOLID WASTE
☐ 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

4. WITH RESPECT TO (list regulation name & number): NC Solid Waste Rules

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
Inspection	10/11/77	STATE	Routine Quarterly

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

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.

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION IV SITE NUMBER (to be assigned by HQ) 2015

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log file. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms 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 Cumberland Cty Landfill		B. STREET (or other identifier) Cliffdale Rd	
C. CITY Fayetteville	D. STATE N.C.	E. ZIP CODE 28301	F. COUNTY NAME Cumberland
G. SITE OPERATOR INFORMATION		2. TELEPHONE NUMBER	
1. NAME Cumberland County Board of Commissioners		919-483-4897	
3. STREET Cliffdale Rd SR 1400		4. CITY Fayetteville	
5. STATE N.C.		6. ZIP CODE 28301	
H. REALTY OWNER INFORMATION (if different from operator of site)		2. TELEPHONE NUMBER	
1. NAME S/A		919	
3. CITY		4. STATE	
		5. ZIP CODE	

I. SITE DESCRIPTION

Landfill

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☒ 3. COUNTY ☐ 4. MUNICIPAL ☐ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) 1971- 1973	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE
PREPARER INFORMATION	
1. NAME Andrew L. Robinson Jr	2. TELEPHONE NUMBER 919-486 1191
3. DATE (mo., day, & yr.) 10-24-80	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		4. TELEPHONE NO. (area code & no.)	
1. NAME Andrew L. Robinson Jr		919-486 1191	
2. TITLE District Sanitarian			
3. ORGANIZATION N.C. Solid & Hazardous Waste Management Branch			
B. INSPECTION PARTICIPANTS			

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

III. INSPECTION INFORMATION (continue...)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
ET Dupont DE Nemours Co Inc	(519) 483-4681	PhD. By Z Faye, N.C.	Amides Amines Organic Inorganic mercaptans

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS

G. DATE OF INSPECTION

(mo., day, & yr.)
10-6-80

H. TIME OF INSPECTION

2:00 P.M.

I. ACCESS GAINED BY: (credentials must be shown in all cases)



1. PERMISSION



2. WARRANT

J. WEATHER (describe)

Dry

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" 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):

C. AREA OF SITE (in acres)

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

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

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	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. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☐ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

WASTE CATEGORIES

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

II. WASTE RELATED INFORMATION (con 1)

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

a. SLUDGE		b. OIL		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	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW				(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE	
(4) ALUMINUM SLUDGE						(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL	
(5) 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					
						(11) OTHER(specify):					

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

None

VIII. HAZARD DESCRIPTION (continue)

☐ B. NON-WORKER INJURY/EXPOSURE☐ C. WORKER INJURY/EXPOSURE☐ D. CONTAMINATION OF WATER SUPPLY☐ E. CONTAMINATION OF FOOD CHAIN☐ F. CONTAMINATION OF GROUND WATER☐ G. CONTAMINATION OF SURFACE WATER

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA☐ I. FISH KILL☐ J. CONTAMINATION OF AIR☐ K. NOTICEABLE ODORS☐ L. CONTAMINATION OF SOIL☐ M. PROPERTY DAMAGE

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID☐ P. SEWER, STORM DRAIN PROBLEMS☐ Q. EROSION PROBLEMS☐ R. INADEQUATE SECURITY☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS				
2. IN COMMERCIAL OR INDUSTRIAL AREAS				
3. IN PUBLICLY TRAVELLED AREAS				
4. PUBLIC USE AREAS (parks, schools, etc.)				

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY
G. TYPE OF DRINKING WATER SUPPLY		
<input checked="" type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input type="checkbox"/> 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS <input type="checkbox"/> 3. SURFACE WATER <input checked="" type="checkbox"/> 4. WELL		

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

4. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')

I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

*X	A. OVERBURDEN	*X	B. BEDROCK (specify below)	*X	C. OTHER (specify below)
	1. SAND	X			
	2. CLAY	X			
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☒ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

5%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

Direction toward Rockfish CREEK

J. OTHER GEOLOGICAL DATA

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION

Answer and Explain
as Necessary. 2015

1. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, etc)

☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL

☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK

☒ YES ☐ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL

☐ YES ☐ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED

☐ YES ☒ NO

6. EVIDENCE OF PONDING OF WATER ON SITE

☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING

☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (If "Yes", specify Type)

