

571SERBSF10, 633

571SERBSF10,633

Site Name (Subject): TRI-COUNTY AIRPORT

Site ID (Document ID): NCN000407205

Document Name (DocType): Correspondence (C)

Report Segment:

Description: General Correspondence, 1989 - 2002

Date of Document: 11/20/2002

Date Received:

Box: *Enter SF and # with no spaces* SF10,633

Access Level: PUBLIC

Division: WASTE MANAGEMENT

Section: SUPERFUND

Program (Document Group): SERB (SERB)

Document Category: FACILITY

Print Report for
Record

Go to New
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Go to New Record -
(default to last
record values)

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TRI-COUNTY
NCN 000 407 205

Folders

1. General Correspondence file, 1989—

Bound Reports

1. Photographs
2. Well Sampling Results—Everett Bryant: December 2001
3. Well Sampling Results—Henry Joyner: December 2001
4. Combined Preliminary Assessment/Site Inspection—Volume I:
March 2002
5. Combined Preliminary Assessment/Site Inspection—Volume II:
March 2002



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TRI-COUNTY

Site Information

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Site Name: TRI-COUNTY
Street: NC HIGHWAY 561
City / State / ZIP: AULANDER, NC

NPL Status: Not on the NPL
Non-NPL Status: NFRAP

EPA ID: NCN000407205
EPA Region: 04
County: HERTFORD

Federal Facility Flag: Not a Federal Facility

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TRI-COUNTY

Contacts

[Site Info](#) | [Aliases](#) | [Operable Units](#) | [Contacts](#)
[Actions](#) | [Contaminants](#) | [Site-Specific Documents](#)

Title	Name	Phone Number
Remedial Project Manager (RPM)	GIEZELLE BENNETT	(404) 562-8824
Remedial Project Manager (RPM)	JON BORNHOLM	(404) 562-8820
Remedial Project Manager (RPM)	Luis Flores	(404) 562-8807
Remedial Project Manager (RPM)	BEVERLY HUDSON	(404) 562-8816
Remedial Project Manager (RPM)	KEN LUCAS	(404) 562-8953
Site Assessment Manager (SAM)	KEN MALLARY	(404) 562-8802
Remedial Project Manager (RPM)	MICHAEL TOWNSEND	(404) 562-8813
Remedial Project Manager (RPM)	SAMANTHA URQUHART F	(404) 562-8760
Remedial Project Manager (RPM)	Phil Vorsatz	(404) 562-8789
Site Assessment Manager (SAM)	Jennifer Wendel	(404) 562-8799

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TRI-COUNTY

Actions

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[Actions](#) | [Contaminants](#) | [Site-Specific Documents](#)

<u>OU</u>	<u>Action Name</u>	<u>Qualifier</u>	<u>Lead</u>	<u>Actual Start</u>	<u>Actual Completion</u>
00	DISCOVERY		F		09/26/2000
00	COMBINED PA/SI	N	S		03/26/2002
00	ARCHIVE SITE		EP		07/07/2004

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FILE COPY



Michael F. Easley, Governor
William G. Ross Jr., Secretary
Dexter R. Matthews, Director

November 20, 2002

Mr. Myron D. Lair, Chief
Emergency Response and Removal Branch
US EPA Region IV Waste Division
61 Forsyth Street, 11th Floor
Atlanta, Georgia 30303

Subject: Integrated Removal Status
Tri-County Airport
EPA ID: NCN 000 407 205
Aulander, Hertford County, NC

Dear Mr. Lair:

The NC Superfund Section herein submits an updated status of the Tri-County Airport (Airport) removal site. On October 31, 2002, contractors for both the Airport and the North Carolina Department of Agriculture (NCDA) removed liquid and sludge from the 3,000-gallon leaking above ground storage tank. A total of 30 20-gallon drums were filled and removed from the Airport property. Contaminated soils still remain on site. Due to the lack of immediate human health targets and the addition of the Airport to the county's public water supply system, the cleanup of these soils will be handled under the authority of the NC Superfund Section's State Inactive Hazardous Sites Program.

The site is located approximately six miles east of the Town of Rich Square, along NC Highway 561 in Aulander, Hertford County, NC. The site is an area of approximately 25 feet by 100 feet located adjacent to the northernmost airport tarmac. A leaking 3,000 gallon above-ground storage tank is located in the middle of the site. The tank contained approximately 200 hundred gallons of mixed pesticides. An undetermined amount of pesticides had leaked out or been displaced by rainwater. Seven empty barrels are located in the northwest corner of the site. Evidence of burning was present on the eastern portion of the site.

The site is bounded to the north by palustrine scrub-shrub and palustrine emergent wetlands. The site is bounded to the south by the original airport tarmac. A drainage ditch intersects the northeast corner of the site. The site is bounded to the east by an open field and to the west by trees. The geographic coordinates of the site are 36°17'52.47" north latitude by 77°10'20.82" west longitude.

FILE COPY

The site is located on the Tri-County Airport property. The Airport is owned by the Tri-County Airport Authority, which is managed by Mr. Henry Joyner (252-345-9962). The site is unfenced and easily accessible from all sides. Evidence of current use was observed through the presence of empty fertilizer and oil containers left on the site. Evidence of leakage was observed on the exterior of the tank, with an active drip due to rainwater occurring during the reconnaissance. Stormwater from the site drains towards the northwest corner of the site, where upon it enters a drainage ditch. Flow in the ditch enters the wetlands located to the north of the site. During heavy rain events, flow also follows the drainage pathway to the east and runs north along the runway of the Airport. The drainage ditch continues flowing north until it interconnects with Cutawhiskie Creek.

The NC Superfund Section completed a SI sampling event at the site in November 2001. Analysis of the remaining liquid in the tank—approximately 200 gallons—revealed elevated levels of toxaphene (535,000 mg/kg), methyl parathion (82,000 mg/kg), ethyl benzene (55.5 mg/kg), xylenes (561.0 mg/kg), naphthalene (380 mg/kg), fluorene (165 mg/kg), phenanthrene (360 mg/kg), and 2-methylnaphthalene (2,700 mg/kg). Surface soils contained elevated levels of toxaphene (4,942 and 272,000 mg/kg), DDD (4,767 and 11,000 mg/kg), and DDT (3,470 and 7,276 mg/kg). DDE (13 mg/kg), DDD (1,363 mg/kg), and DDT (301 mg/kg) were all detected in the drainage ditch adjacent to the site, with trace amounts of DDE (0.003 to 0.004 mg/kg) and DDD (0.002 to 0.007 mg/kg) detected in the wetlands.

In December 2001, the NC Superfund Section submitted an immediate removal request to your office. A March 2002 site visit was conducted by Charlie Fitzsimmons, EPA OSC. Mr. Fitzsimmons determined that, due to the lack of human health targets in the immediate area and the excessive cost of conducting a fund-lead removal, the Airport should pursue other avenues for cleaning up the site.

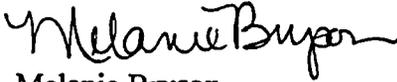
Efforts by the Airport staff led to a successful tank cleanout on October 31, 2002. Please refer to the attached photos for additional information. Costs for cleaning out the tank and disposing of the pesticide wastes were a joint effort by both the Tri-County Airport and the NC Department of Agriculture. A total of 39 20-gallon drums were filled, including 13 20-gallon drums of sludge and 25 20-gallon drums of liquid wastes. Cleanout of the tank was conducted by CleanHarbors, the contractor for both the Airport and NCDA. Drums were removed from the Airport property on November 1, 2002, and taken to a hazardous waste incinerator facility in Texas.

Following cleanout of the tank, representatives from both the NC Superfund Section and NCDA inspected the inside of the tank. Determinations made by all parties involved concluded that the tank was completely cleaned and could be disposed of by the Airport at the local landfill. In addition to the tank, the approval was given to also dispose of a total of nine 55-gallon drums located on and near the site. Disposal of these drums shall also be made by the Airport at the local landfill.

Mr. Lair
November 20, 2002
Page 3

The NC Superfund Section appreciates the assistance Charlie Fitzsimmons provided in evaluating the site. If you have any questions or comments, please feel free to contact me at (919) 733-2801 ext. 316 or melanie.bryson@ncmail.net.

Sincerely,



Melanie Bryson
Environmental Engineer
NC Superfund Section



Jim Bateson, Head
Site Evaluation and Removal Branch
NC Superfund Section

Attachments

Cc: File
Henry Joyner, Tri-County Airport
Charlie Fitzsimmons, US EPA
Charlotte Jesneck, NC Superfund Section
Royce Batts, NC Department of Agriculture
John Dalley, NC Department of Agriculture
Paul Ward, NC Department of Agriculture
Dennis Bell, NC Department of Agriculture



Photo 1: Initial setup prior to tank clean-out.



Photo 2: Initial assessment of tank.



Photo 3: Depth measurement of liquid and sludge in tank.



Photo 4: Pumping out of liquid from tank.



Photo 5: Entry hole for cleaning out sludge cut in side of tank.



Photo 6: Pumping out of additional liquid prior to entering tank.



Photo 7: Transferring of sludge to 20-gallon drums.



Photo 8: Triple-rinsing of tank and pump out of liquid.



Photo 9: Total of 13 drums of sludge collected from tank bottom.



Photo 10: Clean-out of tank complete; contractor exit from tank.



Photo 11: View on inside top of tank; excessive corrosion.



Photo 12: Inside of tank following clean-out and triple rinse.



Photo 13: Pumping of liquid wastes into 20-gallon drums.



Photo 14: Pumping and labeling of liquid wastes in 20-gallon drums.

