

**PHASE I ENVIRONMENTAL SITE ASSESSMENT
Site Reconnaissance Questionnaire**

Site Inspector: Malik Rasool **URS Office:** _____

Date of Inspection: 10/7/14 **Inspector's Phone #** _____

1. Facility Name: _____

Address: 76-80 Hobart Ave Zip: 07002

City: Bayonne County: Hudson

State: NJ Weather: sunny overcast: rain: snow: windy Temp (approx.) 65 F

2. Identify all persons interviewed onsite

Name	Title	Phone #	# of yrs at the property
years	David Moskovits	General Manager	201-339-0111 30

3. When was the site originally developed? **1940-1950. DC Plastic developed in 1984.** _____

4. Site layout: (In addition to the information below, **prepare a sketch of the site.** Please indicate the outlines of all site buildings, site boundaries, roads, parking areas, areas of existing or potential contamination, sensitive areas: wells, drums, transformers, pits, sumps, and dry wells. Show locations of asbestos samples if a blueprint is not available for noting locations. Indicate if there have been any additions or renovations to original buildings. Also, Indicate immediately surrounding land uses by name of establishment and address). See attached

Site Acreage: 3.5 Acres (Approx)

No. of buildings currently onsite (Include separate utility or storage buildings)? _____

Name	Number of stories	Dimensions or Square Footage	Year Built
Main Building	<u>one story (with mezzanine)</u>	<u>150x390</u>	<u>1945</u>
Shed Building (Metal clad building)	<u>One story</u>	<u>35x65</u>	<u>1945</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the current property use? (Describe all onsite activities. If the site is an IMP indicate here)

Plastic manufacturing facility for blown film extrusion products in Linear low and Low density Polyethylene (LLDP and LDP)

5. What were the previous site uses?

Use	Dates (from - to)	Source of information
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Armor Tank Manufacturing facility 1940-1950 Current Owner/old survey records/public information.

Anti freeze/Soap/Lotion Filling Station 1999 Current Owner

6. Describe the basic construction of the building (s) onsite. (check all that apply and indicated locations of different types)

Basic structure; **concrete block** wood frame **steel frame** concrete tilt-up.

What type of exterior finish does the building have? wood **brick** stucco

What interior finishes are present? Floors; vinyl tile ceramic tile linoleum carpet wood. **Concrete and asphalt**

Walls; drywall **masonry and corrugated steel walls (3 walls)- see photos.**

Ceilings; drywall acoustic tiles drop ceiling (indicated dimension of panels)

7. Please list other current onsite support activities, including asking the following questions:

Does the facility wash vehicles (trucks, cars, trailers) or heavy equipment onsite? Yes **No**

If so, where (**Indicate on site sketch**)? _____

Is vehicle or heavy equipment maintenance conducted onsite? Yes **No**

If so, where (**Indicate on site sketch**)? _____

Is vehicle fueling conducted onsite? Yes **No**

If so, where (**Indicate on site sketch**)? _____

8. Does the site contact have any of the following historic documentation? (Check next to each document included with questionnaire)

x Prior Phase I/Phase II Reports Groundwater Monitoring Reports Geotechnical Reports

Real Estate Assessment Real Estate Flyer Title Search **x Underground Tanks**

Reports not available at time of visit, copies requested.

9. Is there apparent evidence site was constructed on fill (i.e. subject property is higher or lower than immediately surrounding area)? Yes **No**

If yes, does the site contact know the source of fill? _____

10. Are there any indications or evidence of the following potential environmental issues on site? (If yes, **TAKE A PICTURE and INDICATE LOCATION ON THE SITE SKETCH**):

stressed vegetation? Yes **No** Comments: _____

liquid waste dumping? Yes **No** Comments: _____

solid waste dumping? Yes **No** Comments: _____

discolored flowing or standing water? Yes **No** Comments: _____

abnormal odors? Yes **No** Comments: **Plastic recycling smell** _____

evidence of remedial activities (soil drums or soil stock piles)? Yes **No** Comments

other: _____

11. Has the facility ever been named as a "potentially responsible party" for a Superfund site? Yes **No**

(attach relevant documents): **Not Known** _____

12. Who are the Utility Service Providers to the facility? (if service is not used on site indicate who provides it in the area)