☒ YES ☐ NO

8a. SURFACE LEACHATE SPRING

☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS

☐ YES ☒ NO

10. GAS MONITORING

☒ YES ☐ NO

11. GROUNDWATER MONITORING WELLS

☐ YES ☒ NO

ARTIFICIAL MEMBRANE LINER INSTALLED

☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES (Clay Bottom, Sides, etc)

☐ YES ☒ NO

14. FIXATION (Stabilization) OF WASTE

☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY

☒ YES ☐ NO

16. COVER (Type)

Sand/clay

16a. THICKNESS

at least 2'

16b. PERMEABILITY

16c. DAILY APPLICATION

☐ YES ☐ NO

5-RPT20
 REPORT DATE 87/07/31

U. S. ENVIRONMENTAL PROTECTION AGENCY
 REGIONAL ERRIS SITE INVENTORY
 BY COUNTY

PAGE 6

SA ID NO.	SITE NAME	CITY NAME	CNTY NAME	SITE DISC DATE	EVE TYP CDE	PA DATE COMP	EVE TYP CDE	SI DATE STRT	SI DATE COMP	NO SO CO	RC ST IN	N P L
0080891039	LACKEY IND WHSE	WHITEVILLE	COLUMBUS	80/07/01	PA1	86/07/18						
0991278631	LCP CHEMS-NC INC	RIEGELWOOD	COLUMBUS	79/11/01	PA1	82/08/01				02	1	
0991278045	RECON DRUM CO	COLUMBUS	COLUMBUS	80/09/01	PA1	85/12/24						6
0000828616	USS AGRI-CHEMICALS FARM SERVI*	WHITEVILLE	COLUMBUS	81/06/01	PA2	85/12/24				01		
0024766719	WRIGHT CHEMICAL CORP	RIEGLEWOOD	COLUMBUS	83/03/01	PA1	86/05/15						
0045924065	AMF HATTERAS YACHTS	NEW BERN	CRAVEN	80/08/01	PA1	85/06/27						7
0003193588	BARBOUR BOAT WORKS INC	NEW BERN	CRAVEN	80/08/01	PA1	85/09/25						
0003201837	ENCEE CHEMICAL SALES INC	BRIDGETON	CRAVEN	80/08/01	PA1	85/06/27						6
0003190584	EVERHART LUMBER CO	NEW BERN	CRAVEN	83/08/01	PA1	84/03/01	SI1	84/06/01	84/06/01			
0981929854	ROWE'S CORNER DRUM DUMP	ROWES CORNER	CRAVEN									
0981474075	ROWES CORNER DUMP	ROWES CORNER	CRAVEN	86/04/23	PA1	86/12/10						
0003197704	SALT WOOD PRODUCTS INC	COVE CITY	CRAVEN	80/08/01	PA1	85/11/21						7
0980848840	SCOTT'S CREEK BATTERY SITE	NEW BERN	CRAVEN	84/05/01	PA1	86/12/10	SI1	84/06/01	84/06/01			
0075550517	SWISS BEAR INC	NEW BERN	CRAVEN	80/08/01	PA1	85/06/01						6
0981928088	THE TEXT, NEW BERN	NEW BERN	CRAVEN	87/03/10								
170027261	USMC AIR STATION CHERRY POINT	CHERRY POINT	CRAVEN	80/08/01	PA1	83/01/01				12	1	
0980802839	USMC SLOCUM CRK MARINE CORPS *	CHERRY POINT	CRAVEN	83/08/18								
003189024	BORDEN CHEMICAL FAYETTEVILLE *	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	85/09/18	SI1		87/02/07			6
003188828	CAPE FEAR WOOD PRESERVING	FAYETTEVILLE	CUMBERLAND	84/08/01	PA1	86/10/10	SI1	85/10/05	86/06/18			
003188844	CAROLINA TRANSFORMER	FAYETTEVILLE	CUMBERLAND	78/12/01	PA1	79/04/01	SI1	78/11/01	79/04/01			