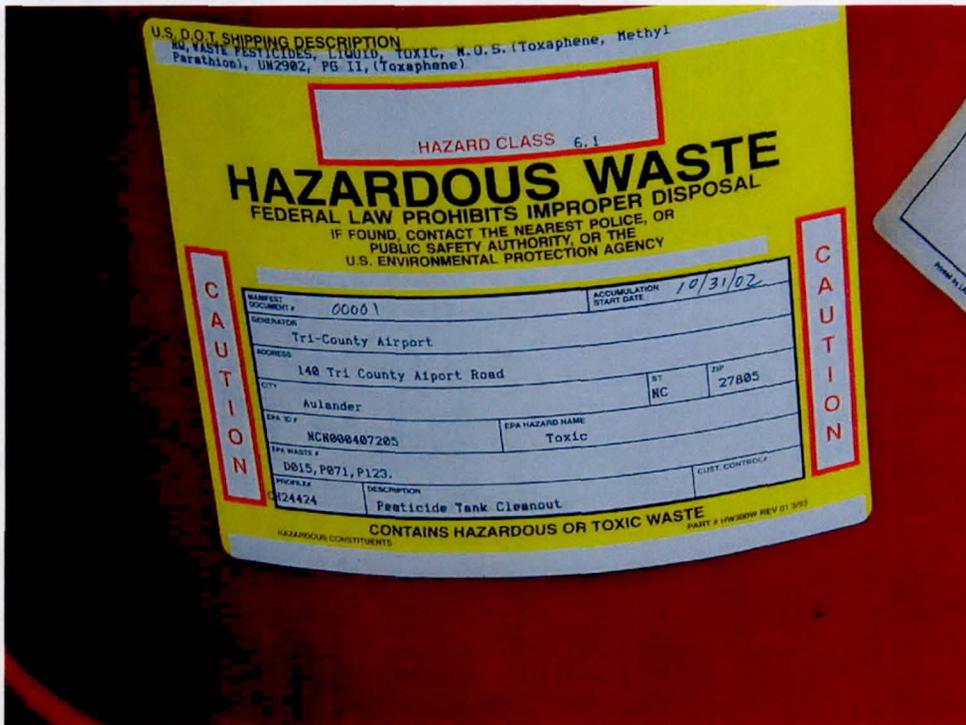


Photo 15: Label from side of drum.



Photo 16: Removal and clean-out of tank complete; 39 drums total.

SITE HEALTH AND SAFETY PLAN

A. General Information

Site Name Tri-County Airport ID # NON CD0 000 021

Location NC Highway 561, Aulander, Hertford
County, NC

Proposed Date of Investigation 10/21/02 to 11/8/02

Date of Briefing 10/21/02

Date of Debriefing 11/12/02

Nature of Visit (check one): On-Site Reconnaissance _____
Off-Site Reconnaissance _____
Sampling _____
Sampling Overview _____
Remediation Overview X

Health Department Official Contacted Roy Barnes voice mail

Date of Contact 10/15/02

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 <u>Melanie Bryson</u>	<u>Team leader, recon</u>	<u>Melanie Bryson</u>
Team 1 <u>Stephanie Grubbs</u>	<u>Reconnaissance</u>	<u>Stephanie Grubbs</u>
Team 1 <u>Mike Deaton</u>	<u>Reconnaissance</u>	<u>Mike Deaton</u>
<u>Stuart Parker</u>	<u>Reconnaissance</u>	<u>Stuart Parker</u>

Plan Preparation:

Prepared By: David Lilley, Industrial Hygiene Consultant

Reviewed By: Jack Butler, Superfund Section Chief

David Lilley
Jack Butler

B. SITE/WASTE CHARACTERISTICS

Waste Type(s) Liquid X Solid Sludge Gas Vapor
 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	EXPOSURE LIMIT
DDT	Odor Threshold (OT) = 2.9 mg/m ³	1 mg/m ³
Methyl Parathion	OT = no data	0.2 mg/m ³
Toxaphene	OT = 2.4 mg/m ³	0.5 mg/m ³

UNDERGROUND UTILITIES CHECKLIST

Utility	Locator/Contact Person	Phone #	Date of Location
Power	NA		
Telephone	NA		
Gas	NA		
Water	NA		
Sewer	NA		

Call made by:

ID # NON CD0 000 021

Facility Description: Size 85 acres Buildings unknown

Disposal Methods Being Investigated Land disposal of pesticides.

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

None known

History of the Site: The site serves as the municipal airport for Hertford, Northampton, and Gates counties.

C. HAZARD EVALUATION

The sites can be toured in level D protection. No sampling will be conducted at this time. Chemically resistant, steel toed work boots will be worn while touring the sites.

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 _____

Surveillance Equipment:

<u> </u> HNU	<u> </u> Detector Tubes and Pumps
<u> </u> OVA	<u> </u> O2 Meter
<u> </u> Explosimeter	<u> </u> 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.
No sampling will be conducted at this time.

EMERGENCY PRECAUTIONS

<u>Route of Exposure</u>	<u>First Aid</u>
<u>Eyes</u>	<u>irrigate immediately</u>
<u>Skin</u>	<u>soap and water wash</u>
<u>Inhalation</u>	<u>fresh air and artificial respiration</u>
<u>Ingestion</u>	<u>get medical attention immediately</u>

ID # NON CD0 000 021

Location of Nearest Phone: unknown (nearby residence/business)

Hospital (Address and Phone Number)

Roanoke-Chowan Hospital, 500 South Academy St., Ahoskie, NC 27910

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital Go east of Hwy 561 for about 10 miles to Ahoskie, then take a right onto Hwy 13 South (Academy Street). The hospital will be about 3 blocks on the right.

PREVAILING WEATHER CONDITIONS AND FORECAST _____

EQUIPMENT CHECKLIST

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Air purifying respirator | <input checked="" type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Cartridges for respirator | <input checked="" type="checkbox"/> 3 gal. Deionized H2O |
| <input type="checkbox"/> Eye Wash Unit | <input checked="" type="checkbox"/> Rain suit |
| <input type="checkbox"/> HNU | <input checked="" type="checkbox"/> Gloves (PE/PVC/nitrile/cloth) |
| <input type="checkbox"/> OVA | <input checked="" type="checkbox"/> Boots/Boot Covers |
| <input type="checkbox"/> Explosimeter | <input checked="" type="checkbox"/> Coveralls (tyvek/saranex) |
| <input type="checkbox"/> Radiation Monitor | <input checked="" type="checkbox"/> Eye Protection (goggles/shield) |
| <input checked="" type="checkbox"/> Decontamination Materials | <input checked="" type="checkbox"/> Hard Hat |

STATE POISON CONTROL CENTER

1-800-848-6946

North Carolina OSHA

1-800-LABOR-NC

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Methyl Parathion

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula (CH₃O)₂P(SO₂)OC₂H₅NO₂ 1
 Natural Physical State at 25°C solid 1
 Vapor Pressure NA mm Hg. at 20°C _____
 Melting Point 35 °F/°C Boiling Point 158 °F/°C 1
 Flash Point (open or closed cup) 115 °C/°F 2
 Solubility - H₂O slightly 1
 Other soluble in acids, alcohols, _____
esters, and ketones

Physical Features: (odor, color, etc.) white
crystalline solids; as a commercial product is a tan
liquid (xylene solution) with a pungent odor (1)

II. TOXICOLOGICAL DATA

Standards: 0.2 mg/m³ (3) TLV 0.2mg/m³ (4) PEL
no data IDLH skin

Routes of Exposure: skins absorption, inhalation,
ingestion (1)

Acute/Chronic Symptoms: headache, nausea, diarrhea,
cramps, tightness of the chest, blurred vision, weakness,
muscle twitching, convulsions (2)

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

Chemical Name: Methyl Parathion

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 4

Toxic by-products _____

B. Flammability LEL _____ UEL _____

C. Reactivity Hazard Not compatible with alkaline materials and strong oxidizers. Decomposes above 50°C with possible explosive force. 2

D. Corrosivity Hazard none known 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. Condensed Chemical Dictionary, G.G. Hawley, 11th Ed., 1987.
2. Chemical Hazard Response Information System, US Coast Guard, 1985.
3. Threshold Limit Values and Biological Exposure Indices for 1994 - 1995, ACGIH
4. 29 CFR 1910.1000.
5. Encyclopedia of Occupational Health and Safety, 3rd ed., 1983
6. Farm Chemicals Handbook, 1982

Chemical Name: Toxaphene*

I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>empirical formula: C₁₀H₁₀Cl₈</u>	1
Natural Physical State at 25°C <u>Solid</u>	1
Vapor Pressure <u>2 to 4</u> mm Hg at 20°C	2
Melting Point <u>65-90</u> °F/°C Boiling Point <u>decomposes</u> °F/°C	2
Flash Point (open or closed cup) <u>275</u> °C/°F	2
Solubility - H ₂ O <u>insoluble</u>	1
Other <u>freely sol. in aromatic solvents</u>	1

Physical Features: (odor, color, etc.) amber, yellow waxy solid with a mild odor of chlorine and camphor (piney odor) (1,2). Formulations: Emul. conc. 4 to 8 lbs/gal. wettable powder 40%. Oil solutions -90% (4).

II. TOXICOLOGICAL DATA

skin

skin, suspect human carcinogen

Standards: 0.5 mg/m³ (5) TLV 0.5 mg/m³ (6) PE 200 mg/m³ (3) IDLHRoutes of Exposure: Inhalation, Ingestion, Eye and/skin absorption

Acute/Chronic Symptoms: considered to have low toxicity in man (2). mild irritation of skin, CNS stimulation with tremors, convulsions, and death. Has caused liver damage in experimental animals. Listed as a carcinogen by EPA.

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

*Toxaphene is chlorinated camphene. There are approximately 177 C₁₀ polychlorinated derivatives in Toxaphene. It is 67-69% chlorine by weight.

Chemical Name: Toxaphen

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 2

Toxic by-products Toxic vapors are generated 7
when heated

B. Flammability LEL UEL

C. Reactivity Hazard corrosive to iron 1

D. Corrosivity Hazard yes/no pH:

Neutralizing agent:

E. Radioactive Hazard		Exposure Rate	
Background	yes/no	<input type="checkbox"/>	<input type="checkbox"/>
Alpha particles	yes/no	<input type="checkbox"/>	<input type="checkbox"/>
Beta particles	yes/no	<input type="checkbox"/>	<input type="checkbox"/>
Gamma radiation	yes/no	<input type="checkbox"/>	<input type="checkbox"/>

IV. REFERENCES

1. The Merck Index, 11th Edition, 1989
2. Documentation of the TLV, 4th Edition, 1980
4. Farm Chemicals Handbook, 1982
5. Threshold Limit Values and Biological Exposure Indices
for 1997 ACGIH.
6. OSHA 1910.1000.
7. Chemical Hazard Response Information System, US Coast
Guard, 1985.

