*282SERBSf10,616*

*282SERBSf10,616*

| | |
|---|---|
| Site Name (Subject): | SHERWOOD TREATING CO., INC. |
| Site ID (Document ID): | NCD003231545 |
| Document Name (DocType): | Correspondence (C) |
| Report Segment: | 2 |
| **Description:** | General Correspondence, 1996 - 1999 |
| Date of Document: | 9/24/1999 |
| Date Received: | |
| Box: *Enter SF and # with no spaces* | Sf10,616 |
| Access Level: | PUBLIC |
| Division: | WASTE MANAGEMENT |
| Section: | SUPERFUND |
| Program (Document Group): | SERB (SERB) |
| Document Category: | FACILITY |

**Print Report for Record** | **Go to New Blank Record** | **Go to New Record - (default to last record values)** | **Delete Record**

# SHERWOOD TREATING CO. INC.

NCD 003 231 545

### *Folders*

1. General Correspondence file #1: 1981—1995
2. General Correspondence file #2: 1996—

### *Bound Reports*

1. Phase II Health and Safety Plan: November 1990
2. Phase II Screening Site Investigation Sampling Plan: December 1990
3. Phase III Screening Site Inspection—Volume I: February 1991
4. Data Validation Package: September 1991
5. Site Inspection Prioritization: May 1993
6. Expanded Site Inspection: August 1999

# REMEDIAL SITE ASSESSMENT DECISION - EPA REGION IV



**EPA ID:** NCD003231545 **Site Name:** SHERWOOD TREATING CO INC **State ID:**

**Alias Site Names:** SHERWOOD TREATING CO INC

**City:** WINSTON-SALEM **County or Parish:** FORSYTH **State:** NC

**Refer to Report Dated:** 08/30/1999 **Report Type:** EXPANDED SITE INSPECTION 001

**Report Developed by:** STATE

**DECISION:**

- [X] **1. Further Remedial Site Assessment under CERCLA (Superfund) is not required because:**
  - [X] **1a. Site does not qualify for further remedial site assessment under CERCLA (No Further Remedial Action Planned - NFRAP)**
  - [ ] **1b. Site may qualify for action, but is deferred to:**
- [ ] **2. Further Assessment Needed Under CERCLA:**
  - **2a. Priority:** [ ] **Higher** [ ] **Lower**
  - **2b. Other: (recommended action)** NFRAP (No Futher Remedial Action Planned

**DISCUSSION/RATIONALE:**

**Site Decision Made by:** GIEZELLE BENNETT

**Signature:** _____ **Date:** 09/24/1999

**EPA Form # 9100-3**

## SITE HEALTH AND SAFETY PLAN

### A. General Information

Site Name Sherwood Treating Company, Inc. ID # NCD 003 231 545

Location 1660 Silas Creek Parkway, Winston-Salem, Forsyth County, NC 27107

Proposed Date of Investigation November 23, 1998

Date of Briefing November 20, 1998

Date of Debriefing November 24, 1998

Nature of Visit (check one):

| | |
|---|---|
| On-Site Reconnaissance | |
| Off-Site Reconnaissance | |
| Sampling | X |
| Sampling Overview | |
| Remediation Overview | |

Health Department Official Contacted Fred Overstreet's voice mail

Date of Contact Nov. 10, 1998

Site Investigation Team: All site personnel have read the Site Health and Safety Plan and are familiar with its provisions.

| | Personnel | Responsibilities | Signature |
|---|---|---|---|
| Team 1 | Harry Zinn | team leader, sampling | Harry Zinn |
| Team 1 | Stephanie Grubbs | sampling | Stephanie Grubbs |

Plan Preparation:

Prepared By: David Lilley, Industrial Hygieniene Consultant

Reviewed By: Jack Butler, Environmental Engineering Supervisor

## B. SITE/WASTE CHARACTERISTICS

Waste Type(s) _____Liquid __X__Solid __X__Sludge _____Gas

Characteristics _____Corrosive _____Ignitable _____Radioactive

_____Volatile __X__Toxic _____Reactive _____Other

List Known or Suspected Hazards (physical, chemical biological or radioactive) on Site and their toxicological effects. Also, if known, list chemical amounts

| HAZARD | WARNING PROPERTIES | TLV |
|---|---|---|
| Arsenic | Odor Threshold (OT) = no data | 0.01 $mg/m^3$ |
| Chromium | OT = no data | 0.01 $mg/m^3$ |
| Mercury | OT = no data | |

ID # NCD 003 231 545

Facility Description: Size 540' x 200' Buildings yes

Disposal Methods Being Investigated Possible spills of CCA.

