

PRELIMINARY ASSESSMENT REPORT

**BLACK LEAF CHEMICAL
JEFFERSON COUNTY, LOUISVILLE, KENTUCKY**

**BY
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UNCONTROLLED SITE SECTION
DIVISION OF WASTE MANAGEMENT
JUNE, 1987**

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HISTORY OF SITE

The uncontrolled site known as Black Leaf Chemical is located at 1340 South 17th Street, Louisville, Kentucky (Appendix C - Figure 1 and 2). The site was a pesticide manufacturing facility owned and operated by Diamond Shamrock Corporation. An EPA 103(c) Notification of Hazardous Waste Sites Form for this site was submitted to EPA in 1981 (Appendix D). An EPA Site Inspection Form T2070-3 was completed on Black Leaf Chemical in February, 1982 (Appendix E). At the time of this inspection, the site was owned by Schenley Distillers. In the mid 1950's Schenley leased the site to Louisville Cooperage, a manufacturer of whiskey barrels. The site is now owned by Lanham Lumber Company who has several large kilns and a large amount of lumber stored on site (Appendix F - Photos 1 and 2). The buildings that housed Black Leaf Chemical still remain on the property and are used by the current owner. One building is being converted to produce tongue and groove flooring (Appendix F -Figure 3-6).

The years of operation for Black Leaf Chemical are not known except that Black Leaf Chemical did not operate on the site after 1958. Mr. George Eberling, an employee of Lanham Lumber and a former employee of Louisville Cooperage, stated that he had worked at this address since 1958 and that Black Leaf Chemical had already ceased operation by that time (Appendix G). No contact could be made with Diamond Shamrock Corporation to gain any further information about Black Leaf Chemical. During a Preliminary Assessment site visit in June, 1987, there was no evidence of any pesticides remaining at this site. This site is not a RCRA TSD facility.

NATURE OF HAZARDOUS MATERIALS

It is not known what pesticides were produced at this facility. There was no visible indication that any pesticides remained at this site (Appendix F - Photo 4), however, if contaminants were released to the environment there could possibly be contamination in soils around the site.

DESCRIPTION OF HAZARDOUS CONDITIONS

No hazardous conditions were evident during the Preliminary Assessment site visit in June, 1987.

ROUTES OF CONTAMINATION

The Black Leaf Chemical Site is located in the inner city area of Louisville in Jefferson County, Kentucky. The site lies in the Outer Bluegrass Region of Kentucky, approximately three (3) miles east of the Ohio River. Drainage from the site would be to the river via storm drains (USGS-1983).

The underlying geology of the area is the sand, gravel, silt and clay of the outwash deposits of the Pleistocene Series (USGS-1974). Most wells that penetrate the full thickness of this unit yield large quantities of water, as much as 200 to 500 gallons per minute (USGS-1960).

Since this is an inner city area, soils have not been classified (USDA-1966). Artificial fill, asphalt and concrete cover most of the area. Water would run off into storm drains.

POSSIBLE AFFECTED POPULATION AND RESOURCES

It is estimated that 158,336 people live within a three mile radius of the Black Leaf Chemical site. There are 22,437 people residing in a one mile radius (Appendix H). Drinking water is supplied by Louisville Water Company (Appendix I). The intake for this water system is not located within three miles down stream of the site. Groundwater is not used as a source of drinking water.

REFERENCES

USDA, 1966. Soil Survey Jefferson County, Kentucky.

USGS, 1960. Availability of Groundwater in Bullitt, Jefferson and Oldham Counties, Kentucky.

USGS, 1974. Geologic Map of Parts of the Louisville West and Lanesville Quadrangle, Jefferson County, Kentucky.

USGS, 1983. Louisville West Quadrangle, 7.5 Minute Series Topographic Map.



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

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
KY 0980559520

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Black Leaf Chemical		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 1350 N 17th St.			
03 CITY Louisville		04 STATE Ky	05 ZIP CODE 40210	06 COUNTY Jefferson	07 COUNTY CODE 111
08 COORDINATES LATITUDE 38°13'55"0		LONGITUDE -85°42'00.0"			
10 DIRECTIONS TO SITE (Starting from nearest public road) Take 31w exit north take 31w to St. Louis					

III. RESPONSIBLE PARTIES

01 OWNER (if known) Lanham Lumber Co.		02 STREET (Business, mailing, residential) 1698 St. Louis			
03 CITY Louisville		04 STATE Ky	05 ZIP CODE 40210	06 TELEPHONE NUMBER (502)588-6626	
07 OPERATOR (if known and different from owner)		08 STREET (Business, mailing, residential)			
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()	
13 TYPE OF OWNERSHIP (Check one) <input 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: ____/____/____
 B. UNCONTROLLED WASTE SITE (CERCLA 103) DATE RECEIVED: 6/8/81
 C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input type="checkbox"/> YES DATE ____/____/____ <input 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)			
02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR: 1955 ENDING YEAR: 1970 <input type="checkbox"/> UNKNOWN			