Chemical Name: DDT & Derivatives

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 3
Toxic by-products _____

B. Flammability LEL _____ UEL _____

C. Reactivity Hazard DDT is incompatible with alkaline materials and strong oxidizers. 2.2

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. NIOSH Pocket Guide to Chemical Hazards, 1990
3. Documentation of the TLV, 4th Edition, 1980
4. Threshold Limit Values and Biological Exposure Indices for 1989 ACGIH
5. 29 CFR 1910.1000



KEY RISK MANAGEMENT SERVICES, INC.
 ATTN: STATE UNIT
 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	
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.

TRIP NOTIFICATION AND AUTHORIZATION FORM

Program:

- | | |
|------------------------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> CERCLA Site Assessment | <input type="checkbox"/> Brownfields |
| <input type="checkbox"/> State | <input type="checkbox"/> MGP |
| <input type="checkbox"/> NPL/DOD | <input type="checkbox"/> Dry Cleaners |

Site Name:	<u>Tri-County Airport</u>
ID Number:	<u>NCN 000 407 205</u>
Street Address:	<u>NC Highway 561</u>
City:	<u>Aulander</u>
County:	<u>Hertford</u>

Date(s) of Trip <u>10/21/02-11/8/02</u>	Trip Canceled: _____	Trip Rescheduled (Date): _____
--------------------------------------------	-------------------------	-----------------------------------

Reason For Trip: Removal Oversight

(if sampling, check appropriate boxes below)

- | | |
|---------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Surface Soil | <input type="checkbox"/> Groundwater (bailers) |
| <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Groundwater (pumps) |
| <input type="checkbox"/> Using Augers/Shovels to collect soil | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Using Little Beaver to collect soil | <input type="checkbox"/> Sediment |
| <input type="checkbox"/> Groundwater (from tap) | |

Project Team Leader	Assistant	Assistant	Assistant
Melanie Bryson	Stephanie Grubbs	Mike Deaton	

Authorized By: _____

[Handwritten Signature]
Industrial Hygienist Signature

Office Use Only

County Health Department Official Contact:	<u>Roy Baras</u>
Title:	<u>Env. Health Supervisor</u>
Phone Number: <u>(252) 358-7833</u>	
Health Department Official Contacted: _____	Back Up Letter Required?: Yes ___ No <input checked="" type="checkbox"/>
Notes: <u>Roy Baras</u>	
	<u>Notified Mr. Baras via voice mail 10-15-02 (PBL)</u>



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

JUN 07 2002



4WD-ERRB

Mr. Jack Butler, Chief
Superfund Section
North Carolina Division of
Solid Waste Management
P.O. Box 27687
Raleigh, N.C. 27611-7687

SUBJ: Tri-County Airport Site, Aulander, Hertford County, North Carolina

Dear ^{Jack} Mr. Butler:

NCN 000 407 205

The U.S. Environmental Protection Agency's Emergency Response and Removal Branch (ERRB) conducted an investigation at the above referenced site for potential removal action eligibility under the National Contingency Plan (NCP). The Site was referred by the North Carolina Department of Environment and Natural Resources (NCDENR).

The Tri-County Airport Site is located on NC Highway 561, approximately six miles east of the town of Rich Square. The site is an area of approximately 25 feet by 100 feet located adjacent to the northernmost airport tarmac. The site is bounded by palustrine scrub-shrub and palustrine emergent wetlands. The site is bounded to the south by the original airport tarmac, to the east by an open field and to the west by trees. The site is located on the property of the Tri-County Airport and is owned by the Tri-County Airport Authority.

The site involves a leaking 3,000 gallon above ground storage tank. The tank contains approximately 200 gallons of mixed pesticides. An undetermined amount has leaked out. Seven empty drums are located in the northwest corner of the site. The site is unfenced and easily accessible from all sides, however the site does not appear to be an area where children play or trespassers frequent.

The NC Superfund Section completed a Site Investigation sampling event at the site on November 11, 2001. Analysis of the remaining liquid in the tank revealed elevated levels of toxaphene (53%), methyl parathion (8%), ethyl benzene (5%) and other related compounds. In addition surface soils contained elevated levels of toxaphene, DDD and DDT. DDE, DDT and DDD were all detected in the drainage ditch adjacent to the site, which continues flowing north until it interconnects with Cutawhiskie Creek. Also, trace amounts of DDE and DDD were detected in the wetlands.

The Tri-County Airport is served by an onsite well. The well is located 175 feet south of the site and had no detected contaminants per this SI event. However, previous sampling has indicated that DDT (3 ug/l) was present in the drinking water well. Airport staff have been advised to utilize bottled water while on site.

On March 14, 2002, On-Scene Coordinator (OSC) Charles Fitzsimmons conducted a site investigation at the site. The 3,000 gallon tank containing approximately 200 gallons of pesticide was located adjacent to the airport maintenance shop on the north side of the airport. It is supported by a concrete pedestal. A blue poly tarp was draped over the top in an effort to prevent rainwater intrusion into a small hole in the top. The tank was not leaking. The vegetative matter beneath, around and in an obvious drainage pathway leading away from the tank toward a nearby tree line, did not appear stressed in any way. The wetlands did not appear stressed in any way. The seven drums were empty. The tank did not appear structurally damaged.

Mr. Henry Joyner, Tri-County Airport Authority, revealed that the tank, drums and pesticides were left behind by a company who performed vegetative/crop spraying activities years ago. He also indicated that airport personnel do not frequent that area of the airport.

Based on the presence of high levels of hazardous substances in the tank and soil, the OSC recommends this site as a high priority for a removal action. The Tri-County Airport Authority has informed the OSC that they will conduct a voluntary clean up of the site. EPA requests that the NCDENR oversee this voluntary action.

Should you have any questions concerning ERRB's determination please contact Charles Fitzsimmons, OSC, at (919) 541-1939, or Don Rigger, Chief of Removal Operations Section, at (404) 562-8744.

Sincerely,



be Myron D. Lair, Chief
Emergency Response & Removal Branch

cc: Phil Vorsatz, NSMB

SITE HEALTH AND SAFETY PLAN

A. General Information

Site Name Tri-County Airport ID # NON CD0 000 021
Location NC Highway 561, Aulander, Hertford
County, NC

Proposed Date of Investigation 3/14/02
Date of Briefing 3/13/02
Date of Debriefing 3/18/02

Nature of Visit (check one): On-Site Reconnaissance X
Off-Site Reconnaissance _____
Sampling _____
Sampling Overview _____
Remediation Overview _____

Health Department Official Contacted Roy Barnes voice mail
Date of Contact 3/5/02

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 <u>Melanie Bryson</u>	<u>Team leader, recon</u>	<u>Melanie Bryson</u>
Team 2 _____	_____	_____
Team 2 _____	_____	_____

Plan Preparation:
Prepared By: David Lilley, Industrial Hygiene Consultant
Reviewed By: Jack Butler, Superfund Section Chief

David Lilley
Jack Butler

B. SITE/WASTE CHARACTERISTICS

Waste Type(s) Liquid Solid Sludge Gas Vapor
 Characteristics Corrosive Ignitable Radioactive
 Volatile 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	EXPOSURE LIMIT
DDT	Odor Threshold (OT) = 2.9 mg/m ³	1 mg/m ³
Methyl Parathion	OT = no data	0.2 mg/m ³
Toxaphene	OT = 2.4 mg/m ³	0.5 mg/m ³

UNDERGROUND UTILITIES CHECKLIST

Utility	Locator/Contact Person	Phone #	Date of Location
Power	NA		
Telephone	NA		
Gas	NA		
Water	NA		
Sewer	NA		

Call made by:

Facility Description: Size 85 acres Buildings unknown

Disposal Methods Being Investigated Land disposal of pesticides.

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

None known

History of the Site: The site serves as the municipal airport for Hertford, Northampton, and Gates counties.

C. HAZARD EVALUATION

The sites can be toured in level D protection. No sampling will be conducted at this time. Chemically resistant, steel toed work boots will be worn while touring the sites.

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 _____

Surveillance Equipment:

<u> </u> HNU	<u> </u> Detector Tubes and Pumps
<u> </u> OVA	<u> </u> O2 Meter
<u> </u> Explosimeter	<u> </u> 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.
No sampling will be conducted at this time.

EMERGENCY PRECAUTIONS

<u>Route of Exposure</u>	<u>First Aid</u>
<u>Eyes</u>	<u>irrigate immediately</u>
<u>Skin</u>	<u>soap and water wash</u>
<u>Inhalation</u>	<u>fresh air and artificial respiration</u>
<u>Ingestion</u>	<u>get medical attention immediately</u>

ID # NON CD0 000 021

Location of Nearest Phone: unknown (nearby residence/business)

Hospital (Address and Phone Number)

Roanoke-Chowan Hospital, 500 South Academy St, Ahoskie, NC 27910

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital Go east of Hwy 561 for about 10 miles to Ahoskie, then take a right onto Hwy 13 South (Academy Street). The hospital will be about 3 blocks on the right.