Potable Water Service by: **United Water, Bayonne** _____

(if other than municipal service, i.e. well or bottled, indicate details in drinking water section below)

Wastewater Service by: **Bayonne Municipilty** _____

Electric Service by: **PSE&G** _____

Gas Service (indicate): Natural gas by **PSE&G** _____

Liquid Propane by N/A _____ (list the number of bulk tanks below in the AST section)

Building Mechanical Equipment:

What type of heating system does the site have? Forced air-natural gas **Radiant Electric heaters** Steam
Other _____

Are there boilers (not hot water heaters)? How many? **None** _____

If there are boilers, what are they fired by: natural gas, fuel oil (circle type):# 2 3 4 5 6

How are boiler feed chemicals managed: services; Betz Entec, DuBois/Diversy,

Other _____, in-house

What kind of Air Conditioning systems does the facility have: None Central Air **Individual room** or area units

SURROUNDING AREA

Usage (check all that apply) rural **residential** commercial **light industrial** heavy industrial

Residential in front and industries on other three sides.

List ALL adjacent roadways and properties. Provide the name and address of all adjoining properties. (attach additional sheets as needed)

CHECK YOUR DIRECTIONS

North Haddad Brands - 95 E, 5th Street, Bayonne, NJ 08902

Northwest _____

Northeast _____

East Haddad Brands - 95 E, 5th Street, Bayonne, NJ 08902

South Haddad Brands - 95 E, 5th Street, Bayonne, NJ 08902

Southeast _____

Southwest _____

West Residential.

Indicate any current or historic surrounding land uses that have the potential to impact the site; indicate the source of the historic information: **Not observed**

Activity	Location	Source of information
_____	_____	_____
_____	_____	_____

Not observed and/or Not Available, applicant representative said EPA has all information.

13. What is the general topography of the site area is (Circle): **FLAT** ROLLING HILLY

What agency was the release reported to? _____

What is status of incident? Open Open, but closure pending Closed (include a copy of closure letter or final monitoring report if available)

Comments: _____ **Hazardous Wastes - N/A**

***If the site is an IMP, skip to the IMP section for the remainder of the questionnaire if not continue with the next question**

21. Does the facility currently or has it previously generated hazardous wastes? **No, Skip to Question 25**

Yes, Facility RCRA ID Number: _____

Generator Status (circle): LQG SQG Conditionally Exempt SQG Non-Generator (a site that previously generated wastes, but is not currently doing so, and has filed or will file for a change in status)

22. What wastes are produced? (i.e. solvents, sludge, ignitable liquids, etc.) None _____

23. Where are the wastes stored? _____ N/A

24. Who is the transporter? N/A _____

(please include a copy of the available manifests)

CHEMICAL SUBSTANCES

25. What chemicals are used onsite?

Indicate chemicals observed or reported and approximate amounts (**attach additional sheets as needed**) Obtain MSDS for significant (**greater than 100-gals or 500-lbs**) amounts of chemicals stored or used onsite.

Soap- amt - _____	Paint (latex, oil, enamel) – amt - _____
Detergent – am t- _____	Adhesive / glue – amt - _____
Fabric softener- amt - _____	Disinfectant – amt - _____
Bleach - amt - _____	Furniture polish - amt - _____
Window cleaner - amt- _____	Floor wax – amt - _____
Degreaser – amt - _____	Carbon Dioxide – No. of cylinders - _____
General purpose	Helium – No. of cylinders - _____
surface cleaner – amt - _____	_____ amt - _____
Floor cleaner - amt - _____	_____ amt - _____
Carpet cleaner – amt - _____	_____ amt - _____