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
 Pesticides were alleged
 None were found.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
 No hazardous conditions were found

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		02 OF (Agency Organization)		03 TELEPHONE NUMBER ()	
04 PERSON RESPONSIBLE FOR ASSESSMENT Beverly Oliver		05 AGENCY KNREPC	06 ORGANIZATION Div. of Waste Mgt.	07 TELEPHONE NUMBER (502)564-6716	08 DATE 6/26/87 MONTH DAY YEAR



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION**

I. IDENTIFICATION
 01 STATE: **KY** 02 SITE NUMBER: **D980559520**

H. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply) <input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ <small>(Specify)</small>	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small> TONS _____ CUBIC YARDS _____ NO. OF DRUMS _____	03 WASTE CHARACTERISTICS (Check all that apply) <input type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
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III. WASTE TYPE

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

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

* This company manufactured pesticides
 It is not known what the pesticides were.
 They cessed operation in the late 1950s

V. FEEDSTOCKS (See Appendix for most frequently cited CAS Numbers)

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

VI. SOURCES OF INFORMATION (See specific references, e.g., state files, sample analysis, reports)

EPA 103(c) Notification of Hazardous waste



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

I. IDENTIFICATION
01 STATE | 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION
None

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)
None

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION
unknown

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION
No waste was found

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION
none

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION
If contaminants were present they could enter the storm drains and sewers

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION
none

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS
none

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS
Very little information was available on this site. What was available proved to be inaccurate.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)
*KDWM files
EPA Files*



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
KY 10980559520

N. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

If pesticides were present there would be a possibility of ground water contamination

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

The site is 3 miles from the Ohio River. Contaminants could reach the river through storm drains.

01 C. CONTAMINATION OF AIR 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No waste was observed that might enter the air

01 D. FIRE/EXPLOSIVE CONDITIONS 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

none

01 E. DIRECT CONTACT 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

The area is fenced and locked when no one is on duty

01 F. CONTAMINATION OF SOIL 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

Most of the area is covered in concrete

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Population is served by a municipal source who's intake is ~~not~~ within three miles down stream of the site

01 H. WORKER EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

There are approximately twenty employees working on the Lanham Lumber Company property

01 I. POPULATION EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

No hazardous waste was observed

GENERAL HIGHWAY MAP
JEFFERSON COUNTY
KENTUCKY

PREPARED BY THE
KENTUCKY DEPARTMENT OF HIGHWAYS
DIVISION OF PLANNING
IN COOPERATION WITH THE
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

Scale: 1 inch = 10 miles
Date: 1954

Line Style	Highway Type
—	Interstate
—	U.S. Highway
—	State Route
—	County Road
—	Local Road