024548133	CLARKE & PROCTOR TURPENTINE C*	FAYETTEVILLE	CUMBERLAND	80/08/01	PA1	85/09/18						6
980502892	CREEK BRIDGE	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	85/09/18						
980502900	CUMBERLAND COUNTY LDFL	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	80/02/01	SI1	80/10/01	80/10/01			
							SI2	80/10/01	80/10/01			
047368642	DUPONT EI DE NEMOURS/FAYETTVI*	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	80/03/01						2
003198934	FASCO INDUSTRIES INC	FAYETTEVILLE	CUMBERLAND	80/08/01	PA1	85/09/16						6
980502934	FAYETTEVILLE LDFL	FAYETTEVILLE	CUMBERLAND	80/02/01	PA1	80/02/01						
981928021	HOLLINGS WORTH PROPERTY	FAYETTEVILLE	CUMBERLAND	87/03/25								
980502983	HOPE MILLS LDFL	CUMBERLAND CO	CUMBERLAND	79/11/01	PA1	80/02/01						
048958615	KELLY-SPRINGFIELD TIRE CO	FAYETTEVILLE	CUMBERLAND	80/08/01	PA1	85/02/01						6
980503031	MILAN YARD LDFL	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	85/09/18						
088563242	MONSANTO COMPANY	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	80/03/01				02		6
					PA2	85/06/01						
981744717	PARKER FARM	FAYETTEVILLE	CUMBERLAND	86/09/22								
570024475	POPE AFB	POPE AIR FORCE*	CUMBERLAND	80/08/01	PA1	83/01/01				01		6
990714479	ROHM & HAAS CO CARODEL PLANT	FAYETTEVILLE	CUMBERLAND	80/08/01	PA1	85/09/18						7
039047485	ROHM & HAAS INC	FAYETTEVILLE	CUMBERLAND	79/11/01	PA1	80/03/01	SI1	80/10/01	80/10/01			
							SI2	80/10/01	80/10/01			
000623199	TEXACO INC	FAYETTEVILLE	CUMBERLAND	80/08/01	PA1	85/06/01						6
210020121	USA XVIII ARBN CORPS & FORT B*	FORT BRAGG	CUMBERLAND	80/08/01	PA1	83/01/01				01		6
980803001	WHALEHEAD BEACH	COROLLA	CURRITUCK	83/10/01								
981750425	BUXTON DUMP	BUXTON	DARE	86/10/15	PA1	87/06/13	SI1		87/06/17			
000648402	BATTERY TECH (DURACELL LEXING*	LEXINGTON	DAVIDSON	80/08/01	PA1	86/10/10	SI1	86/01/27	86/03/13			7
060295417	BURLINGTON FURNITURE/CENT MAI*	LEXINGTON	DAVIDSON	80/08/01								6
91278581	BURLINGTON FURNITURE/LUMBER P*	LEXINGTON	DAVIDSON	81/06/01	PA1	86/07/18	SI1		87/05/13	01		
060298809	CLASSIC FURNITURE CORP	THOMASVILLE	DAVIDSON	80/08/01	PA1	85/09/25						6
039129697	DUPONT, E I CO	DENTON	DAVIDSON	80/03/01	PA1	80/03/01						
					PA2	85/06/27						
000475608	E. I. DUPONT COMPANY	DENTON	DAVIDSON	79/11/01								
080557581	LEXINGTON MUNI LDFL	LEXINGTON	DAVIDSON	81/06/01	PA1	84/05/01				01		
000616384	LILLY CO DRUM RECOND PLT	THOMASVILLE	DAVIDSON	80/08/01	PA1	84/12/01						6
003238756	MASONITE CORP CUSTOM COMPONENT*	THOMASVILLE	DAVIDSON	80/08/01	PA1	84/08/01						6