Unusual Features on Site (dike integrity, power lines, terrain, etc.):

none known

History of the Site: The site was used to treat and preserve wood with CCA from approximately 1953 to 1989. Presently, the site is being renovated, and no wood treatment is taking place. The site is currently being used to manufacture wood fencing. Prior to 1970, 3 9,000 gallon above-ground storage tanks were used to store CCA solution and recycled treatment water. There has been a cleanup and extensive grading of the site.

## C. HAZARD EVALUATION

The site can be toured and sampled in level D protection. PVC gloves will be worn while collecting sediment samples. PVC gloves over nitrile gloves will be worn if discolored sediment is to be sampled. A tyvek suit will be carried to the sediment sampling location and will be worn if samples cannot be obtained without getting clothing muddy. Steel toed work boots will be worn while conducting tour and sampling the site. A tyvek will be worn by the person doing the augering. A Mini Rae will be used to sample air while augering. If breathing zone concentrations exceed background, stand upwind for 15 minutes. If readings do not return to background, fill in that hole and evacuate that area.

## D. WORK PLAN INSTRUCTION

Map or Sketch Attached? yes

Perimeter Identified? no

Command Post Identified? no

Zones of Contamination Identified? no

Personal Protective Equipment/Level of Protection: ____C X D

Modifications

ID # NCD 003 231 545

Surveillance Equipment:

| | | | |
|---|---|---|---|
| X | Mini Rae | | Detector Tubes and Pumps |
| | OVA | | 02 Meter |
| | Explosimeter | | Radiation Monitor |

Decontamination Procedures

| | | |
|---|---|---|
| | Level C | Respirator wash, respirator removal, suit wash (if needed), suit removal, boot wash, boot removal and glove removal. |
| X | Level D | Boot wash and rinse and boot removal, suit removal, glove and goggle removal. |

Modifications Dispose of trash properly, on-site if possible.

Work Schedule/Visit Objectives The purpose of this visit is to determine if the site poses a threat to the public health or environment because of releases of contaminants to soil, surface water, groundwater, or air. Sampling may consist of sediment and subsurface soil sampling.

EMERGENCY PRECAUTIONS

| Route of Exposure | First Aid |
|---|---|
| Eyes | irrigate immediately |
| Skin | soap and water wash |
| Inhalation | fresh air and artificial respiration |
| Ingestion | get medical attention immediately |

ID # NCD 003_231_545

Location of Nearest Phone: nearby residences: this facility not operational

Hospital (Address and Phone Number)

Forsyth Memorial Hospital, 3333 Silas Creek Parkway, Winston-Salem, NC

(919) 760-5000 - can handle chemically contaminated patients

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital Take a left onto Silas Creek Parkway, follow it for about 1.5 miles, then turn right onto Hanes Blvd., the hospital will be straight ahead.

PREVAILING WEATHER CONDITIONS AND FORECAST Partly cloudy, high in the low 60s.