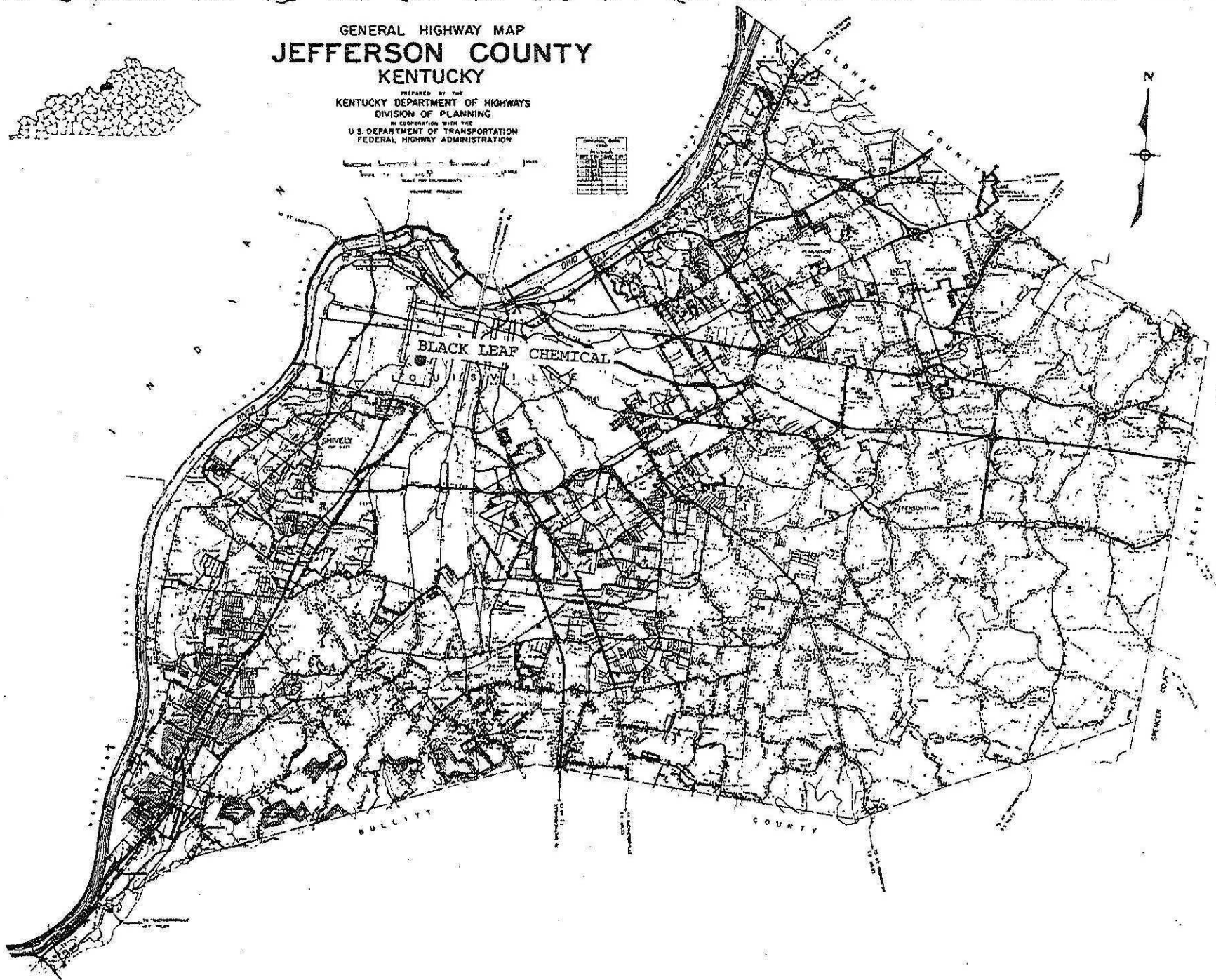
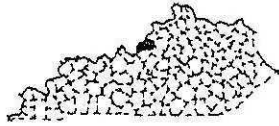