Water based Ink and Ammonia for labelling purpose - amt - very small quantity - exact quantity unknown. _____

26. Where are these chemicals located on site? (show chem. storage areas on site sketch as well) _____
Located inside the Main Building near the machinery/equipment. These are located inside the building - see photos

27. Were all containers properly labeled? **Yes** No, list any discrepancies _____ See photos

PETROLEUM PRODUCTS

28. What kinds of petroleum products does the facility use (Other than bulk fuels listed in UST/AST section above)?
Check if observed and indicate total amount (Attach additional sheets as needed)

No petroleum products used on site

motor oil – amt - _____ cutting oil – amt - _____ Gasoline – amt - _____
transmission _____ Kerosene – amt - _____ Anti- Freeze – amt - _____
fluid/oil – amt - _____ Solvents (parts cleaner-show on sketch, degreasers, etc.) – amt - _____
hydraulic _____ Other chemicals observed _____
oil/fluid – amt - 2 drums/year (includes gear box oil) _____ - amt- _____
spray lube- _____ - amt- _____
(WD-40, etc.) – amt - _____ - amt- _____

29. Does this facility generate used oil? (this question refers to petroleum not cooking oil) No **Yes**,
Is the oil recycled by an outside contractor? burned on site? Who is the contractor or where is it burned? **Owner contact anyone from the yellow book listings for disposal.**

SOLID WASTE GENERATION

30. Solid waste generated on site consists of:

Wastepaper General Packaging
Cardboard (see below) Food scraps (food service establishments)
Used cooking grease (sites with food service)

No solid waste currently generated on site

What type of container is solid waste accumulated in (check all that apply):

Compactor Dumpster Cans. How many of each is located on site?
dumpsters 1, compactors 1 cans _____ (show each on the site sketch)

Who hauls the trash: CWS - Century Waste Services.

Is there a used cooking grease bin? **No** Yes,
who services the grease bin?

(Note: **a grease trap is not the same as a grease bin**) _____

The following three questions are for healthcare facilities only

31. Does the facility generate bio-hazardous waste? No Yes
Who collects the wastes? _____
32. Where are the bio-hazardous wastes stored on site until pick up? _____
-
33. Is the storage location secure (i.e. locked)? Yes No
34. Does the facility generate any of the following: **No**
Oily rags - collected by: _____
Used oil filters - collected by: _____
Used tires - recycled by: _____
Used lead-acid batteries - recycled by: _____
35. Is there any recycling of the following: **No.**

Cardboard - recycled by: _____

Scrap metal - recycled by: _____

Wooden pallets - recycled by: _____

Aluminum - recycled by: _____

Office paper - recycled by: _____

Other materials - recycled by: _____

ASBESTOS

If the site was built before 1980 there is a potential for ACM (asbestos containing material) to have been used on site

36. Did you observe any of the following at the site? No Yes, list below (attach additional sheets as needed)

Suspect ACM	Location	Condition (good, fair, poor)
Floor tile (12"x12" or 9"x 9")		
Ceiling tile (12" x 12" not the 3' x 2')		
Boiler insulation		
Pipe insulation	Observed at the south side (exterior) and some interior pipes (north side)	deteriorated
Roof materials		Per owner roofs are 12 years and 3 years old
other		

37. Has an ACM survey been conducted on the property? Yes No **Unknown**

Was asbestos found onsite? No Yes, (include a copy of report if available or indicate location(s) of samples below -attach additional sheets as needed)

Location (building name or ID)	Material	Friable (F)or Non-friable (N)	Condition (G) good (F) fair (P) poor)
_____		F N	G F P
_____		F N	G F P
_____		F N	G F P
_____		F N	G F P

38. If there are ACMs, is there an Operation & Maintenance (O & M) Plan for managing the ACMs? Yes No

Unknown

Date of O&M plan: _____

POTENTIALLY PCB CONTAINING EQUIPMENT

Transformers: EVERY commercial facility has at least one transformer. It or they may be pole mounted and located in a right of way that is adjacent to the subject site, but if the cable connects it or them to the building on site, then Note it below, take a picture and indicate the location on the site sketch.