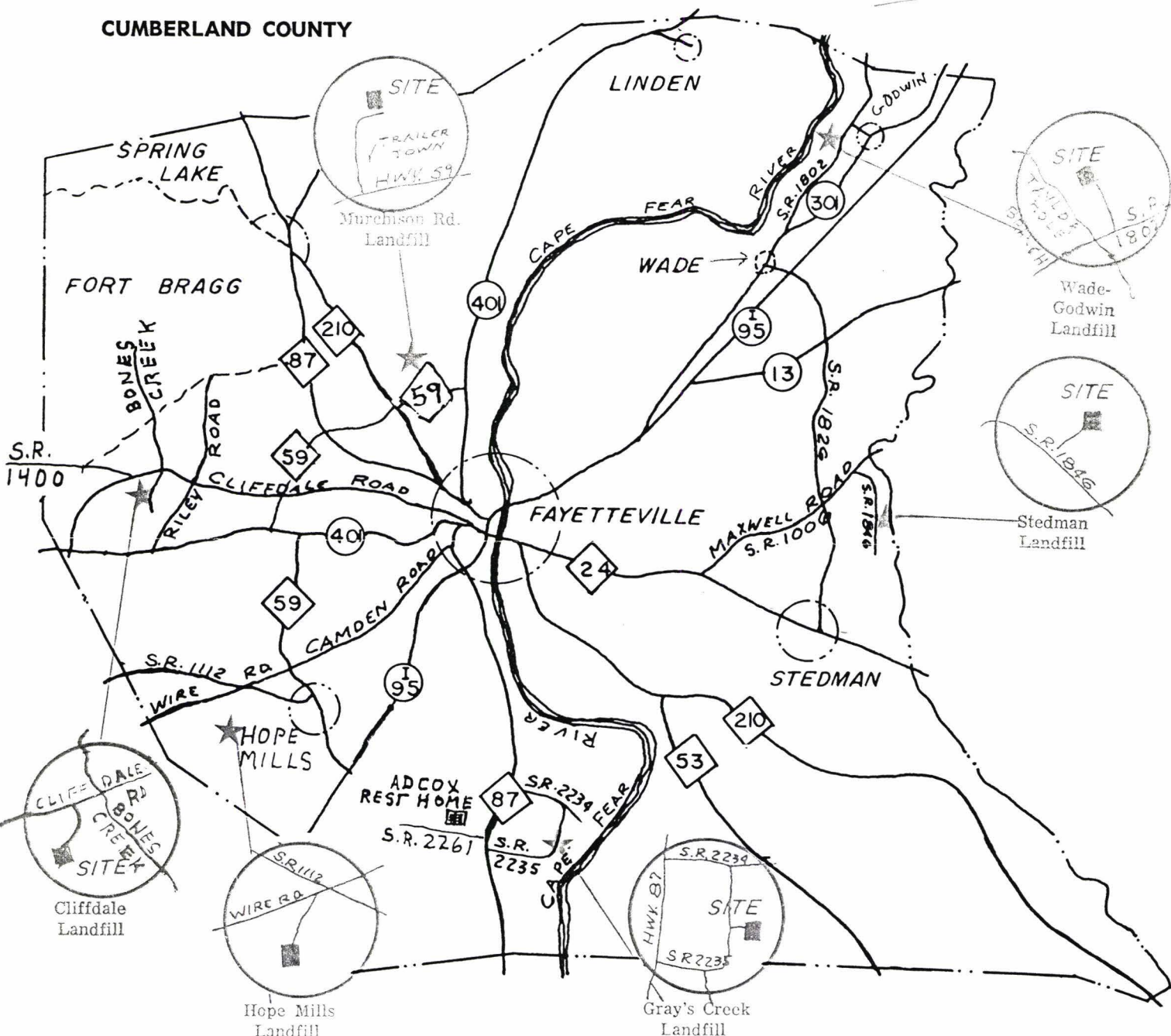


CUMBERLAND COUNTY SANITARY LANDFILLS



Love is faith

CUMBERLAND COUNTY



WHAT IS A COUNTY LANDFILL?

A county landfill is a place operated by franchised solid waste collectors and in conjunction with the County of Cumberland for the proper disposal of solid waste. Four landfills are operated by county franchised refuse collectors, and Cumberland County is now operating two other landfills under direct supervision of the Cumberland County Health Department. It is an effort by the Board of County Commissioners and the County Board of Health to prevent the health hazards and offensiveness created by the improper dumping or burning of garbage, trash and other refuse.

WHO CAN USE COUNTY LANDFILL FACILITIES? IS THERE A CHARGE?

Any person may dispose of his individual residential garbage at any landfill without charge, providing the load does not exceed three 32 gallon standard garbage cans per trip.

Fees for commercial users are set at 35 cents per cubic yard, or a minimum of \$1.00 per load. Further information on landfill use, fees, etc., may be obtained from the Environmental Health Division, Cumberland County Health Department, telephone 483-9046.

WHERE ARE THE LANDFILLS LOCATED AND WHEN ARE THEY OPEN?

There are six county landfills. Operational hours are 9:00 a.m. until 5:00 p.m., Monday through Friday, and from 9 a.m. until 1:00 p.m. on Saturday.

(1) Clifffdale landfill is located on Clifffdale

Road (S.R. 1400) near Bones Creek and Colony Village Mobile Home Park between Reilly Road (S.R. 1403 or Black Jack Road) and State Road 1402.

(2) Murchison Road landfill is located behind Trailertown Mobile Home Park. Enter on entrance road to Trailertown, off County Club Drive (Highway 59), continue straight on dirt road to entrance of landfill site.