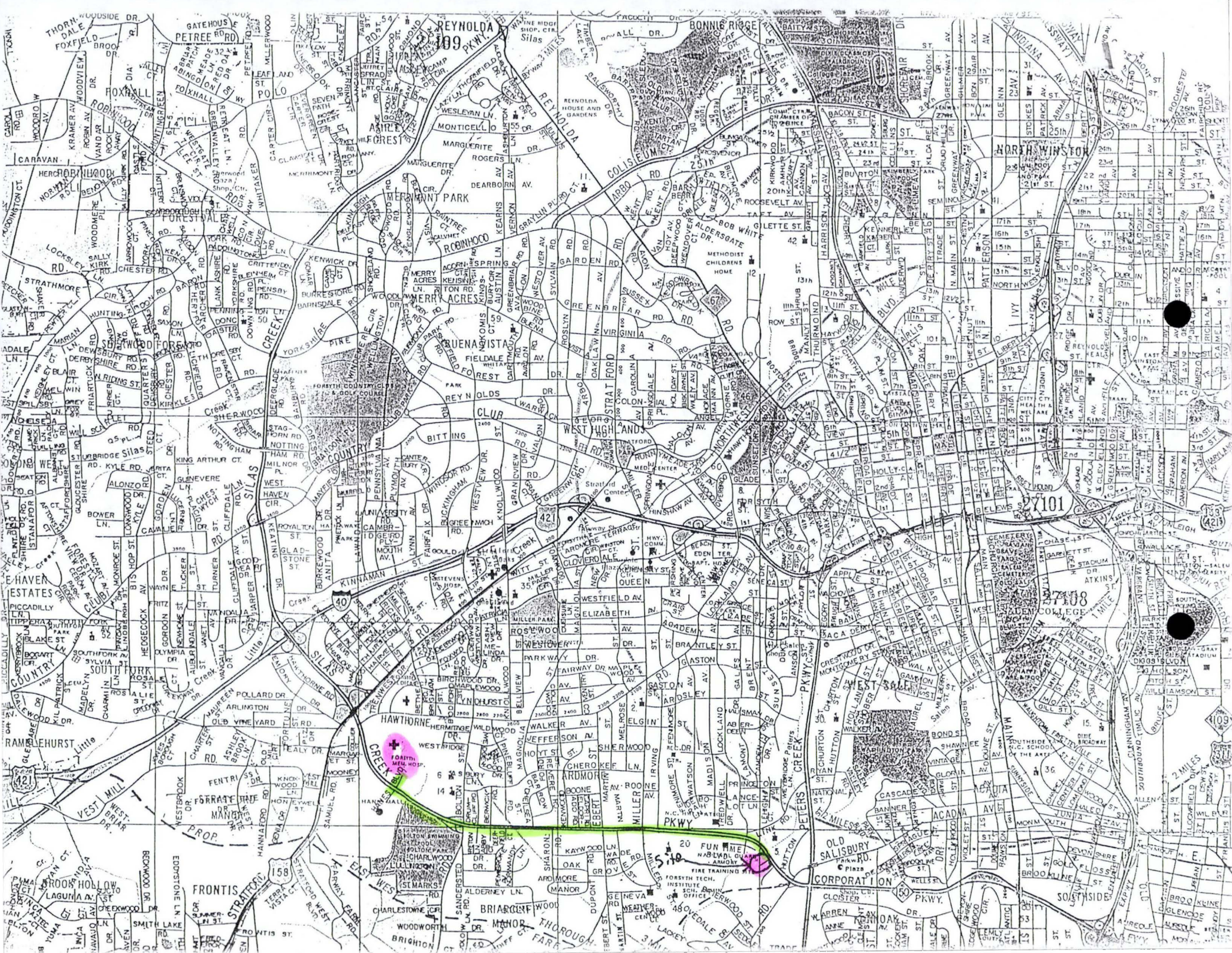
**EQUIPMENT CHECKLIST**

| | | | |
|---|---|---|---|
| ____ | Air purifying respirator | X | First Aid Kit |
| ____ | Cartridges for respirator | X | 3 gal. Deionized H20 |
| ____ | Dust Mask | X | Rainsuit |
| ____ | $O_2$ Indicator | X | Gloves (PE/PVC/nitrile/cloth) |
| ____ | Eye Wash Unit | X | Boots/Boot Covers |
| X | Mini Rae | X | Coveralls (tyvek/saranex) |
| ____ | OVA | X | Eye Protection |
| ____ | Explosimeter | X | Hard Hat |
| ____ | Radiation Monitor | X | Decontamination Materials. |
| ____ | Detector Tubes and Pump | | |

Poison Control Center - State Coordinator
Duke University Medical Center
Telephone: 1-800-672-1697
Box 3024
Durham, NC 27710

| | | | |
|---|---|---|---|
| ASHEVILLE<br>704-255-4490 | Western NC Poison Control Center<br>Memorial Mission Hosp.<br>509 Biltmore Ave. 28801 | HENDERSONVILLE<br>704-693-6522<br>Ext. 555,556 | Margaret R. Pardee Memorial Hospital<br>Fleming St., 28739 |
| CHARLOTTE<br>704-379-5827 | Mercy Hospital<br>2001 Vail Ave, 28207 | HICKORY<br>704-322-6649 | Catawba Mem. Hosp.<br>Fairgrove Chur. Rd 28601 |
| DURHAM<br>1-800-672-1697 | Duke Univ. Med. Center<br>Box 3007, 27710 | JACKSONVILLE<br>919-577-2555 | Onslow Mem. Hospital<br>Western Blvd. 28540 |
| GREENSBORO<br>919-379-4105 | Moses Cone Hospital<br>1200 N. Elm St. 27420 | WILMINGTON<br>919-343-7046 | New Hanover Mem. Hospital<br>2131 S. 17th St. 28401 |

safeform.078d



REYNOLDA
BONNIE RIDGE
NORTH WINSTON
MERRIMONT PARK
MERRY ACRES
BUENA VISTA
WEST HIGHLANDS
HAWTHORNE
WEST SALEM
SOUTHSIDE
FRONTIS
BRIARCLIFF MANOR
FORSYTH MEM. HOSP.
FORSYTH COUNTRY CLUB & GOLF COURSE
REYNOLDA HOUSE AND GARDENS
METHODIST CHILDRENS HOME
FUN TIME
FIRE TRAINING SITE
Site
27101
27108