Figure 1



Figure 2

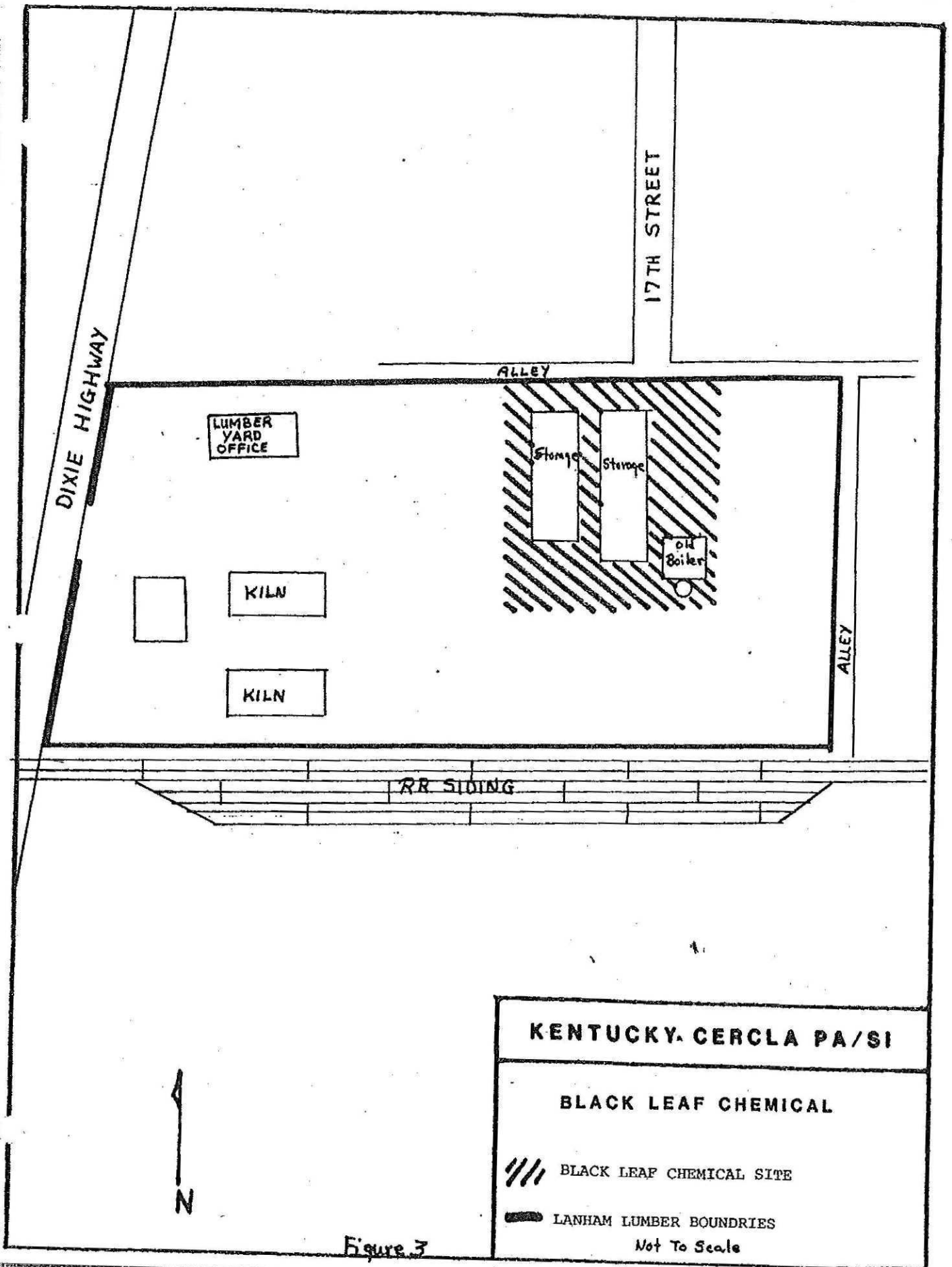


Figure 3

EPA Notification of Hazardous Waste Site

United States Environmental Protection Agency
Washington, DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609
KY 500 0100 1121

A Person Required to Notify:
Enter the name and address of the person or organization required to notify.

Name: **Diamond Shamrock Corporation**
Street: **717 N. Harwood Street**
City: **Dallas** State: **TX** Zip Code: **75201**

B Site Location:
Enter the common name (if known) and actual location of the site.

Name of Site: **Black Leaf Chemical**
Street: **1350 S. 17th St.**
City: **Louisville** County: **Jefferson** State: **KY** Zip Code: **40210**

C Person to Contact:
Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): **Hutton, William, Corp Mgr. Env. Affairs**
Phone: **214-745-2870**

D Dates of Waste Handling:
Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): **2/55** To (Year): **1970**

E Waste Type: Choose the option you prefer to complete
Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item 1—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- | | |
|---|---|
| 1. <input type="checkbox"/> Organics | 3. <input type="checkbox"/> Textiles |
| 2. <input type="checkbox"/> Inorganics | 4. <input type="checkbox"/> Fertilizer |
| 3. <input type="checkbox"/> Solvents | 5. <input type="checkbox"/> Paper/Printing |
| 4. <input checked="" type="checkbox"/> Pesticides | 6. <input type="checkbox"/> Leather Tanning |
| 5. <input type="checkbox"/> Heavy metals | 7. <input type="checkbox"/> Iron/Steel Foundry |
| 6. <input type="checkbox"/> Acids | 8. <input type="checkbox"/> Chemical, General |
| 7. <input type="checkbox"/> Bases | 9. <input type="checkbox"/> Plating/Polishing |
| 8. <input type="checkbox"/> PCBs | 10. <input type="checkbox"/> Military/Ammunition |
| 9. <input type="checkbox"/> Mixed Municipal Waste | 11. <input type="checkbox"/> Electrical Conductors |
| 10. <input type="checkbox"/> Unknown | 12. <input type="checkbox"/> Transformers |
| 11. <input type="checkbox"/> Other (Specify) | 13. <input type="checkbox"/> Utility Companies |
| | 14. <input type="checkbox"/> Sanitary/Refuse |
| | 15. <input type="checkbox"/> Photofinish |
| | 16. <input type="checkbox"/> Lab/Hospital |
| | 17. <input type="checkbox"/> Unknown |
| | 18. <input checked="" type="checkbox"/> Other (Specify) |
| | Packaging |

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

ENFORCEMENT DIVISION	EPA/REGION 10	000653
	JUN 9 3 27 PM '81	
	RECEIVED IN	

Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space, give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

- 1. Piles
- 2. Land Treatment
- 3. Landfill
- 4. Tanks
- 5. Impoundment
- 6. Underground Injection
- 7. Drums, Above Ground
- 8. Drums, Below Ground
- 9. Other (Specify)

Total Facility Waste Amount:

cubic feet Unknown

gallons Unknown

Total Facility Area:

square feet Unknown

acres Unknown

Unknown

Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment. No releases to our best knowledge.