(3) Hope Mills landfill is located off Camden Road (Wire Road or S.R. 1003) south of intersection of Camden Road and Highway N. C. 59 near Koonce's Store. Turn left at sign, Whittington Stables, continue on dirt road one-half mile. Landfill on left.

(4) Stedman landfill is located on S.R. 1846 between Maxwell Road (S.R. 1006) and S.R. 1847.

(5) Wade-Godwin-Falcon landfill is located on S.R. 1802 (Culbreth Road) between Godwin and U.S. Highway 301, near Taylor Hole Branch.

(6) Grays Creek landfill is located between S.R. 2234 and S.R. 2235 off Highway N. C. 87, approximately 11 miles south of Fayetteville, behind Grays Creek Superette.

WHAT MAY BE DISPOSED OF AT A COUNTY LANDFILL?

Almost any type of garbage, trash or refuse that accumulates around a residence may be disposed of at a county landfill. Rubble such as tree stumps, logs, limbs and scrap building debris may be disposed of at Hope Mills, Murchison Road and Clifffdale locations. No junked vehicles or tires allowed. No poisonous or inflammable material accepted at these sites without permission of Cumberland County Health

Director. Special arrangements must be made before disposing of large animals.

A special disposal site is open for disposal of tires only between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday. A permit is required and a small fee is charged. Permits may be obtained at Cumberland County Health Department between the hours of 8:00 a.m. and 3:00 p.m.

WHAT REGULATIONS CONTROL THE ACCUMULATION AND DISPOSAL OF SOLID WASTE?

Cumberland County Board of Health regulations prohibit the accumulation of garbage or refuse on any premises except when stored in an approved container. The regulations also prohibit the disposal of garbage or refuse except in an approved sanitary manner. When an owner or tenant permits garbage or refuse to accumulate on his property, he is responsible for its proper disposal even if it was dumped there without his permission. His only recourse is to be willing and able to prove in the courts who dumped the garbage or refuse and that it was without his permission.

WHO CAN I CONTACT TO REMOVE SOLID WASTES FROM MY PREMISES ON A SCHEDULED BASIS?

There are two franchised collectors operating in Cumberland County. They are Liebers Sanitation Service and Louis Sanitation Service, Inc.

PLEASE KEEP OUR COUNTY CLEAN! 4/71

August 17, 1987

TO: File

FROM: Pat DeRosa PD

RE: Fayetteville Landfill, NCD980502934
Cumberland Co. Landfill, NCD980502900

On August 13, 1987, I spoke by telephone with Terry Dover, Solid and Hazardous Waste Management Branch Fayetteville, NC (919) 486-1191 regarding old landfill sites in the Fayetteville area. Regarding the Fayetteville Landfill on Gray St., Terry was not aware of any site on Gray St. He knew of 3 sites in that area (1) Milan Yard Landfill (2) an old municipal landfill behind the sewage plant, and (3) a small demolition landfill, filled in by the city near Cross Creek. Terry said that Borden could have used Milan Yard and/or the treatment plant site which were both municipal landfills.

Regarding the Cumberland County Landfill on Cliffdale Rd., (SR1400), Terry identified 2 former sites. The first site was leased by the county and located in the south side of Cliffdale Rd. just west of Bones Creek. The second site was once owned by the county and located 2 miles west and south of the first site, also on SR1400. The current Cumberland County Landfill on Ann St. opened in April 1980.

PD/pb/0472b.22

August 17, 1987

TO: File

FROM: Pat DeRosa


PD

RE: Cumberland County Landfill
NC D980502900

On August 17, 1987, I spoke by telephone with Tom Olcott, Environmental Control Coordinator, E.I. Dupont, Fayetteville, NC (919) 483-4681 regarding the reported disposal of waste from Dupont at the subject site. This disposal occurred between 1971-1973 as reported on the Eckhardt List. Mr. Olcott said that Dupont had disposed of plant trash off site but had not disposed of any chemical waste off site. Plant trash could have included paper, wood, garbage, cardboard, scrap metal, glass laminates, nylon strapping, and sodium bicarbonate residue from empty packaging. Other solid wastes were incinerated. Process waste and domestic waste went to the secondary WWTP on the Dupont site and sludge went to lagoons on site.