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Arsenic

I. PHYSICAL/CHEMICAL PROPERTIES

| | Reference |
|---|---|
| Chemical Formula As | 1 |
| Natural Physical State at 25°C metal | 1 |
| Vapor Pressure ____ mm Hg at 20°C | |
| Melting Point ___°F/°C Boiling Point ____°F/°C | |
| Flash Point (open or closed cup) ___°C/°F | |
| Solubility - $H_2O$ insoluble | |
| Other | |

Physical Features: (odor, color, etc.) grey, metallic (1)

II. TOXICOLOGICAL DATA

Standards: 0.01 mg/m3(3) TLV 0.5 mg/m3 (4) PEL 100 mg/m3 (2) IDLH

Routes of Exposure: Inhalation, skin and or eye absorption, Ingestion (2)

Acute/Chronic Symptoms: Acute: ingestion-irritation of G.I. tract, vomiting diarrhea which can produce shock leading to death: Chronic: exfoliation and pigmentation of skin, herpes, polyneuritis, altered hematopoiesis, degeneration of liver and kidneys (1).

First Aid: Inhalation: artificial respiration; Ingestion: get medical attention immediately; Eye contact: irrigate immediately; Skin contact: soap and water wash immediately

Chemical Name: Arsenic

III. HAZARDOUS CHARACTERISTICS — Reference

A. Combustibility Yes __ No X — 2

Toxic by-products _____ ____

B. Flammability LEL none UEL none — 2

C. Reactivity Hazard _____ ____

D. Corrosivity Hazard yes/no pH: _____ ____

Neutralizing agent: _____ ____

E. Radioactive Hazard — Exposure Rate

Background yes/no _____ ____

Alpha particles yes/no _____ ____

Beta particles yes/no _____ ____

Gamma radiation yes/no _____ ____

IV. REFERENCES


1. The Merck Index, 11th Edition, 1989.
2. The Pocket Guide to Chemical Hazards, NIOSH, 1990.
3. Threshold Limit Values and Biological Exposure Indices for 1997 ACGIH
4. 29 CFR 1910.1000

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Chromium (VI), insoluble salts

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula varies with compound 1

Natural Physical State at 25°C solid 1

Vapor Pressure N/A mm Hg at 20°C

Melting Point °F/°C Boiling Point °F/°C

Flash Point (open or closed cup) N/A °C/°F

Solubility - H2O not soluble in water 1

Other

Physical Features: (odor, color, etc.) Properties vary depending upon specific compound. Compounds include: zinc chromate, lead chromate, calcium chromate, etc.

II. TOXICOLOGICAL DATA

Standards: 0.01 $mg/m^3$(2) TLV 0.5$mg/m^3$(4) PEL 500 $mg/m^3$ (3) IDLH

Routes of Exposure: Inhalation and ingestion

Acute/Chronic Symptoms: Chronic: fibrosis of the lung and epidemiological studies have shown increased incidence of lung cancer among workers in the manufacture of chrome pigments

First Aid: Inhalation: artificial respiration; Ingestion: get medical attention immediately; Eye contact: irrigate immediately; Skin contact: soap and water wash immediately

Chemical Name: Chromium (VI), insoluble salts

III. HAZARDOUS CHARACTERISTICS Reference

A. Combustibility Yes ___ No X ___ ____

Toxic by-products _____ ____

B. Flammability LEL N/A ___ UEL _____ ___

C. Reactivity Hazard strong oxidizers _____ 3

D. Corrosivity Hazard yes/no pH: _____ ____

Neutralizing agent: _____

E. Radioactive Hazard Exposure Rate

| | | | |
|---|---|---|---|
| Background | yes/no | _____ | _____ |
| Alpha particles | yes/no | _____ | _____ |
| Beta particles | yes/no | _____ | _____ |
| Gamma radiation | yes/no | _____ | _____ |