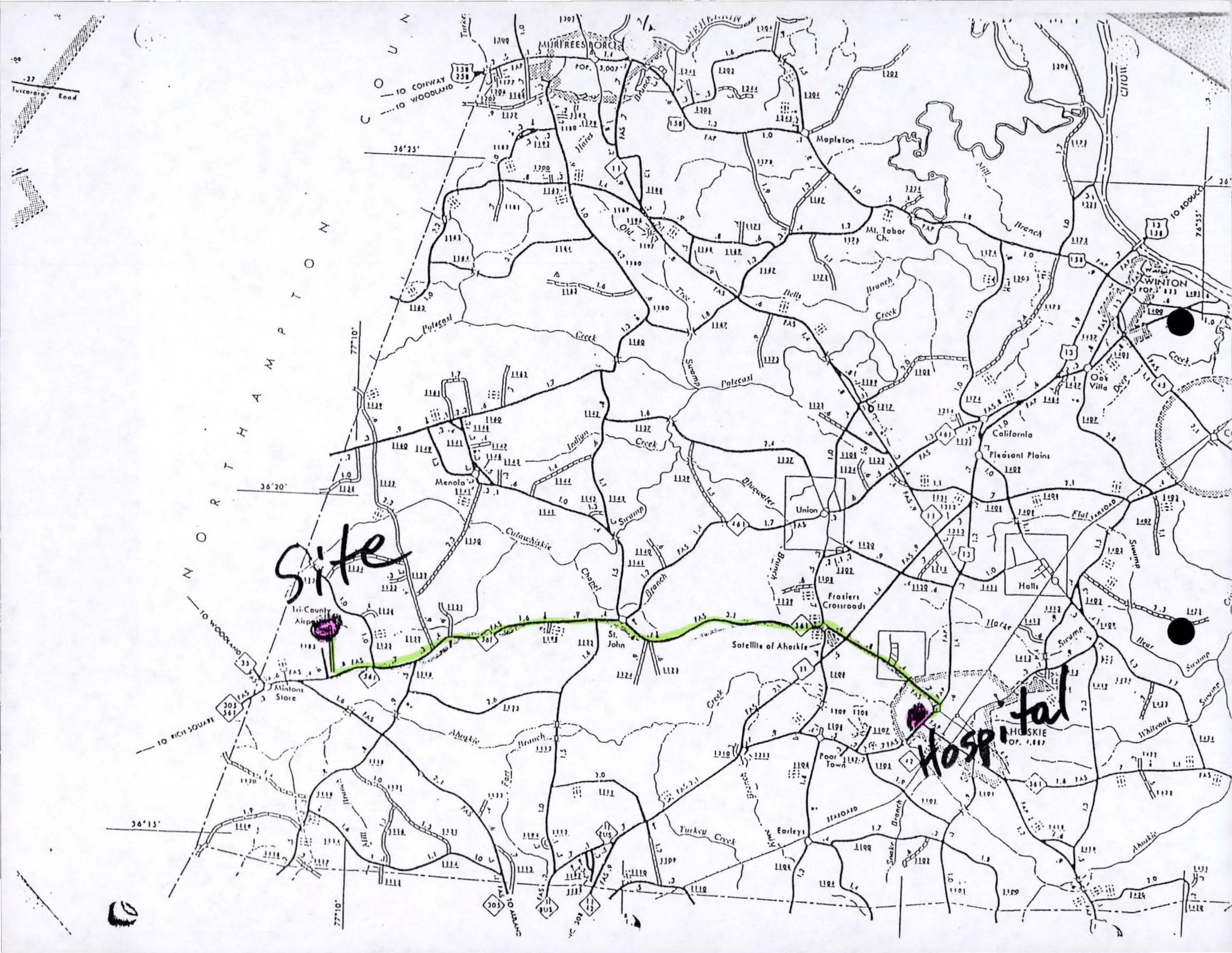
PREVAILING WEATHER CONDITIONS AND FORECAST Clearing and sunny, highs in the low 70s.

EQUIPMENT CHECKLIST

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Air purifying respirator | <input checked="" type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Cartridges for respirator | <input checked="" type="checkbox"/> 3 gal. Deionized H2O |
| <input type="checkbox"/> Eye Wash Unit | <input checked="" type="checkbox"/> Rain suit |
| <input type="checkbox"/> HNU | <input checked="" type="checkbox"/> Gloves (PE/PVC/nitrile/cloth) |
| <input type="checkbox"/> OVA | <input checked="" type="checkbox"/> Boots/Boot Covers |
| <input type="checkbox"/> Explosimeter | <input checked="" type="checkbox"/> Coveralls (tyvek/saranex) |
| <input type="checkbox"/> Radiation Monitor | <input checked="" type="checkbox"/> Eye Protection (goggles/shield) |
| <input checked="" type="checkbox"/> Decontamination Materials | <input checked="" type="checkbox"/> Hard Hat |

STATE POISON CONTROL CENTER

1-800-848-6946



Lucas Road

C O U N T Y
N O R T H A M P T O N

Site

Hospital



TO CONWAY WOODLAND
TO WOODLAND
TO RICH SQUARE

TO KONOUC

36°15'

77°10'

36°25'

36°70'

77°10'

76°55'

36°15'

77°10'

36°25'

36°70'

77°10'

76°55'

36°15'

77°10'

36°25'

36°70'

77°10'

76°55'

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Methyl Parathion

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula (CH₃O)₂P(SO)OC₆H₄NO₂ 1

Natural Physical State at 25°C solid 1

Vapor Pressure NA mm Hg at 20°C

Melting Point 35 °F/°C Boiling Point 158 °F/°C 1

Flash Point (open or closed cup) 115 °C/°F 2

Solubility - H₂O slightly 1

Other soluble in acids, alcohols, esters, and ketones

Physical Features: (odor, color, etc.) white crystalline solids; as a commercial product is a tan liquid (xylene solution) with a pungent odor (1)

II. TOXICOLOGICAL DATA

Standards: 0.2 mg/m³ (3) TLV 0.2mg/m³ (4) PEL skin
no data IDLH

Routes of Exposure: skins absorpction, inhalation, ingestion (1)

Acute/Chronic Symptoms: headache, nausea, diarrhea, cramps, tightness of the chest, blurred vision, weakness, muscle twitching, convulsions (2)

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

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Toxaphene*

I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>empirical formula: C10 H10 Cl8°</u>	1 _____
Natural Physical State at 25°C <u>Solid</u>	1 _____
Vapor Pressure <u>.2 to .4</u> mm Hg at 20°C	2 _____
Melting Point <u>65-90</u> °F/°C Boiling Point <u>decomposes</u> °F/°C	2 _____
Flash Point (open or <u>closed cup</u>) <u>275</u> °C/°F	2 _____
Solubility - H ₂ O <u>insoluble</u>	1 _____
<u>Other freely sol. in aromatic solvents</u>	1 _____

Physical Features: (odor, color, etc.) amber, yellow waxy solid with a mild odor of chlorine and camphor (piney odor) (1,2). Formulations: Emul. conc. 4 to 8 lbs/gal. wettable powder 40%. Oil solutions -90% (4).

II. TOXICOLOGICAL DATA

skin
skin, suspect human carcinogen

Standards: 0.5 mg/m3 (5) TLV 0.5 mg/m3 (6) PE 200 mg/m3 (3) IDLH

Routes of Exposure: Inhalation, Ingestion, Eye and/skin absorbtion

Acute/Chronic Symptoms: considered to have low toxicity in man (2), mild irritation of skin, CNS stimulation with tremors, convulsions, and death. Has caused liver damage in experimental animals. Listed as a carcinogen by EPA.

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

*Toxaphene is chlorinated camphene. There are approximately 177 C10 polychlorinated derivatives in Toxaphene. It is 67-69% chlorine by weight.

Chemical Name: Toxaphene

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 2

Toxic by-products Toxic vapors are generated 7
when heated

B. Flammability LEL UEL

C. Reactivity Hazard corrosive to iron 1

D. Corrosivity Hazard yes/no pH:

Neutralizing agent:

E. Radioactive Hazard	Exposure Rate	
Background <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>
Alpha particles <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>
Beta particles <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>
Gamma radiation <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>

IV. REFERENCES

1. The Merck Index, 11th Edition, 1989
2. Documentation of the TLV, 4th Edition, 1980
4. Farm Chemicals Handbook, 1982
5. Threshold Limit Values and Biological Exposure Indices
for 1997 ACGIH.
6. OSHA 1910.1000.
7. Chemical Hazard Response Information System, US Coast
Guard, 1985.

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: DDT & Derivatives

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula C14 H9 Cl5 1

Natural Physical State at 25°C Solid 1

Vapor Pressure 1.5 x 10-7 mm Hg at 20°C 1

Melting Point 228 °F/°C Boiling Point decomposes °F/°C 1,2

Flash Point (open or closed cup) N/A °C/°F 3

Solubility - H₂O insoluble 1

Other 78 g/100 ml benzene 1

Physical Features: (odor, color, etc.) Colorless crystals or off-white powder with a slight aromatic odor (2)

II. TOXICOLOGICAL DATA

				suspect or
				confermed
	skin		human	carcinogen
Standards:	<u>1 mg/m3 (4)</u> TLV	<u>1 mg/m3 (5)</u> PEL	<u>4</u>	IDLH

Routes of Exposure: Inhalation, Ingestion, Eye and/or Skin absorption

Acute/Chronic Symptoms: Acute: tremors of head and neck, convulsions, cardiac or respiratory failure. Chronic: hepatic damage, CNS degeneration, dermatitis weakness, convulsions. (3)

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



KEY RISK MANAGEMENT SERVICES, INC.
ATTN: STATE UNIT
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	
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.

TRIP NOTIFICATION AND AUTHORIZATION FORM

Program:

- Federal
- State
- NPL/DOD

- Brownfields
- MPG
- Dry Cleaners

Site Name: Tri-County Airport

ID Number: NCN 000 407205

Street Address: NC Hwy 561

City: Aulander

County: Hertford

Date(s) of Trip <u>3/14/02</u>	Trip Canceled: _____	Trip Rescheduled (Date): _____
-----------------------------------	-------------------------	-----------------------------------

Reason For Trip: Removal Recon w/EPA
(if sampling, check appropriate boxes below)

- Surface Soil
- Subsurface Soil
- Using Augers/Shovels to collect soil
- Using Little Beaver to collect soil
- Groundwater (from tap)
- Groundwater (bailers)
- Groundwater (pumps)
- Surface Water
- Sediment

Project Team Leader	Assistant	Assistant	Assistant
<u>Melanie Byson</u>	<u>Charlie Fitzsimmons, OSC</u>		

Authorized By: _____
Industrial Hygienist Signature

Office Use Only

County Health Department Official Contact: Roy Burns
Title: Env. Health Super.