PD/pb/0472b.19

August 17, 1987

TO: File
FROM: Pat DeRosa 
RE: Cumberland County Landfill
NCD980502900

On August 17, 1987, I spoke by telephone with Keith Ashley, Fisheries Biologist, NC Wildlife Commission (919) 866-4250 regarding surface water usage within 3 miles downstream of the subject site. Mr. Ashley said that the Fayetteville Fish Hatchery, indicated on the USGS topographic map, is still in use and has been since the 1930's. Additional information about monitoring at the hatchery might be available from Marshall Ray or Bob Curry at (919) 867-6390. Lake Rim, which supplies the hatchery, is also used for recreational fishing, boating, and some swimming.

PD/pb/0472b.21

September 12¹/₂, 1987

TO: File

FROM: Pat DeRosa *PD*

RE: Cumberland County Landfill
NC D980502900

On September 11, 1987, I spoke by telephone with Lacy Williams, Enviromental Health Section, Cumberland County Health Dept. (919) 483-9046 regarding the current ownership and usage of the subject site. Mr. Williams said that the property was purchased in 1984 by a Mrs. Hepner of Fayetteville, NC. He said the property is currently used as a horse farm or stable. He said the old landfill site is next to an adjoining property used as a NC DOT borrow pit.

PD/pd/0444b.65

September 10, 1987

TO: File

FROM: Pat DeRosa PD

RE: Fayetteville Landfill NCD980502934
Cumberland County Landfill NCD980502900

I spoke today with Dick Caspar, Water Supply Branch, NC DHR, Raleigh, NC, (919) 733-2321 regarding water supply intakes within 3 miles downstream of the subject sites. According to Branch records, there are no surface water intakes within 3 miles downstream of either site.

PD/pb/0472b.32

REGION IV RCRA/NPL POLICY QUESTIONNAIRE FOR INITIAL SCREENING

Site Name Cumberland County Landfill
 City Fayetteville State NC
 Facility I.D. Number NCD 980 502 900

Type of Facility: Generator _____ Transporter _____ TSD _____

I. RCRA APPLICABILITY

	yes	no
Does the facility have RCRA interim status?	_____	<u>X</u>
Does the facility have a final or post-closure permit? If so, date issued _____	_____	<u>X</u>
Is the facility a non-notifier that has been identified by States or EPA?	_____	<u>X</u>
Is the facility a known or possible protective filer?	_____	<u>X</u>
Have RCRA wastes been stored onsite for longer than 90 days since November 19, 1980?	_____	<u>X</u>
Have RCRA wastes been disposed onsite since November 19, 1980?	_____	<u>X</u>

STOP HERE IF ALL ANSWERS TO QUESTIONS IN SECTION I ARE NO

II. FINANCIAL STATUS

	yes	no
Is the facility owned by an entity that has filed for bankruptcy under federal laws (Chapter 7 or 11) or State laws?	_____	_____
If yes, what has it filed under?		
Chapter 7 _____ Chapter 11 _____ Other _____		

III. ENFORCEMENT

RCRA Status

yes no

Has the facility lost authorization to operate via
LOIS, 3005(c) permit denial, 3008(h) IS termination,
3005(d) permit revocation? _____

Has the facilities interim status been terminated via
another mechanism (i.e. administrative termination)? _____

IV. CERCLA STATUS

What CERCLA financed remedial or removal activities have been initiated
at the site? (RI/FS, RD/RA, O&M, forward planning, and removal; does not
include enforcement or PA/SI activities).

V. Enforcement Status

yes no

In general, would you characterize the facility as
demonstrating an unwillingness to undertake corrective
action based on prior State, CERCLA or RCRA actions? _____

If yes, please describe and cite the authorities exercised.

yes no

Is the owner/operator a party to any enforcement action
at the site? _____

If not, why not?

Are any PRPs (including owner/operators) undertaking remedial studies or
action in response to CERCLA enforcement authorities? What is the extent/
type of work that has been completed (RI/FS, etc.) and who (generators,
owner/operator, etc.) is conducting the work?