IV. REFERENCES


1. The Merck Index, 11th Edition, 1989.
2. Threshold Limit Values and Biological Exposure Indices for 1997 ACGIH
3. Pocket Giude to Chemical Hazards, NIOSH, 1990
4. 29 CFR 1910.1000

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Mercury (inorganic)

I. PHYSICAL/CHEMICAL PROPERTIES

| | Reference |
|---|---|
| Chemical Formula Hg | 1 |
| Natural Physical State at 25oC liquid | 2 |
| Vapor Pressure 0.0012 mm Hg at 20°C | 2 |
| Melting Point -38 °F/°C Boiling Point 674 °F/°C | 2 |
| Flash Point (open or closed cup) None °C/°F | 2 |
| Solubility - $H_2O$ insoluble | 2 |
| Other | |

Physical Features: (odor, color, etc.) Silvery, mobile odorless liquid (2)

II. TOXICOLOGICAL DATA

Standards: aykyl = 0.01 mg/m3(3) TLV 0.05 mg/10m3(4) PEL 28 mg/m3(2) IDLH

Routes of Exposure: Inhalation, skin and/or eye absorption, Ingestion (2)

Acute/Chronic Symptoms: Acute: soluble salts have violent corrosive effect on skin and mucous membranes, severe nausea, vomiting, abdominal pains, blood, diarrhea, kidney damage, death usually with 10 days; Chronic: inflammation of mouth and gums, excessive salivation, loosening of teeth, kidney damage, muscle tension, jerky gait, spasms of extremities, personality changes, depression, irritability, nervousness(1).

First Aid: Inhalation: artificial respiration; Ingestion: get medical attention immediately; Eye contact: irrigate immediately; Skin contact: soap and water wash immediately

Chemical Name: Mercury-inorganic

III. HAZARDOUS CHARACTERISTICS Reference

A. Combustibility Yes ___ No X 2

Toxic by-products _____

B. Flammability LEL none UEL none 2

C. Reactivity Hazard Incompatible with acetylenes, ammonia gases (2)

D. Corrosivity Hazard (insoluable salts) yes/no pH: _____ 1

Neutralizing agent: _____

E. Radioactive Hazard Exposure Rate

| | | | |
|---|---|---|---|
| Background | yes/no | _____ | _____ |
| Alpha particles | yes/no | _____ | _____ |
| Beta particles | yes/no | _____ | _____ |
| Gamma radiation | yes/no | _____ | _____ |

IV. REFERENCES


(1) The Merck Index, 11th Edition, 1989

(2) Pocket Guide to Chemical Hazards, NIOSH, 1990

(3) Threshold Limit Values and Biological Exposure Indices for 1997 ACGIH.

(4) 29 CFR 1910.1000

KEY RISK MANAGEMENT SERVICES, INC.
ATTN: STATE UN
P.O. BOX 49129
GREENSBORO, NC 27419

CompCare NETWORK, INC.



# WORKERS' COMPENSATION MEDICAL AUTHORIZATION

| | |
|---|---|
| Name of Employee/Patient: Last | First |
| Date of Injury: | Social Security Number: - - |
| Name of Employer/Company: | STATE OF NORTH CAROLINA DEHNR |
| Employer Authorization: | Doctor To Be Seen: |

Employer: Complete this form, and give it to the injured employee before a doctor is seen.

Employee: Show this form to the doctor.

Physician: When a referral is necessary - use CompCare Physicians and call 1-800-366-1511, to let the state agency claims representative know that the patient is being referred.

SEND BILL DIRECTLY TO KEY RISK MANAGEMENT SERVICES, INC.

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

NCDENR

JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

November 10, 1998

Fred Overstreet
Environmental Health Director
Forsyth County Health Department
Post Office Box 686
Winston-Salem, North Carolina 27102-0686

RE: ESI Sampling
Sherwood Treating Company, NCD003231545

Dear Mr. Overstreet:

David Lilley of the NC Superfund Section left a message on your voice mail today to notify you that the NC Superfund Section will conduct a site inspection of the subject site located in Forsyth County, North Carolina. The inspection will be conducted on November 23, 1998 by Harry Zinn of the NC Superfund Section.

The purpose of the inspection is to determine if the site poses a hazard to public health or the environment because of releases of contaminants to soil, surface water, groundwater, or air. The inspection team will take samples on and around the site to determine if a hazardous condition exists.