Phone Number: (252) 358 - 7833

Health Department Official Contacted: _____ Back Up Letter Required?: Yes No

Notes: Roy Burns
Notified Mr. Burns via voice mail 3-5-02
(DBL)

December 10, 2001

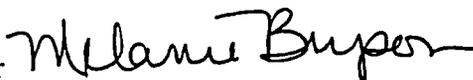
MEMORANDUM

TO: Mr. Dave Lilley, Industrial Hygiene Consultant
NC Division of Waste Management, Superfund Section

THROUGH: Jim Bateson, Branch Head
NC Superfund Section



FROM: Melanie Bryson, Environmental Engineer
NC Superfund Section



Subject: Health Risk Evaluation Request
Tri-County Airport, NCN 000 407 205
Aulander, Hertford County, NC

Please find attached a copy of the laboratory analyses for the well sample collected by the Superfund Section around the subject site. Since this sample was collected from a private well, the Superfund Section requests a health risk evaluation and a recommendation on the continued use of this well. This information will be provided to the affected well users. The following table outlines the detected constituents and their concentrations.

Sample I.D.	Constituent	Concentration (PPB)
TCA-010-PW	Barium	120
	Iron	140
	1,2-Dichloroethane	trace

trace=present but below Method Detection Limit (MDL)

If you have any questions regarding this matter, please contact me at 733-2801 ext. 316.

Attachments

cc: File

ORGANIC CHEMICAL ANALYSIS
 SCIL BLANK

PURGEABLE COMPOUNDS	LAB NO	016308	016309	016323	016324	016325	016326
	FIELD NO	21604	21605	21619	21620	21621	21622
COMPOUND	TYPE	(3)	(3)	(1)	(1)	(2)	(2)
	MDL (ppb) ↓	(ppb) ppm	(ppb) ppm	(ppb) ppm	(ppb) ppm	(ppb) ppm	(ppb) ppm
CHLOROMETHANE	2.0	u	trace ^c	u	u	u	u
VINYL CHLORIDE			u				
BROMOMETHANE							
CHLOROETHANE							
TRICHLOROFLUOROMETHANE	↓						
1,1-DICHLOROETHENE	0.5		↓			↓	↓
ACETONE	2.0		69.5 ^J			56.8 ^J	65.4 ^J
IODOMETHANE	0.5		u			u	u
CARBON DISULFIDE							
METHYLENE CHLORIDE							
ACRYLONITRILE							
TRANS-1,2-DICHLOROETHENE							
METHYL-T-BUTYL-ETHER							
1,1-DICHLOROETHANE							
ISOPROPYL ETHER							
CIS-1,2-DICHLOROETHENE	↓						
2-BUTANONE	2.0						
TETRAHYDROFURAN	↓						
CHLOROFORM	0.5						
1,1,1-TRICHLOROETHANE							
CARBON TETRACHLORIDE							
BENZENE					↓		
1,2-DICHLOROETHANE					trace		
TRICHLOROETHENE					u		
1,2-DICHLOROPROPANE							
DIBROMOMETHANE	↓	↓	↓	↓	↓	↓	↓

- C - Possible lab contamination or background
- J - Estimated value
- K - Actual value is known to be less than value given.
- L - Actual value is known to be greater than value given.
- U - Material was analyzed for but not detected. The number is the Minimum Detection Limit.
- NA - Not analyzed.
- 1/ - Tentative identification.
- D - SAMPLE DILUTED. MDL'S DO NOT APPLY.

~~Trace present but below MDL~~

ORGANIC CHEMICAL ANALYSIS

SOIL BLANK

PURGEABLE COMPOUNDS	LAB NO	016308	016309	016323	016324	016325	016326
	FIELD NO						
COMPOUND	TYPE	(3)	(3)	(1)	(1)	(2)	(2)
	↓ MDL ↓ (ppb) ↓	(ppb) ppm					
BROMODICHLOROMETHANE	0.5	u	u	u	u	u	u
CIS-1,3-DICHLOROPROPENE		↓	↓			↓	↓
4-METHYL-2-PENTANONE		↓	↓			↓	↓
TOLUENE		0.5	trace			24.2	15.4
TRANS-1,3-DICHLOROPROPENE		u	u			u	u
1,1,2-TRICHLOROETHANE							
TETRACHLOROETHENE							
2-HEXANONE							
DIBROMOCHLOROMETHANE							
ETHYLENE DIBROMIDE							
CHLOROBENZENE							
1,1,1,2-TETRACHLOROETHANE							
ETHYL BENZENE			↓				
XYLENES			trace				
STYRENE			u				
BROMOFORM							
1,1,1,2-TETRACHLOROETHANE							
1,2,3-TRICHLOROPROPANE							
1,4-DICHLOROBENZENE							
1,2-DICHLOROBENZENE	↓						
1,2-DIBROMO-3-CHLOROPROPANE	2.0	↓	↓	↓	↓	↓	↓

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5

STATE LABORATORY OF PUBLIC HEALTH

P.O. BOX 28047 - 306 N. WILMINGTON, ST., RALEIGH, N.C. 27611

ORGANIC CHEMICAL ANALYSIS

BASE/NEUTRAL AND ACID EXTRACTABLES	LAB NO	016320	016321	016322	016331	016332	016333
COMPOUND	FIELD #	21616	21617	21618	21627	21628	21629
	TYPE	(3)	(3)	(3)	(1)	(1)	(2)
	UNITS	µg/g µg/kg	µg/g µg/kg	µg/g µg/kg	µg/l	µg/l	µg/l
N-nitrosodimethylamine	10/330	u	u	u	u	u	u
bis(2-chloroethyl)ether							
2-chlorophenol							
phenol							
1,3-dichlorobenzene							
1,4-dichlorobenzene							
1,2-dichlorobenzene							
bis(2-chloroisopropyl)ether							
hexachloroethane							
N-nitroso-di-n-propylamine							
nitrobenzene							
isophorone							
2-nitrophenol							
2,4-dimethylphenol							
bis(2-chloroethoxy)methane							
2,4-dichlorophenol							
1,2,4-trichlorobenzene							
naphthalene							
hexachlorobutadiene							
4-chloro-m-cresol							
hexachlorocyclopentadiene							
2,4,6-trichlorophenol							
2-chloronaphthalene							
acenaphthylene							
dimethyl phthalate							
2,6-dinitrotoluene							
acenaphthene	∇						
2,4-dinitrophenol	50/1650						
2,4-dinitrotoluene	10/330						
4-nitrophenol	50/1650						
fluorene	10/330						
4-chlorophenylphenylether	↓						
diethyl phthalate	↓						
1,6-dinitro-o-cresol	50/1650						
diphenylamine	10/330						
azobenzene	↓						
1-bromophenylphenylether	↓						
hexachlorobenzene	↓						
pentachlorophenol	50/1650						
phenanthrene	10/330						
anthracene	↓						
diethyl phthalate	↓	∇	∇	∇	∇	∇	∇
fluoranthene	↓	∇	∇	∇	∇	∇	∇

MDL
H₂O/SOIL

- ∇ - Estimated value.
- ∇ - Actual value is known to be less than value given.
- ∇ - Actual value is known to be greater than value given.
- ∇ - Material was analyzed for but not detected. The number is the Minimum Detection Limit. MDL
- ∇ - Not analyzed.
- ∇ - Tentative identification.
- ∇ - On NRDC List of Priority Pollutants.

December 10, 2001

MEMORANDUM

TO: Mr. Dave Lilley, Industrial Hygiene Consultant
NC Division of Waste Management, Superfund Section

THROUGH: Jim Bateson, Branch Head
NC Superfund Section



FROM: Melanie Bryson, Environmental Engineer
NC Superfund Section



Subject: Health Risk Evaluation Request
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Aulander, Hertford County, NC

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TCA-009-PW	Barium	100
	Iron	1,090
	Zinc	200

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	MDL (ppb)	(ppb) ppm	(ppb) ppm	(ppb) ppm	(ppb) ppm	(ppb) ppm	(ppb) ppm
CHLOROMETHANE	2.0	u	trace ^c	u	u	u	u
VINYL CHLORIDE			u				
BROMOMETHANE							
CHLOROETHANE							
TRICHLOROFLUOROMETHANE	↓						
1,1-DICHLOROETHENE	0.5		↓				
ACETONE	2.0		69.5 ^J			56.8 ^J	65.4 ^J
IODOMETHANE	0.5		u			u	u
CARBON DISULFIDE							
METHYLENE CHLORIDE							
ACRYLONITRILE							
TRANS-1,2-DICHLOROETHENE							
METHYL-t-BUTYL-ETHER							
1,1-DICHLOROETHANE							
ISOPROPYL ETHER							
CIS-1,2-DICHLOROETHENE	↓						
2-BUTANONE	2.0						
TETRAHYDROFURAN	↓						
CHLOROFORM	0.5						
1,1,1-TRICHLOROETHANE							
CARBON TETRACHLORIDE							
BENZENE					↓		
1,2-DICHLOROETHANE					trace		
TRICHLOROETHENE					u		
1,2-DICHLOROPROPANE					↓		
DIBROMOMETHANE	↓	↓	↓	↓	↓	↓	↓

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ORGANIC CHEMICAL ANALYSIS

SOIL BLANK

PURGEABLE COMPOUNDS	LAB NO	016308	016309	016323	016324	016325	016326
	FIELD NO						
COMPOUND	TYPE	(3)	(3)	(1)	(1)	(2)	(2)
	↓ MDL ↓ (ppb)	(ppb) ppm					
BROMODICHLOROMETHANE	0.5	u	u	u	u	u	u
CIS-1,3-DICHLOROPROPENE		↓	↓			↓	↓
4-METHYL-2-PENTANONE		↓	↓			↓	↓
TOLUENE		0.5	trace			24.2	15.4
TRANS-1,3-DICHLOROPROPENE		u	u			u	u
1,1,2-TRICHLOROETHANE							
TETRACHLOROETHENE							
2-HEXANONE							
DIBROMOCHLOROMETHANE							
ETHYLENE DIBROMIDE							
CHLOROENZENE							
1,1,1,2-TETRACHLOROETHANE							
ETHYL BENZENE			↓				
XYLENES			trace				
STYRENE			u				
BROMOFORM							
1,1,2,2-TETRACHLOROETHANE							
1,2,3-TRICHLOROPROPANE							
1,4-DICHLOROBENZENE							
1,2-DICHLOROBENZENE	↓						
1,2-DIBROMO-3-CHLOROPROPANE	2.0	↓	↓	↓	↓	↓	↓

trace = present but below MDL

- C - Possible lab contamination or background.
- J - Estimated value
- K - Actual value is known to be less than value given.
- L - Actual value is known to be greater than value given.
- U - Material was analyzed for but not detected. The number is the Minimum Detection Limit.
- NA - Not analyzed.
- 1/ - Tentative identification.
- D - SAMPLE DILUTED. MDL'S DO NOT APPLY.