39. How many transformers are located on site (including those that may be located in right of ways adjacent to the property boundaries)? **3 on north side and 3 on south side** Detail each unit below. **Use additional sheets as needed.**

Pole or	PCB Content	Serial #	Condition of Unit(s)	Indication of leaks?
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Pad	Non-PCB (labeled) or Suspect (not labeled)			(i.e. staining on pad or body of transformer)
	Unknown		Good	

Elevators

40. Are there any elevators on site? No Yes, What type?
Hydraulic

How many? _____ Age? _____

Serviced by? _____ Last service Date? _____

Any indication of leaks from the pump? Yes **No** Comments: _____

Cable Lift

How many? **one** Age? **40/50 years**

Serviced by? _____ Unknown Last service Date? _____

Condition of wench equipment: **Unable to see properly**

Other hydraulic equipment

41. Are there any of the following on site?

Fork lifts - **Yes**, How many? **Six each** _____

Powered by? propane gasoline diesel **batteries** (indicate location of charging station on the site sketch). **Inside the Building. See photos**

Are the forklifts maintained by on **site personnel** maintained by an off site contractor?

Vehicle lifts - How many: **None**

LEAD-BASED PAINT

If the site was constructed pre-1978

42. What was the condition of painted surfaces observed? Good or **Moderate to Poor**

Flaking or peeling noted, Where was the damage observed? **At the windows, interior columns and corrugated walls**

FACILITY WATER

Drinking Water

43. What is source of drinking water at the site? **Municipal** Well (see section below) Bottled

If wells are used for drinking water at the site, is water quality data available? No Yes, please attach a copy of most recent analysis. See question on wells below

Wastewater

44. What type of wastewater is generated by the facility (check all that apply)?

Sanitary Non-contact Process, volume: **Unknown (Owner could not find bill)** _____ Gal/Day

Process, volume: _____ Gal/Day **None**

Discharge Features

45. Indicate the number and location of any of the following and show their locations on the site sketch;

Floor Drains 1 Sumps _____ Pits _____ Drainage ditches, circle: lined unlined **Unknown**

46. Did you observe any staining near or in any of these features? **No** Yes, list and describe: _____

47. What type of wastewater treatment is conducted on site? Grease trap (this is not the same as a grease bin, it is connected to the plumbing and is usually an in-ground unit with a manhole cover that may or may not be marked as a sewer)

septic (see below), pH adjustment, equalization, Dissolved air flotation,

other _____ **None**

48. Where does the wastewater discharge to (check all that apply)?

Does a Permit Exist?

Discharge to municipal sewer system Yes No (Note: If the facility discharges anything other than sanitary there should be a permit)

Streams, rivers, etc (show on site sketch) Yes **No**

Land application discharges Yes **No**

Deep well injection Yes **No**

Surface impoundments Yes **No**

- If permit(s) for wastewater discharges exist, obtain a copy of the current permit. Review any available monitoring reports and indicate if there are any violations. (Do not copy reports unless a problem is identified). Copy any notices of violation, orders, findings, or other documentation indicating any issues. Copy any compliance schedules. Identify and note if there are any required management plans, but don't copy unless there is a problem.

49. Is there a permit for the septic system (show Loc. of system on site sketch)? Yes No **N/A**

What kind of septic system does the subject property operate? Tank Tank w/ leach field Sand mound

Who services the system? _____ Last date of service? _____

STORMWATER

50. How is stormwater is managed: Unmanaged **Storm drains** Drainage Ditches Detention/Retention

Drywells ----- What was the condition of any features noted? _____

_____ Any staining? **No** Yes, Where? _____

51. Does the stormwater flow to a combined sewer? Yes No **Unknown**

52. Does stormwater run-off from neighboring facilities and have potential to impact this facility? **No** Yes

Describe: _____

53. Has the facility applied for a National Pollution Discharge Elimination System (NPDES) stormwater discharge permit? **No** Yes, type: Individual General

54. Has the facility received a NPDES stormwater discharge permit? **No** Yes

55. Are there any industrial activities exposed to stormwater on site? **No** Yes

If so, describe. Examples include; outdoor equipment storage, outdoor vehicle washing, outdoor equipment washing, bulk chemical or material storage in uncovered areas, including petroleum. Note areas of concern on site sketch.