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required

Name

Street

City

Signature

State Zip Code

Date

- Owner, Present
- Owner, Past
- Transporter
- Operator, Present
- Operator, Past
- Other

Wm. C. Hutton

6/8/81



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION IV SITE NUMBER (to be assigned by HQ) KYD980557520

GENERAL INSTRUCTIONS: Complete Sections I and III through IV 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 Black Leaf Chemical		B. STREET (or other identifier) 1350 N. 17th St.			
C. CITY Louisville	D. STATE KY	E. ZIP CODE 40210	F. COUNTY NAME Jefferson		
G. SITE OPERATOR INFORMATION					
1. NAME Diamond Shamrock Corp.		2. TELEPHONE NUMBER 214-745-2870			
3. STREET 717 N. Harwood St.	4. CITY Dallas	5. STATE TX	6. ZIP CODE 75201		
H. REALTY OWNER INFORMATION (if different from operator of site)					
1. NAME Schenley Distillers		2. TELEPHONE NUMBER 212-621-8000			
3. CITY New York	4. STATE NY	5. ZIP CODE 10019			
I. SITE DESCRIPTION abandoned pesticide manufacturing facility, buildings now used for warehousing and storage by Louisville Cooperaage, open area under gravel covered; barrel materials					
J. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE					

past owner/operator
present

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE			
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C. PREPARER INFORMATION		
1. NAME Valerie Timmons	2. TELEPHONE NUMBER 502-564-6716	3. DATE (mo., day, & yr.) 7/4

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION		4. TELEPHONE NO. (area code & no.) 404-881-2234	
1. NAME Terry Smoak	2. TITLE Environmental		
3. ORGANIZATION US Environmental Protection Agency			

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Valerie Timmons	Ky. Division of Waste Management	502-564-6716

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Henry Kleier	Chief Engineer 502-509-0400	Louisville Cooperaage Co. P.O. Box 10250 St
Jeanette Nalley	Controller same	same

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Black Leaf Chemical		1350 N. 17 th Louisville	packaging

E. TRANSPORTER/HALER 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.) 2-10-82
 H. TIME OF INSPECTION 10:00 A
 I. ACCESS GAINED BY: (credentials must be shown in all cases)
 1. PERMISSION 2. WARRANT

J. WEATHER (describe)
 Very cold, clear skies, ice-covered ground.

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.) **38° 15' 52"**

2. LONGITUDE (deg.-min.-sec.) **95° 45' 30" ?**

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) **17.9**

D. ARE THERE BUILDINGS ON THE SITE?

1. NO 2. YES (specify): **boiler, plant operations**

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
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input 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 checked="" 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
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify): _____
		<input type="checkbox"/> 9. OTHER (specify): _____	

F. 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.

Continued From Front

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	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	AMOUNT	UNIT OF MEASURE	
X (1) PAINT, PIGMENTS		X (7) 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 SMELTING WASTES		(4) MUNICIPAL			
(5) OTHER(specify):					(5) DYES/INKS		(5) NON-FERROUS SMELTING 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. VA-POR	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

VIII. HAZARD DESCRIPTION (continued)

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

Continued From Front

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	7			
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 northeast	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

1. NON-COMMUNITY < 15 CONNECTIONS*
 2. COMMUNITY (specify town): Louisville > 15 CONNECTIONS
 3. SURFACE WATER
 4. WELL

Continued From Page 8

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: Ohio River

2. SEWERS 3. STREAMS/RIVERS

4. LAKES/RESERVOIRS 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

2. City of Louisville, sanitary and storm sewers

3. Ohio River, major transportation, drinking water, and hydroelectric power

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				
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

A. UNKNOWN B. VERY HIGH (100,000 to 1000 cm/sec.) C. HIGH (1000 to 10⁶ 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% 2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

slope condition very stable, area either paved or covered with gravel or cinders

J. OTHER GEOLOGICAL DATA

Site is in an area of glacial outwash consisting of interbedded and intermixed sand, gravel, silt, and clay, approximately 20'-25' thick underlain by thinly bedded limestone.

used From Front

XIV. PERMIT INFORMATION

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

A. PERMIT TYPE (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

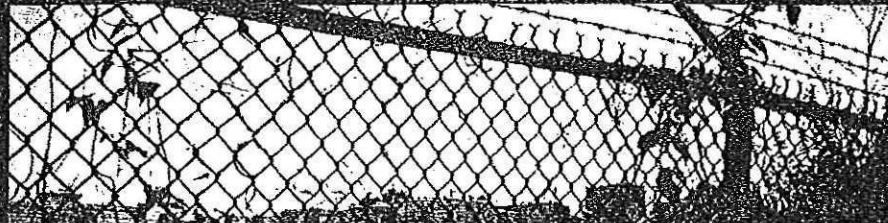
NONE YES (summarize in this space)