5

STATE LABORATORY OF PUBLIC HEALTH

P.O. BOX 28047 - 306 N. WILMINGTON, ST., RALEIGH, N.C. 27611

ORGANIC CHEMICAL ANALYSIS

BASE/NEUTRAL AND ACID EXTRACTABLES	LAB NO	016320	016321	016322	016331	016332	016333
COMPOUND	FIELD #	21616	21617	21618	21627	21628	21629
	TYPE	(3)	(3)	(3)	(1)	(1)	(2)
	UNITS	µg/g µg/kg	µg/g µg/kg	µg/g µg/kg	µg/l	µg/g µg/l	µg/g µg/l
N-nitrosodimethylamine	10/330	u	u	u	u	u	u
bis(2-chloroethyl)ether							
2-chlorophenol							
phenol							
1,3-dichlorobenzene							
1,4-dichlorobenzene							
1,2-dichlorobenzene							
bis(2-chloroisopropyl)ether							
hexachloroethane							
N-nitroso-di-n-propylamine							
nitrobenzene							
isophorone							
2-nitrophenol							
2,4-dimethylphenol							
bis(2-chloroethoxy)methane							
2,4-dichlorophenol							
1,2,4-trichlorobenzene							
naphthalene							
hexachlorobutadiene							
4-chloro-m-cresol							
hexachlorocyclopentadiene							
2,4,6-trichlorophenol							
2-chloronaphthalene							
acenaphthylene							
dimethyl phthalate							
2,6-dinitrotoluene							
acenaphthene	↓						
2,4-dinitrophenol	50/1650						
2,4-dinitrotoluene	10/330						
4-nitrophenol	50/1650						
fluorene	10/330						
4-chlorophenylphenylether							
diethyl phthalate	↓						
4,6-dinitro-o-cresol	50/1650						
diphenylamine	10/330						
isobenzene							
1-bromophenylphenylether	↓						
hexachlorobenzene							
pentachlorophenol	50/1650						
phenanthrene	10/330						
anthracene							
diethyl phthalate	↓						
fluoranthene		✓	✓	✓	✓	✓	✓

MDL
H₂O/SOIL

- 1 - Estimated value.
- 2 - Actual value is known to be less than value given.
- 3 - Actual value is known to be greater than value given.
- 4 - Material was analyzed for but not detected. The number is the Minimum Detection Limit. MDL
- NA - Not analyzed.
- / - Tentative identification.
- ✓ - On NRDC List of Priority Pollutants.

STATE LABORATORY OF PUBLIC HEALTH

P.O. BOX 28047 - 306 N. WILMINGTON, ST., RALEIGH, N.C. 27611

ORGANIC CHEMICAL ANALYSIS

BASE/NEUTRAL AND ACID EXTRACTABLES	LAB NO	016320	016321	016322	016331	016332	016333
COMPOUND	FIELD #	21616	21617	21618	21627	21628	21629
	TYPE	(3)	(3)	(3)	(1)	(1)	(2)
	UNITS	µg/g µg/kg	µg/g µg/kg	µg/g µg/kg	µg/l µg/kg	µg/l µg/kg	µg/l µg/kg
pyrene	10/330	K	L	U	U	U	U
benzidine	50/1650						
butyl benzyl phthalate	10/330						
benz(a)anthracene							
chrysene	↓						
3,3-dichlorobenzidine	50/1650						
bis(2-ethylhexyl)phthalate	10/330						
di-n-octyl phthalate	10/330						
benzo(b)fluoranthene	50/1650						
benzo(k)fluoranthene							
benzo(a)pyrene	↓						
indeno(1,2,3-cd)pyrene							
dibenzo(a,h)anthracene	↓						
benzo(g,h,i)perylene	↓						
aniline	50/1650						
benzoic acid	↓						
benzyl alcohol							
4-chloroaniline	↓						
dibenzofuran	10/330						
2-methylnaphthalene	↓						
2-methylphenol	↓						
4-methylphenol	↓						
2-nitroaniline	50/1650						
3-nitroaniline	↓						
4-nitroaniline	↓						
2,4,5-trichlorophenol	↓	✓	✓	✓	✓	✓	✓

MDL
H₂O/50L

- J - Estimated value.
- K - Actual value is known to be less than value given.
- L - Actual value is known to be greater than value given.
- U - Material was analyzed for but not detected. The number is the Minimum Detection Limit. MDL
- NA - Not analyzed.
- 1/ - Tentative identification.
- 2/ - On NRDC List of Priority Pollutants.

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 STATE LABORATORY OF PUBLIC HEALTH
 P.O. BOX 28047, RALEIGH, N.C. 27611
 GAS-LIQUID CHROMATOGRAPHY REPORT SHEET

PROJECT: TRI-COUNTY AIRPORT DATE OF ANALYSIS: 11/13-16/2001
 Results in PPM

SAMPLE #	Type	Toxaphene	Methyl Parathion	DDE	DDD	DDT	Permethrin	Cypermethrin	Fenvalerate
016331	Water	ND	ND	ND	ND	ND	ND	ND	ND
016332 ^{2/}	Water	ND	ND	ND	ND	ND	ND	ND	ND
016333 ^{2/}	Water	ND	ND	<0.0001 ^{1/}	<0.0001 ^{1/}	ND	ND	ND	ND
016334 ^{2/}	Water	ND	ND	<0.0001 ^{1/}	<0.0001 ^{1/}	ND	ND	ND	ND
016335	Water	ND	ND	ND	ND	ND	ND	ND	ND
016336	Water	ND	ND	ND	ND	ND	ND	ND	ND

Comments: 1000 mls water extracted, analyzed by GC/MS Analysis. Estimated Detection Limits (EDL) = 0.0001 ppm based on lowest standard injected.
^{1/} Levels below EDL/MDL detected. ^{2/} Heptachlor Epoxide below EDL/MDL detected. ^{3/} Hydrocarbons possible.

SITE HEALTH AND SAFETY PLAN

A. General Information

Site Name Tri-County Airport ID # NCN 000 407 205
Location NC Highway 561, Aulander, Hertford
County, NC

Proposed Date of Investigation November 7, 2001
Date of Briefing November 6, 2001
Date of Debriefing November 13, 2001

Nature of Visit (check one): On-Site Reconnaissance _____
Off-Site Reconnaissance _____
Sampling X
Sampling Overview _____
Remediation Overview _____

Health Department Official Contacted Roy Barnes voice mail
Date of Contact October 23, 2001

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 <u>Melanie Bryson</u>	<u>Team leader, sampling</u>	<u>Melanie Bryson</u>
Team 1 <u>Jeanette Stanley</u>	<u>Sampling</u>	<u>Jeanette Stanley</u>
Team 2 <u>Mike Deaton</u>	<u>Sampling</u>	<u>Mike Deaton</u>
Team 2 <u>Stephanie Grubbs</u>	<u>Sampling</u>	<u>Stephanie Grubbs</u>

Plan Preparation:
Prepared By: David Lilley, Industrial Hygiene Consultant
Reviewed By: Jack Butler, Superfund Section Chief

David B. Lilley
Jack Butler

B. SITE/WASTE CHARACTERISTICS

Waste Type(s) Liquid X Solid Sludge Gas Vapor
 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	EXPOSURE LIMIT
DDT	Odor Threshold (OT) = 2.9 mg/m ³	1 mg/m ³
Methyl Parathion	OT = no data	0.2 mg/m ³
Toxaphene	OT = 2.4 mg/m ³	0.5 mg/m ³

UNDERGROUND UTILITIES CHECKLIST

Utility	Locator/Contact Person	Phone #	Date of Location
Power	NA		
Telephone	NA		
Gas	NA		
Water	NA		
Sewer	NA		

Call made by:

Facility Description: Size 85 acres Buildings unknown

Disposal Methods Being Investigated Land disposal of pesticides.

Unusual Features on Site (dike integrity, power lines, terrain, etc.):
None known

History of the Site: The site serves as the municipal airport for Hertford, Northampton, and Gates counties.

C. HAZARD EVALUATION

The site can be toured and sampled in level D protection. PVC gloves will be worn while collecting soil samples, PVC gloves over nitrile gloves will be worn if discolored soil or sludge is encountered. Chemically resistant knee length boots will be worn on site. The Mini Rae will be used to monitor breathing zone air while collecting waste samples from open containers. If Mini Rae readings exceed background in the breathing zone, stand upwind of the container for a few minutes, then sample the air again. If the breathing zone concentration does not drop to background after 10 minutes, evacuate that area. Tyvek suits (poly coated tyvek in wet conditions) will be worn while collecting waste samples. A tyvek suit will be carried to the surface water/sediment sampling location and worn if samples cannot be collected without getting dirty.

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 Wear goggles, face shield, and PVC gloves while preparing acid preserved samples, goggles and PVC gloves while collecting acid preserved samples. Avoid breathing acid vapors.

Surveillance Equipment:

<u> </u> HNU	<u> </u> Detector Tubes and Pumps
<u> </u> OVA	<u> </u> O2 Meter
<u> </u> Explosimeter	<u> </u> 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 surface soil, groundwater, surface water, sediment,
and waste sampling. Waste will be collected from open containers only.