WATER WELLS and GROUNDWATER

56. Are there any groundwater wells on site? **No** Yes (show the location of each well on the site sketch)

Check all that apply Supply (potable water and production) Irrigation (non-potable)

Date of last inspection or sampling event (for supply or monitoring wells)? _____

Are there any regulatory agency inspection reports available? **No** Yes (include a copy)

57. Is there known groundwater contamination at this facility? No Yes **Unknown**

If yes, list the contaminants identified or attach a copy of the most recent monitoring report:

58. What is the source or cause of the contamination?

59. Are there any monitoring wells? **Ask and LOOK No** Yes, Indicate the location on the site sketch

How often are these monitoring wells sampled? monthly quarterly semi-annually annually Unknown

What are the wells sampled for? _____

• What regulatory agencies involved with monitoring? _____

• Current status of investigation/remediation? _____

WETLANDS

60. Does the site contact know if there are any delineated wetlands on site? **No** Yes, Indicate location on sketch

61. Did you observe any evidence of saturated soils or marshy ground noted onsite? **No** Yes, Indicate location on sketch

62. Did you observe any wetland vegetation present (e.g., cattails, sedge grasses, etc)? **No** Yes, Indicate location on sketch

RADON

63. Are there any basement (sub-grade) areas in the building? **No** Yes

64. Does the site contact know if radon sampling ever been conducted on site? No **Yes** (attach a copy of sample results if available). **Report not available at time of visit.**

65. If there was an assessment and elevated radon levels were detected, is there any mitigation in place? No Yes, Describe **N/A**

AIR EMISSIONS

66. Does the facility operate any equipment (**other than heating and air conditioning**), or conduct any process or activity (**other than food preparation**) that produces smoke, vapors, fumes or particulate matter that is vented or may escape to the outside air? Examples include; paint booths, media blasting (sand blasting), parts washers, etc.

No Yes, include the details below.

The facility has one water re-circulation tower (cooling tower) small amount of water evaporation exists.

SPILLS

67. Has this facility ever had a spill or release of chemicals, or hazardous materials? **No** Yes, Complete the following information for spills which have occurred:

Date	Substance Spilled	Spill Location	Cleared Up Yes No	Reported Yes No

OTHER

68. Are any pesticides used onsite? No Yes. Are any herbicides used onsite? No Yes, list type and contractor name if applicable

69. Are lead acid batteries stored or used onsite? No Yes, indicate location of battery storage on site sketch

70. Is there equipment that contains ozone depleting substances (e.g., freon) at the facility? No Yes, is the equipment maintained by onsite personnel? No Yes, are they properly trained? No Yes

71. Are there any other state or local regulations that affect the facility? No Yes, if so, describe:

72. Sprinkler System.

73. Fire Extinguishers.

ADDITIONAL NOTES

Per owner representative, DC plastic is renting/leasing this place and Superior MPM is the original owner. DC plastic is operating since 1984. The facility manufacture plastic and garbage bags. Building roofs are relatively new (12 years for main Building and 3 years for Shed Building). Some roof was installed about 1 1/2 year before Sandy storm, extensive damage done to windows due to heavy winds. The shed building has extensive damage and not in use and completely close due to safety reasons. Facility has about seven machines only 2/3 machines are in working condition. Machines have mechanical and electrical problems. Before Sandy facility has around 50 employees, which were reduced to about 20 employees. The owner expected to add more work force after completion of necessary repairs.