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

PHOTOGRAPHIC LOG

BLACK LEAF CHEMICAL
JEFFERSON COUNTY, LOUISVILLE

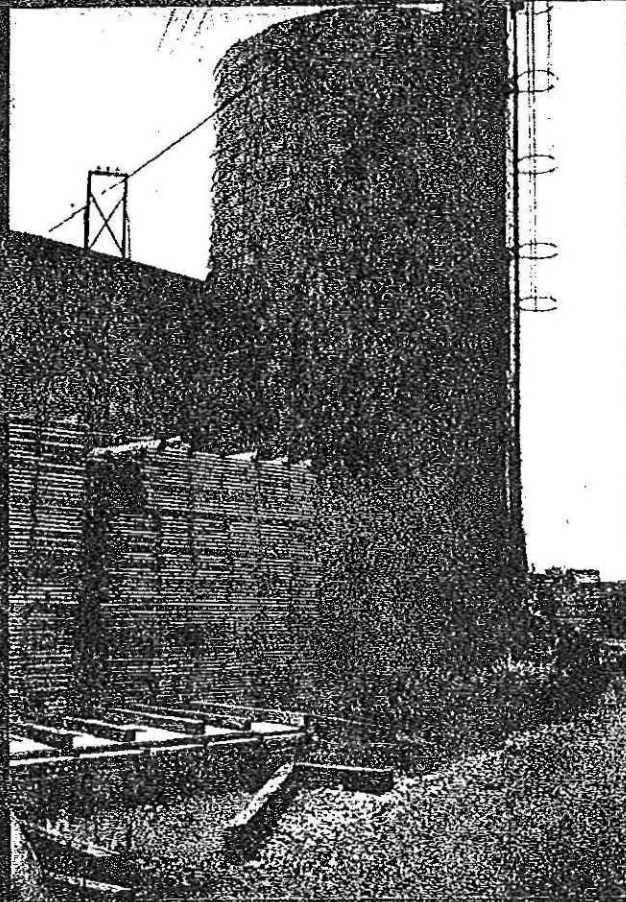
JUNE 25, 1987



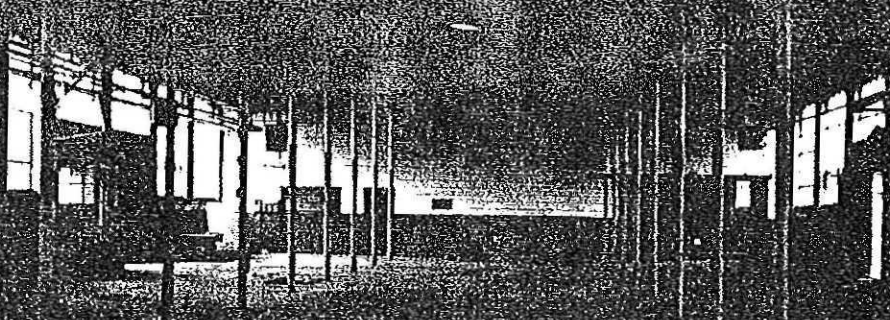
1. Lumber stacks on Lanham Lumber company property.



