RECORD OF COMMUNICATION

☐ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY) Amended 10 page form
(Record of item checked above)

TO: Dr. Richard Spear

FROM: Edward L. Moore

DATE: January 12,1981

TIME:

SUBJECT: BENDIX ASBESTOS LANDFILL, GREEN ISLAND, N.Y. TDD# 02-8007-01/5

SUMMARY OF COMMUNICATION

Most of the changes suggested by Mr. Stone of Bendix Corp. in his letter dated November 18, 1980 have been made. However, the subject title was not changed. Although Bendix is not the owner, Bendix was the operator. The major point of concern was the asbestos and it was felt that that word should remain in the subject title.

Resubmitted

CONCLUSIONS, ACTION TAKEN OR REQUIRED

Bendix Corp. should be made aware of this amended form because they initiated the changes.

INFORMATION COPIES TO:

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	B. STREET (or other identifier)		
Former Bendix Corp. Landfill (Asbestos)	Cohoes & Tibbitts Ave		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Village of Green Island	N.Y.	12183	Albany

G. SITE OPERATOR INFORMATION

1. NAME		2. TELEPHONE NUMBER	
Bendix Corporation Friction Materials Division		518-273-6550	
3. STREET	**4. CITY**	**5. STATE**	**6. ZIP CODE**
P.O. Box 238	Troy	N.Y.	12181

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME		2. TELEPHONE NUMBER	
N.Y.S. Dept. of Transportation		518-474-6715	
3. CITY		**4. STATE**	**5. ZIP CODE**
Albany		N.Y.	12208

I. SITE DESCRIPTION
6 Acre inactive open landfill with no cover for the exposed friction materials waste containing asbestos.

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.)	B. APPARENT SERIOUSNESS OF PROBLEM
11-6-80	☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
Edward L. Moore	201-621-6800	8-11-80 Amended 1-7-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
Edward L. Moore	Sr. Geotechnical Engineer	
3. ORGANIZATION		**4. TELEPHONE NO. (area code & no.)**
Fred C. Hart Associates, Inc.		201-621-6800

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
P. Parekh	Fred C. Hart Associates	201-621-6800
C. Forando	Environmental Health Services	518-445-7835
J. Huntington	N.Y.S. Dept of Transportation	518-474-6715

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, real. ate)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
D. Stone	Staff Engineers	Bendix Corp.
W. Brown	518-273-6550	Troy, New York 12181

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Bendix Corp.	518-273-6550	P.O. Box 238, Troy, N.Y. 12181	Friction material
			waste containing
			asbestos

E. TRANSPORTER/HAULER INFORMATION

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

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
N/A		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
8/6/80	8:30 - 9:30 a.m.	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)
Mostly cloudy, middle 80's

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. No samples taken

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			
OTHER (specify)			

FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.) No measurements taken

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: [XX] a. GROUND [X] b. AERIAL

2. PHOTOS IN CUSTODY OF: Fred C. Hart Associates

D. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS. Fred C. Hart Associates

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): 73° 42' 00"

2. LONGITUDE (deg.-min.-sec.): 42° 38' 00"

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 intrequently.)

[X] 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 [X] 2. YES (specify generator's four-digit SIC Code) 3292

C. AREA OF SITE (in acres): 6

D. ARE THERE BUILDINGS ON THE SITE?

[XX] 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.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
		X	X
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	X 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).
		X 9. OTHER (specify): Spontaneous combustion (eliminated in 1973)	

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 [XX] 8. OPEN DUMP [ ] 9. TRANSPORTER [ ] 10. RECYCLER/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1. LIQUID [X] 2. SOLID [ ] 3. SLUDGE [ ] 4. GAS

B. WASTE CHARACTERISTICS

[ ] 1. CORROSIVE [ ] 2. IGNITABLE [ ] 3. RADIOACTIVE [ ] 4. HIGHLY VOLATILE

[ ] 5. TOXIC [ ] 6. REACTIVE [XX] 7. INERT [ ] 8. FLAMMABLE

[ ] 9. OTHER (specify):

C. WASTE CATEGORIES

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

Fill in 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 350,000*	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
[ ] (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	[X] (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): friction material waste containing 50+% asbestos *Alleged. 10-15% Resin 5.9% iron powder 1.3% Zinc powder	
			[ ] (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') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
friction material waste containing asbestos	X					X			350,000	tons

VII. 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.

[X] A. HUMAN HEALTH HAZARDS

Potential hazard from airborne asbestos particles because site has no cover material.

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☒ D. CONTAMINATION OF WATER SUPPLY

Site is located on pond that flows into Mohawk River.
Site is located adjacent to Wetlands.

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

Site has no bottom lining and unknown depth to groundwater.

☐ G. CONTAMINATION OF SURFACE WATER

Site has no cover so surface runoff has direct contact with friction material waste containing asbestos.

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☒ J. CONTAMINATION OF AIR

Potential hazard from airborne asbestos particles because site has no cover material.

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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☐ N. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

Erosion occurring on surface and three (3) sides of site.

☒ R. INADEQUATE SECURITY

Children play in water at the base of fill material.

☐ 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
unknown	Northerly	None
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
unknown	one (1) mile	up gradient

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☒ 2. COMMUNITY (specify town): Village of Green Island > 15 CONNECTIONS

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

X. WATER AND HYDROLOGICAL DATA (continued)

H. 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-COMMUNITY (mark 'X')	5. COMMUNITY (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 VEGITATION 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	sandy loam throughout area
	2. CLAY				
	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	2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.
< 30° from veritcal	Erosion in all directions

J. OTHER GEOLOGICAL DATA

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. UNKNOWN
None							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☐ YES (summarize in this space)

During an inspection by the Albany County Health Dept. in 1979, remedial actions were discussed but not required. The remedial action included monitoring wells and capping the site. Bendix proposed wells in Feb. 1980 and installed them soon after. The site has not been capped.

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.