

0082620

## Discovery Site Evaluation Checklist

(To be completed by a member of the WIDS Team and included with the data package for a newly discovered potential waste management unit.)

**WIDS Site Code:** 2607-W10

**WIDS Site Names (Aliases):** 2607-W10, Septic Servicing 278-WA, MO-281 and MO-438

Waste Management Unit



Not a Waste Management Unit



1. Does the unit receive uncontaminated rainwater runoff only?

YES ☐ NO ☒

If 1 is YES, check NOT A WASTE MANAGEMENT UNIT above and stop. If 1 is NO, go to 2.

A 'YES' to any of Items 2 through 7 indicates the site is a waste management unit, as defined in Section 3.1 of the Tri-Party Agreement Action Plan. (Items 2 through 7 correspond with the six waste management unit types found in the Tri Party Agreement definition.)

2. Complete items 2.a through 2.f below to determine if the unit is a solid waste management unit (SWMU) as specified under WAC 173-303-040.

YES ☒ NO ☐

- 2.a Is the material at the unit a waste (i.e., a regulated waste or a discarded material, including garbage, refuse, sludge, construction/demolition debris, industrial/sanitary wastewater or other discarded solid, liquid, semisolid, or contained gas)?

Y ☒ N ☐

If 2.a is NO, check NO for 2 and go to 3. If 2.a is YES, go to 2.b.

- 2.b Is the waste from historical residential activities (i.e., not from industrial, commercial, mining, agricultural, or community activities)?

Y ☐ N ☒

- 2.c Is the unit an industrial wastewater point discharge permitted under the *Clean Water Act* (i.e., National Pollutant Discharge Elimination System permit)?

Y ☐ N ☒

- 2.d Does the waste consist only of source, special nuclear, or byproduct material regulated by the *Atomic Energy Act*?

Y ☐ N ☒

If 2.b, 2.c, or 2.d is YES, the site is not a SWMU. If so, check NO for 2 and go to 3. If 2.b, 2.c, and 2.d are all NO go to 2.e.

- 2.e Was the waste placed in a discernable unit (i.e., a landfill, surface impoundment, land treatment unit, waste pile, tank, container storage area, incinerator, injection well, wastewater treatment unit, waste recycling unit, or other physical, chemical, or biological treatment unit)?

Y ☒ N ☐

If 2.e is YES, check YES for 2 and go to 3. If 2.e is NO, go to 2.f.

- 2.f Is the unit the result of routine and systematic discharges (i.e., areas receiving small but steady discharges over time from systematic human activity, such as from loading/unloading operations, solvent washing, industrial process sewer systems, etc.)?

Y ☐ N ☐

If 2.f is YES, check YES for 2. If 2.f is NO, check NO for 2. Go to 3.

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3. Is the unit a waste disposal unit? (Complete items 3.a and 3.b below)	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3.a Does the unit require a RCRA permit for the disposal of dangerous or mixed waste? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
3.b Have hazardous wastes or substances been disposed of in a burial ground, pit, pond, ditch, crib, trench, french drain, or land surface that is not subject to regulation as a RCRA disposal unit and may require action to mitigate a potential environmental impact (e.g., radioactive waste disposal units, pre-RCRA units)? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
If either 3.a or 3.b is YES, check YES for 3. If both are NO, check NO for 3. Go to 4.	
4. Is the unit an unplanned release that has not been adequately cleaned up and represents a potential threat to human health or the environment (i.e., releases above CERCLA reportable quantities defined in 40 CFR 302.4; other hazardous substance releases, including petroleum, that may require action to mitigate a potential environmental impact)?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
5. Is the unit an inactive, contaminated structure?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
6. Does the unit require a RCRA permit for the treatment or storage of dangerous or mixed waste?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
7. Is the unit another type of storage unit that may require action to mitigate a potential environmental impact (e.g., radioactive waste storage unit)?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 2, 3, 4, 5, 6, or 7 is YES, check WASTE MANAGEMENT UNIT at the top of the first page of this form.  
If all are NO, check NOT A WASTE MANAGEMENT UNIT at the top of the first page.

Comments:

Christine Webb

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Signature

03/16/2009

Date

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