2. Lumber storage area.

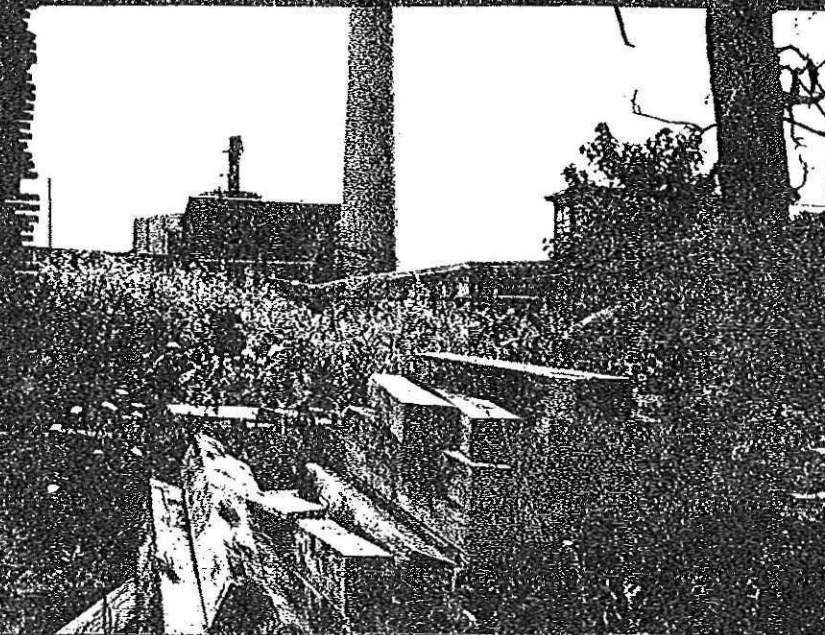


3. Water storage tank for old boiler used by Blackleaf Chemical.

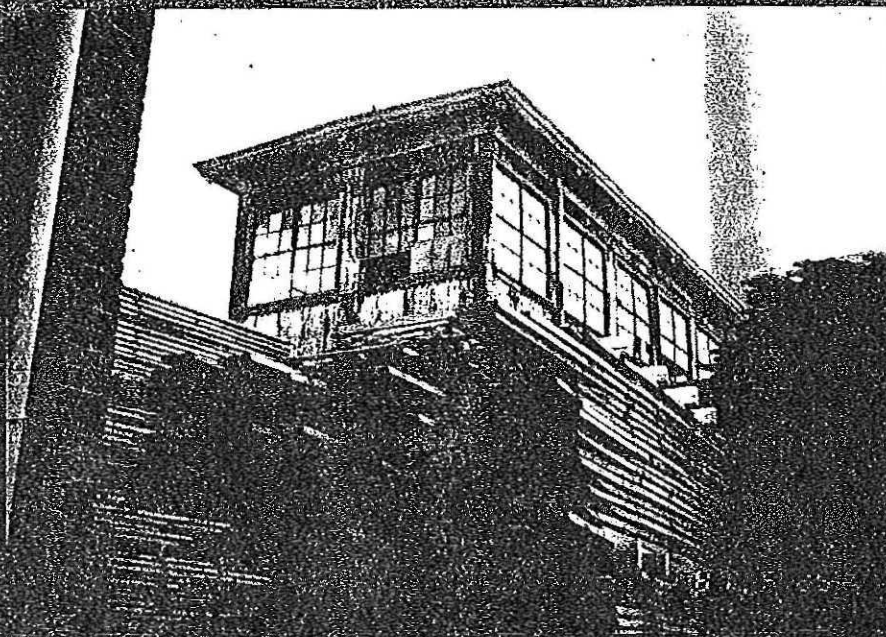


87 6 25

4. Inside storage building used by Black Leaf Chemical.



5. Buildings used by Black Leaf Chemical.



6. Building used by Black Leaf Chemical. Area now used to store lumber.

Record of Communication

PHONE CALL
 CONFERENCE

DISCUSSION
 OTHER

ON-SITE
 ON-CALL

TO: George Eberling

FROM: Beverly Oliver

DATE: 6/25/87

TIME: 11:10 Am

SUBJECT: Black Leaf Chemical

SUMMARY OF COMMUNICATION:

Mr. George Eberling stated that he had worked on the property where Black Leaf Chemical is located since 1958 and that Black Leaf Chemical had ceased operation by that time.

CONCLUSIONS, ACTION TAKEN OR REQUIRED:

INFORMATION COPIES

TO:

POPULATION DATA DOCUMENTATION

NAME OF SITE: Black Leaf Chemical
 COUNTY: Jefferson

<u>RADIUS</u>	<u>HOUSE/BUILDING COUNT</u>	<u>POPULATION</u>
¼ Mile		
½ Mile		7,355
1 Mile		22,437
2 Miles		80,367
3 Miles		158,336
4 Miles		214,455

MEHTODOLOGY: House and building counts are taken from U.S.G.S Topographic map(s). These numbers are then multiplied by the conversion factor of 3.8 persons per household, as suggested in EPA's Uncontrolled Hazardous Waste Site Ranking System Users Manual, to obtain populations.

REFERENCES: _____

COMMENTS: See following page

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Suggested citation: Love, Douglas O. and Jerome A. Deichert, "Site Evaluation
and Location System", Bureau of Business Research, University of Nebraska-Lincoln,
1983.

SELS is tabulating the value of characteristic
1 - POPULATION TOTAL
between 0 and .5 mile(s) of each block group center
(Equal weight)

Block Group	Tabulation
-------------	------------

477	7355.
-----	-------

SELS is tabulating the value of characteristic
1 - POPULATION TOTAL
between 0 and 1 mile(s) of each block group center
(Equal weight)

Block Group	Tabulation
-------------	------------

477	22437.
-----	--------

SELS is tabulating the value of characteristic
1 - POPULATION TOTAL
between 0 and 2 mile(s) of each block group center
(Equal weight)

Block Group	Tabulation
-------------	------------

477	80367.
-----	--------

SELS is tabulating the value of characteristic
1 - POPULATION TOTAL
between 0 and 3 mile(s) of each block group center
(Equal weight)

Block Group	Tabulation
-------------	------------

477	158336.
-----	---------

SELS is tabulating the value of characteristic
1 - POPULATION TOTAL
between 0 and 4 mile(s) of each block group center
(Equal weight)

Block Group	Tabulation
-------------	------------

477	214455.
-----	---------

SOURCE2

PUBLIC WATER SYSTEMS WITHDRAWING WATER FROM SURFACE SOURCES
 (NOTE: AVERAGE PRODUCTION INCLUDES DEC 1985 THRU NOV 1986 DATA)