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NC D980502900

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)
Cumberland County Landfill

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
Cliffdale Rd (SR 1400)

03 CITY
Fayetteville

04 STATE 05 ZIP CODE 06 COUNTY 07 COUNTY CODE 08 CONG DIST
NC 28301 Cumberland 26 07

09 COORDINATES LATITUDE LONGITUDE
35 03 42. 079 02 23.

10 DIRECTIONS TO SITE (Starting from nearest public road)
Take US 401 South to Fayetteville. Turn right onto the Central Business Loop to Hay St. Turn right onto Hay St + continue west onto Morganton Rd ~ 1 1/2 miles. Bear left at fork onto Cliffdale Rd (SR 1400). Continue 6 miles west, site on left

III. RESPONSIBLE PARTIES just past Bones Creek.

01 OWNER (if known)
Mrs. Hepner

02 STREET (Business, mailing, residential)

03 CITY
Fayetteville

04 STATE 05 ZIP CODE 06 TELEPHONE NUMBER
NC 28301 ()

07 OPERATOR (if known and different from owner)
Cumberland County Health Dept.

08 STREET (Business, mailing, residential)
227 Fountainhead Lane

09 CITY
Fayetteville

10 STATE 11 ZIP CODE 12 TELEPHONE NUMBER
NC 28301 (919) 483-9046

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 (CERCLA 103 c) DATE RECEIVED: MONTH DAY YEAR ☒ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION
☐ YES DATE MONTH DAY YEAR ☒ NO
BY (Check all that apply)
☐ A. EPA ☐ B. EPA CONTRACTOR ☐ C. STATE ☐ D. OTHER CONTRACTOR
☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: (Specify)
CONTRACTOR NAME(S):

02 SITE STATUS (Check one)
☐ A. ACTIVE ☒ B. INACTIVE ☐ C. UNKNOWN

03 YEARS OF OPERATION
~ 1971 1973
BEGINNING YEAR ENDING YEAR ☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
E. I. DuPont, Fayetteville works reported disposing of 2700 tons of waste at this site between 1971-1973 (Eckhardt List). DuPont currently indicate that this was non-hazardous plant trash similar to waste currently disposed

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
at the Bladen County sanitary landfill. This site was operated as a county landfill. NO hazardous wastes are known to be disposed here. No monitoring well on site. Fayetteville Fish Hatchery + Lake Rim less than 2 miles downstream.

V. PRIORITY ASSESSMENT Site is currently used as horse farm.

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
Lacy Williams, Environmental Health Section

02 OF (Agency/Organization)
Cumberland County Health Dept.

03 TELEPHONE NUMBER
(919) 483-9046

04 PERSON RESPONSIBLE FOR ASSESSMENT
Pat De Rosa

05 AGENCY
NC DHR

06 ORGANIZATION
SHWM Br.

07 TELEPHONE NUMBER
(919) 733-2801

08 DATE
8/18/87
MONTH DAY YEAR



01 STATE	02 SITE NUMBER.
----------	-----------------

NC D980502900

01 PHYSICAL STATES (Check all that apply)

- ☒ A. SOLID ☐ E. SLURRY
☐ B. POWDER, FINES ☐ F. LIQUID
☐ C. SLUDGE ☐ G. GAS
☐ D. OTHER _____ (Specify)

(Measures of waste quantities must be independent)

TONS 2700

CUBIC YARDS _____

NO. OF DRUMS _____

☐ A. TOXIC ☐ E. SOLUBLE ☐ I. HIGHLY VOLATILE
☐ B. CORROSIVE ☐ F. INFECTIOUS ☐ J. EXPLOSIVE
☐ C. RADIOACTIVE ☐ G. FLAMMABLE ☐ K. REACTIVE
☐ D. PERSISTENT ☐ H. IGNITABLE ☐ L. INCOMPATIBLE
 ☒ M. NOT APPLICABLE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

[illegible]

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

See attached list of references 1-8.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NC 09805029M

1. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: >10,000

04 NARRATIVE DESCRIPTION

None reported. The nearest well is <2,000 feet from Reate at Colony Village MHP. City water is not available to most residents. At least 10,000 people depend on groundwater from private & community wells.

01 ☒ B. SURFACE WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

None reported. The nearest creek, Bone Creek, is 500 ft. east of the site. Lake Tim is, <2 miles downstream, is used for recreation. The Fayetteville Fish Hatchery is also <2 miles downstream.

01 ☐ C. CONTAMINATION OF AIR

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☒ F. CONTAMINATION OF SOIL

02 ☐ OBSERVED (DATE: _____) ☒ POTENTIAL ☐ ALLEGED

03 AREA POTENTIALLY AFFECTED: _____
(Acres)

04 NARRATIVE DESCRIPTION

None reported.

01 ☐ G. DRINKING WATER CONTAMINATION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 WORKERS POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

NC D980502900

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

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)

See attached list of references 1-10.