EMERGENCY PRECAUTIONS

<u>Route of Exposure</u>	<u>First Aid</u>
<u>Eyes</u>	<u>irrigate immediately</u>
<u>Skin</u>	<u>soap and water wash</u>
<u>Inhalation</u>	<u>fresh air and artificial respiration</u>
<u>Ingestion</u>	<u>get medical attention immediately</u>

ID # NCN 000 407 205

Location of Nearest Phone: unknown (nearby residence/business)

Hospital (Address and Phone Number)

Roanoke-Chowan Hospital, 500 South Academy St, Ahoskie, NC 27910

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital Go east of Hwy 561 for about 10 miles to Ahoskie, then take a right onto Hwy 13 South (Academy Street). The hospital will be about 3 blocks on the right.

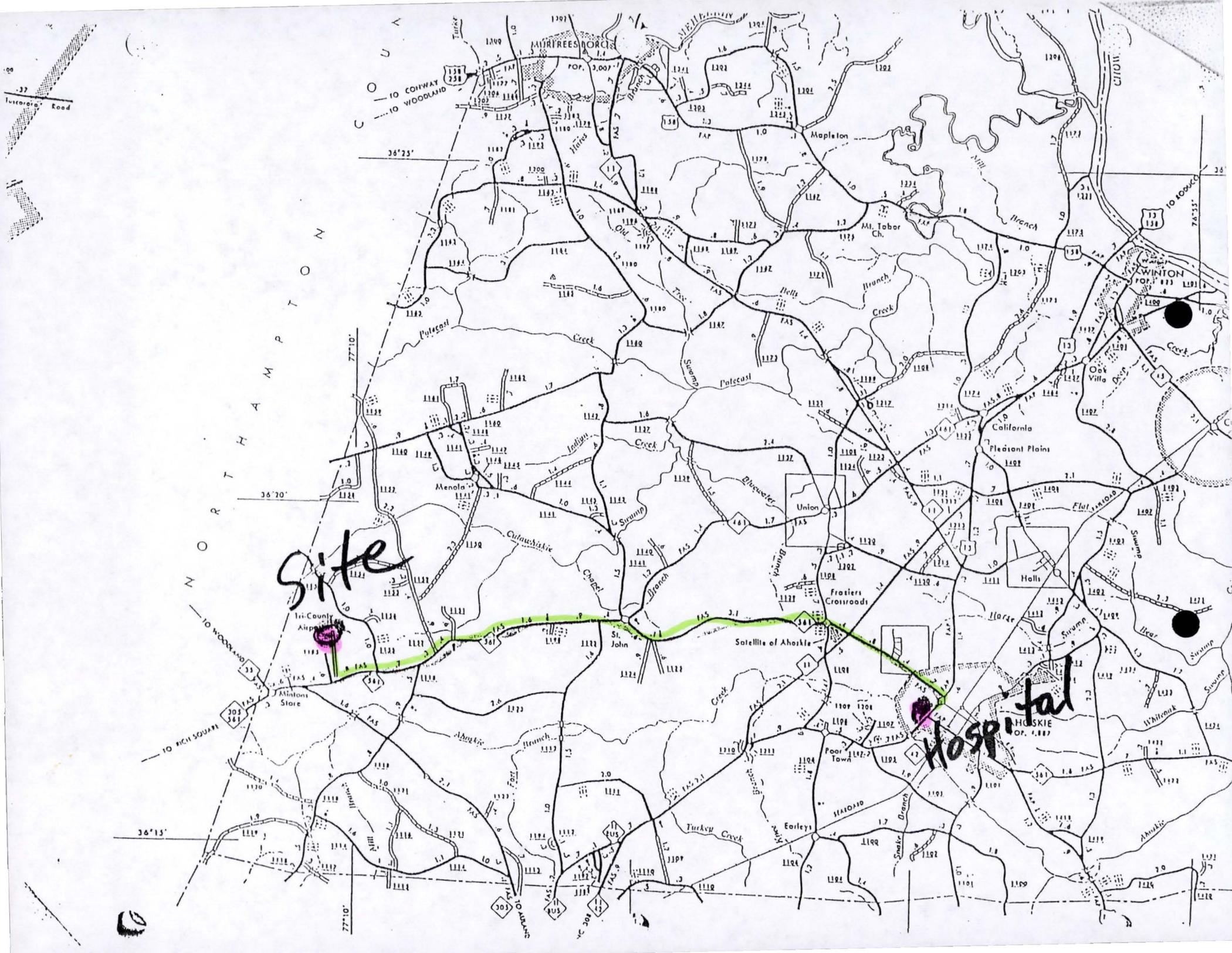
PREVAILING WEATHER CONDITIONS AND FORECAST Clear and cool, highs in the 60s.

EQUIPMENT CHECKLIST

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Air purifying respirator | <input checked="" type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Cartridges for respirator | <input checked="" type="checkbox"/> 3 gal. Deionized H2O |
| <input checked="" type="checkbox"/> Eye Wash Unit | <input checked="" type="checkbox"/> Rain suit |
| <input checked="" type="checkbox"/> Mini Rae | <input checked="" type="checkbox"/> Gloves (PE/PVC/nitrile/cloth) |
| <input type="checkbox"/> OVA | <input checked="" type="checkbox"/> Boots/Boot Covers |
| <input type="checkbox"/> Explosimeter | <input checked="" type="checkbox"/> Coveralls (tyvek/saranex) |
| <input type="checkbox"/> Radiation Monitor | <input checked="" type="checkbox"/> Eye Protection (goggles/shield) |
| <input checked="" type="checkbox"/> Decontamination Materials | <input checked="" type="checkbox"/> Hard Hat |

STATE POISON CONTROL CENTER

1-800-848-6946



HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Methyl Parathion

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula (CH₃O)₂ P(SO)OC₆H₄NO₂ 1

Natural Physical State at 25°C solid 1

Vapor Pressure NA mm Hg at 20°C

Melting Point 35 °F/°C Boiling Point 158 °F/°C 1

Flash Point (open or closed cup) 115 °C/°E 2

Solubility - H₂O slightly 1

Other soluble in acids, alcohols,
esters, and ketones

Physical Features: (odor, color, etc.) white
crystalline solids; as a commercial product is a tan
liquid (xylene solution) with a pungent odor (1)

II. TOXICOLOGICAL DATA

Standards: 0.2 mg/m³ (3) TLV 0.2mg/m³ (4) PEL
no data IDLH skin

Routes of Exposure: skins absorption, inhalation,
ingestion (1)

Acute/Chronic Symptoms: headache, nausea, diarrhea,
cramps, tightness of the chest, blurred vision, weakness,
muscle twitching, convulsions (2)

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

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Toxaphene*

I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>empirical formula: C10 H10 Cl8°</u>	1 _____
Natural Physical State at 25°C <u>Solid</u>	1 _____
Vapor Pressure <u>.2 to .4</u> mm Hg at 20°C	2 _____
Melting Point <u>65-90</u> °F/°C Boiling Point <u>decomposes</u> °F/°C	2 _____
Flash Point (open or closed cup) <u>275</u> °C/°F	2 _____
Solubility - H ₂ O <u>insoluble</u>	1 _____
Other <u>freely sol. in aromatic solvents</u>	1 _____

Physical Features: (odor, color, etc.) amber, yellow waxy solid with a mild odor of chlorine and camphor (piney odor) (1,2). Formulations: Emul. conc. 4 to 8 lbs/gal. wetttable powder 40%. Oil solutions -90% (4).

II. TOXICOLOGICAL DATA

skin

skin, suspect human carcinogen

Standards: 0.5 mg/m3 (5) TLV 0.5 mg/m3 (6) PE 200 mg/m3 (3) IDLH

Routes of Exposure: Inhalation, Ingestion, Eye and/skin absorbtion

Acute/Chronic Symptoms: considered to have low toxicity in man (2), mild irritation of skin, CNS stimulation with tremors, convulsions, and death. Has caused liver damage in experimental animals. Listed as a carcinogen by EPA.

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

*Toxaphene is chlorinated camphene. There are approximately 177 C10 polychlorinated derivatives in Toxaphene. It is 67-69% chlorine by weight.

Chemical Name: Toxaphene

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 2

Toxic by-products Toxic vapors are generated 7
when heated

B. Flammability LEL UEL

C. Reactivity Hazard corrosive to iron 1

D. Corrosivity Hazard yes/no pH:

Neutralizing agent:

E.	Radioactive Hazard	Exposure Rate	
	Background <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>
	Alpha particles <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>
	Beta particles <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>
	Gamma radiation <u>yes/no</u>	<input type="checkbox"/>	<input type="checkbox"/>

IV. REFERENCES

1. The Merck Index, 11th Edition, 1989
2. Documentation of the TLV, 4th Edition, 1980
4. Farm Chemicals Handbook, 1982
5. Threshold Limit Values and Biological Exposure Indices
for 1997 ACGIH.
6. OSHA 1910.1000.
7. Chemical Hazard Response Information System, US Coast
Guard, 1985.

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: DDT & Derivatives

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula C14 H9 Cl5 1
Natural Physical State at 25°C Solid 1
Vapor Pressure 1.5 x 10⁻⁷ mm Hg at 20°C 1
Melting Point 228 °F/°C Boiling Point decomposes °F/°C 1,2
Flash Point (open or closed cup) N/A °C/°F 3
Solubility - H₂O insoluble 1
Other 78 g/100 ml benzene 1

Physical Features: (odor, color, etc.) Colorless crystals or off-white powder with a slight aromatic odor (2)

II. TOXICOLOGICAL DATA

Standards: 1 mg/m3 (4) TLV skin 1 mg/m3 (5) PEL 4 IDLH
suspect or
confermed
human carcinogen

Routes of Exposure: Inhalation, Ingestion, Eye and/or Skin absorption

Acute/Chronic Symptoms: Acute: tremors of head and neck, convulsions, cardiac or respiratory failure. Chronic: hepatic damage, CNS degeneration, dermatitis weakness, convulsions. (3)

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

Chemical Name: DDT & Derivatives

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 3
Toxic by-products _____

B. Flammability LEL _____ UEL _____

C. Reactivity Hazard DDT is incompatible with alkaline materials and strong oxidizers. 2.3

D. Corrosivity Hazard yes/no pH: _____

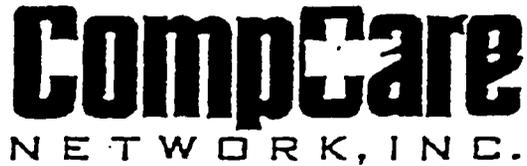
Neutralizing agent: _____

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, 11 th Edition, 1989
2. NIOSH Pocket Guide to Chemical Hazards, 1990
3. Documentation of the TLV, 4th Edition, 1980
4. Threshold Limit Values and Biological Exposure Indices for 1999 ACGIH
5. 29 CFR 1910.1000

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



WORKERS' COMPENSATION MEDICAL AUTHORIZATION

Name of Employee/Patient: Last		First	
Date of Injury:	Social Security Number: - - -		
Name of Employer/Company:	STATE OF NORTH CAROLINA		
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.