PWS ID	SYSTEM NAME:	PRIME SRCE	POPULATION	AVG PROD	DESIGN CAP	SOURCE ID	INFORMATION: TYPE	SOURCE NAME	AVAIL	LAT	LONG
0560211	JEFFERSONTOWN MUN WATER WORKS	P	12,398	1,400,000	0	01	P	LOUISVILLE W T	P	0000000	0000000
0560496	KENTUCKY HUBBLING SPRING INC	S	100	5,636	8,000	01	S	SPRING	P	.	.
0560258	LOUISVILLE WATER CO/CRS CNT HLL	S	518,364	109000000	193000000	01	S	OHIO RIVER	P	0381652	0854209
0560732	LOUISVILLE WATER CO/PAYNE	S	127,455	12,150,000	51,000,000	01	S	OHIO RIVER	P	.	.
COUNTY: JESSAMINE											
0570495	HIGHBRIDGE SPRING WATER CO	S	2,000	7,472	.	01	S	SPRING	P	.	.
0570531	ICEBURG PURE WATER	P	150	200	800	01	P	NICHOLASVILLE	P	.	.
0570214	JESSAMINE CO WATER DIST #1	P	2,253	87,273	0	01	P	NICHOLASVILLE	P	0000000	0000000
0570315	NICHOLASVILLE WATER DEPARTMENT	S	13,200	2,034,251	3,600,000	01	S	KENTUCKY RIVER	P	0375025	0842907
0570249	SOUTH ELKHORN WATER DISTRICT	P	2,000	225,000	0	01	P	KY AMERICAN	P	0000000	0000000
0570414	SPEARS WATER CO INC	P	4,682	2,000,000	.	01	P	NICHOLASVILLE	P	.	.
0570010	WILMORE WATER WORKS	S	3,135	3,008,251	1,000,000	01	S	KENTUCKY RIVER	P	0375110	084450

SAS

PUBLIC WATER SYSTEMS WITHDRAWING WATER FROM SURFACE SOURCES
 (NOTE: AVERAGE PRODUCTION INCLUDES DEC 1985 THRU NOV 1986 DATA)

ID	SYSTEM NAME:	PRIME SRCE	POPULATION	AVG PROD	DESIGN CAP	SOURCE ID	INFORMATION: TYPE	SOURCE NAME	AVAIL	LAT	LONG
COUNTY: JOHNSON											

0540406	SOUTH HOPKINS WATER DISTRICT	P	6,207	481,-98	0	01	P	DAWSON SPRINGS	P	0371055	0874054
0540465	WHITE PLAINS WATER DIST	G	1,320	73,830	170,000	01	G	WELL	P	0371112	0872300

SAS

8:59 WEDNESDAY, JANUARY 14, 1987 41

SOURCE2

PUBLIC WATER SYSTEMS WITHDRAWING WATER FROM SURFACE SOURCES
(NOTE: AVERAGE PRODUCTION INCLUDES DEC 1985 THRU NOV 1986 DATA)

PWS ID	SYSTEM NAME:	PRIME SRCE	POPULATION	AVG PROD	DESIGN CAP	SOURCE ID	INFORMATION TYPE	SOURCE NAME	AVAIL	LAT	LONG
--------	--------------	------------	------------	----------	------------	-----------	------------------	-------------	-------	-----	------

COUNTY: JACKSON

0552105	CAMP ANDREW JACKSON	S	100	.	.	01	S	PRIVATE LAKE	P	.	.
0552481	HISEL DAY CARE CENTER PRESCHOO	P	30	.	6,000	01	P	MCKEE WATER WOR	P	.	.
						02	P	MCKEE WATER WOR	P	.	.
0552593	HISEL ELEM/JACKSON BOARD EDUC	P	39	300	.	01	P	JACKSON CD WT	P	.	.
0550209	JACKSON CD WATER DISTRICT ASSN	S	5,339	410,404	360,000	01	S	LAKE BEULAH	P	0372240	0835450
0550784	MCKEE WATER WORKS	S	967	115,323	144,000	01	S	MCKEE RESERVOIR	P	0372730	0835830
0552171	MOORES CR ELEM/JACKSON BOARD	G	179	3,261	0	01	G	WELL	P	0000000	0000000

COUNTY: JEFFERSON

0560634	BONNIE VIEW TR PK	G	106	5,591	10,000	01	G	WELLS	P	0360150	0855440
0562916	CAPTAIN'S QUARTERS	G	7350	282	38,880	01	G	WELL	P	.	.
0562410	CEDAR RIDGE PRESBYTERIAN CAMP	S	45	2,498	8,000	01	S	LAKE	P	0000000	0000000
0560503	CRYSTAL CLEAR WATER COMPANY	P	250	3,949	7,000	01	P	LOUISVILLE W	P	.	.