You may want to have your representative meet the inspection team at the site. If so, please contact Harry Zinn at (919) 733-2801, ext. 313 and he will coordinate a meeting. I am enclosing background data on the site for your information.

If the inspection indicates the need for future study of the site, we will contact your office to advise. If you have any questions, please don't hesitate to call David Lilley or me at (919) 733-2801.

Sincerely,

Bruce Nicholson, Head
Special Remediation Branch
NC Superfund Section

Enclosures

cc: Phil Prete
Doug Holyfield
Pat Williamson
Scott Ross
Donna Keith
David Lilley

401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

# Federal
## Trip Notification & Authorization

Prepared by: HARRY ZININ

Today's Date: 11-9-98

*Use Black Ink or Typewriter only-Staff to fill out first 2 blocks only.

### Site Trip

Date of Trip: 11-23-98

If trip date changed or cancelled note below:
Trip Date Changed To: _____ Cancelled: ____

NCD#: 003 231 545 Site Name: Sherwood Treating Co.
City: Winston/Salem County: Forsyth

Reason for Trip: ESI Sampling

Name of Hotel (Overnight Trip): _____ Hotel Telephone Number: ( ) ___ - _____

Authorized by: _____
Industrial Hygienist

Project Team Leader: HARRY ZININ

Assistants: Stephanie Grubbs, _____, _____

Attach To Notification Form: 1 copy each: Preliminary Assessment Form (First page only)
Submit to the Site Map
Industrial Hygienist PA Transmittal Letter

(Please list appropriate County Health Department contact person to call to advise of trip)
Environmental Supervisor or Health Director to call: Fred Overstreet Title: Env. Health Director
(Note if Dr., M.P., etc.)
Telephone Number: (336) 727-2760

Notes: Health Department Official Contacted: Fred Overstreet
Back Up Letter Required: Yes ✓ No ____
Notified Mr. Overstreet via voice mail on 11-10-98 (DRL)

Note: Signed original to Data Manager

c. Release sediment sample collected from the first site drainage ditch (STC-003-SD).

d. Release sediment sample collected from the second site drainage ditch (STC-004-SD).

e. Release sediment sample collected from greater than 600 feet downstream from the second ditch, if wetlands are verified along the stream (STC-005-SD).

f. Control background soil sample (STC-001-SS) from native soils, not fill material. Duplicate (STC-101-SS).

g. Attribution soil sample collected from first site drainage ditch (STC-002-SS).

h. Attribution soil sample collected from second site drainage ditch (STC-003-SS).

i. Attribution soil sample collected from area delineated as M03 on ERRB removal grid (STC-004-SS).

j. Attribution soil sample collected from area delineated as N06 on ERRB removal grid (STC-005-SS).

k. Attribution soil sample collected from area delineated as O04 on ERRB removal grid (STC-006-SS).

Samples i, j, and k are areas where soils were previously contaminated with mercury. The soils will be collected from native soils, not fill, as soon as it is encountered.

All samples will be analyzed for inorganics only since these are the only contaminants previously detected in the sediments. These samples will be collected and analyzed using SESD SOP's and CLP laboratories.

If you have any questions, please contact me at (919) 733-2801 ext. 313.

Sincerely,

Harry Zinn
Environmental Engineer
Special Remediation Branch
NC Superfund Section

Approved: Gizelle S. Bennett
10/15/98

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4

345 COURTLAND STREET, N.E.
ATLANTA, GEORGIA 30365

RECEIVED
AUG 21 1996
SUPERFUND SECTION

4WD-ERRB

AUG 14 1996

Mr. Richard Anderson
3366 Nottingham Road
Winston-Salem, North Carolina 27104

**SUBJ: Freedom of Information Request No. 4-RIN-01683-96**

Dear Mr. Anderson:

This is in response to your Freedom of Information Act (FOIA) request of July 16, 1996, regarding the Sherwood Treating site located in Winston-Salem, North Carolina.

This is to advise you that the environmental status information you requested can be obtained from Ms. Pat DeRosa, North Carolina Division of Solid Waste Management, P.O. Box 27687, Raleigh, North Carolina 27611-7687. You may wish to contact the State Program directly.

Should you have questions regarding this response, please contact Laura Screws, FOIA Specialist, at (404) 347-3931, VMX 6145, or Mr. Chuck Eger, On-Scene Coordinator, at (404) 347-3931, VMX 6134.

Sincerely,

Myron D. Lair, Chief
Emergency Response & Removal Branch

cc: Pat DeRosa, NCDSWM