TRIP NOTIFICATION AND AUTHORIZATION FORM

Program:

- Federal
- State
- NPL/DOD

- Brownfields
- MPG
- Dry Cleaners

Site Name: Tri-County Airport

ID Number: NCN 000 407 205

Street Address: Highway 501

City: Aulander

County: Hertford

Date(s) of Trip <u>10/7/01</u>	Trip Canceled: _____	Trip Rescheduled (Date): _____
-----------------------------------	-------------------------	-----------------------------------

Reason For Trip:

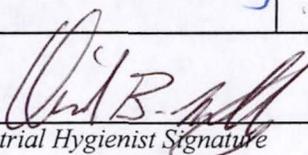
Sampling

(if sampling, check appropriate boxes below)

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Surface Soil | <input type="checkbox"/> Groundwater (bailers) |
| <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Groundwater (pumps) |
| <input type="checkbox"/> Using Augers/Shovels to collect soil | <input checked="" type="checkbox"/> Surface Water |
| <input type="checkbox"/> Using Little Beaver to collect soil | <input checked="" type="checkbox"/> Sediment |
| <input checked="" type="checkbox"/> Groundwater (from tap) | <input checked="" type="checkbox"/> waste (peristaltic pump) |

Project Team Leader	Assistant	Assistant	Assistant
<u>Melanie Bryson</u>	<u>Mike Deaton</u>	<u>Jeanette Stanley</u>	
	<u>Stephanie Grubbs</u>		

Authorized By:


Industrial Hygienist Signature

Office Use Only

County Health Department Official Contact: Roy Burns

Title: Env. Health Program Coordinator

Phone Number: (252) 358 - 7833

Health Department Official Contacted: Roy Burns Back Up Letter Required?: Yes No

Notes: Notified Roy Burns via voice mail 10-23-01 (DRL)

SITE HEALTH AND SAFETY PLAN

A. General Information

NCN 000407205 TMB

Site Name Tri-County Airport ID # ~~NON CD0 000 021~~

Location NC Highway 561, Aulander, Hertford

County, NC

Proposed Date of Investigation October 9, 2001

Date of Briefing October 8, 2001

Date of Debriefing October 10, 2001

Nature of Visit (check one): On-Site Reconnaissance X
Off-Site Reconnaissance _____
Sampling _____
Sampling Overview _____
Remediation Overview _____

Health Department Official Contacted Roy Barnes voice mail

Date of Contact September 24, 2001

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 <u>Melanie Bryson</u>	<u>Team leader, recon</u>	<u>Melanie Bryson</u>
Team 1 <u>Jeanette Stanley</u>	<u>Reconnaissance</u>	<u>Jeanette Stanley</u>
Team 2 _____	_____	_____
Team 2 _____	_____	_____

Plan Preparation:

Prepared By: David Lilley, Industrial Hygiene Consultant

Reviewed By: Jack Butler, Superfund Section Chief

David Lilley
Jack Butler

B. SITE/WASTE CHARACTERISTICS

Waste Type(s) Liquid Solid Sludge Gas Vapor
 Characteristics Corrosive Ignitable Radioactive
 Volatile 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	EXPOSURE LIMIT
DDT	Odor Threshold (OT) = 2.9 mg/m ³	1 mg/m ³
Methyl Parathion	OT = no data	0.2 mg/m ³
Toxaphene	OT = 2.4 mg/m ³	0.5 mg/m ³

UNDERGROUND UTILITIES CHECKLIST

Utility	Locator/Contact Person	Phone #	Date of Location
Power	NA		
Telephone	NA		
Gas	NA		
Water	NA		
Sewer	NA		

Call made by:

Facility Description: Size 85 acres Buildings unknown

Disposal Methods Being Investigated Land disposal of pesticides.

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

None known

History of the Site: The site serves as the municipal airport for Hertford, Northampton, and Gates counties.

C. HAZARD EVALUATION

The sites can be toured in level D protection. No sampling will be conducted at this time. Chemically resistant, steel toed work boots will be worn while touring the sites.

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 _____

Surveillance Equipment:

<u> </u> HNU	<u> </u> Detector Tubes and Pumps
<u> </u> OVA	<u> </u> O2 Meter
<u> </u> Explosimeter	<u> </u> 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.
No sampling will be conducted at this time.

EMERGENCY PRECAUTIONS

<u>Route of Exposure</u>	<u>First Aid</u>
<u>Eyes</u>	<u>irrigate immediately</u>
<u>Skin</u>	<u>soap and water wash</u>
<u>Inhalation</u>	<u>fresh air and artificial respiration</u>
<u>Ingestion</u>	<u>get medical attention immediately</u>

ID # NON CD0 000 021

Location of Nearest Phone: unknown (nearby residence/business)

Hospital (Address and Phone Number)

Roanoke-Chowan Hospital, 500 South Academy St, Ahoskie, NC 27910

Emergency Transportation Systems (Phone Numbers)

Fire 911

Ambulance 911

Rescue Squad 911

Emergency Route to Hospital Go east of Hwy 561 for about 10 miles to Ahoskie, then take a right onto Hwy 13 South (Academy Street). The hospital will be about 3 blocks on the right.

PREVAILING WEATHER CONDITIONS AND FORECAST Partly cloudy, highs in mid 60s.

EQUIPMENT CHECKLIST

- | | |
|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Air purifying respirator | <input checked="" type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Cartridges for respirator | <input checked="" type="checkbox"/> 3 gal. Deionized H2O |
| <input type="checkbox"/> Eye Wash Unit | <input checked="" type="checkbox"/> Rain suit |
| <input type="checkbox"/> HNU | <input checked="" type="checkbox"/> Gloves (PE/PVC/nitrile/cloth) |
| <input type="checkbox"/> OVA | <input checked="" type="checkbox"/> Boots/Boot Covers |
| <input type="checkbox"/> Explosimeter | <input checked="" type="checkbox"/> Coveralls (tyvek/saranex) |
| <input type="checkbox"/> Radiation Monitor | <input checked="" type="checkbox"/> Eye Protection (goggles/shield) |
| <input checked="" type="checkbox"/> Decontamination Materials | <input checked="" type="checkbox"/> Hard Hat |

STATE POISON CONTROL CENTER

1-800-848-6946



Site

Hospital

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Methyl Parathion

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula (CH₃O)₂P(SO)OC₆H₄NO₂ 1

Natural Physical State at 25°C solid 1

Vapor Pressure NA mm Hg at 20°C

Melting Point 35 °F/°C Boiling Point 158 °F/°C 1

Flash Point (open or closed cup) 115 °C/°F 2

Solubility - H₂O slightly 1

Other soluble in acids, alcohols,
esters, and ketones

Physical Features: (odor, color, etc.) white
crystalline solids; as a commercial product is a tan
liquid (xylene solution) with a pungent odor (1)

II. TOXICOLOGICAL DATA

Standards: 0.2 mg/m³ (3) TLV 0.2mg/m³ (4) PEL
no data IDLH skin

Routes of Exposure: skins absorption, inhalation,
ingestion (1)

Acute/Chronic Symptoms: headache, nausea, diarrhea,
cramps, tightness of the chest, blurred vision, weakness,
muscle twitching, convulsions (2)

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

Chemical Name: Methyl Parathion

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 4

Toxic by-products _____

B. Flammability LEL _____ UEL _____

C. Reactivity Hazard Not compatible with alkaline materials and strong oxidizers. Decomposes above 50°C with possible explosive force. 2

D. Corrosivity Hazard none known 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. Condensed Chemical Dictionary, G.G. Hawley, 11th Ed., 1987.
2. Chemical Hazard Response Information System, US Coast Guard, 1985.
3. Threshold Limit Values and Biological Exposure Indices for 1994 - 1995, ACGIH
4. 29 CFR 1910.1000.
5. Encyclopedia of Occupational Health and Safety, 3rd ed., 1983
6. Farm Chemicals Handbook, 1982

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: Toxaphene*

I. PHYSICAL/CHEMICAL PROPERTIES

	Reference
Chemical Formula <u>empirical formula: C10 H10 Cl8°</u>	1 _____
Natural Physical State at 25°C <u>Solid</u>	1 _____
Vapor Pressure <u>.2 to .4</u> mm Hg at 20°C	2 _____
Melting Point <u>65-90</u> °F/°C Boiling Point <u>decomposes</u> °F/°C	2 _____
Flash Point (open or closed cup) <u>275</u> °C/°E	2 _____
Solubility - H ₂ O <u>insoluble</u>	1 _____
Other <u>freely sol. in aromatic solvents</u>	1 _____

Physical Features: (odor, color, etc.) amber, yellow waxy solid with a mild odor of chlorine and camphor (piney odor) (1,2). Formulations: Emul. conc. 4 to 8 lbs/gal. wetttable powder 40%. Oil solutions -90% (4).

II. TOXICOLOGICAL DATA

skin

skin, suspect human carcinogen

Standards: 0.5 mg/m3 (5) TLV 0.5 mg/m3 (6) PE 200 mg/m3 (3) IDLH

Routes of Exposure: Inhalation, Ingestion, Eye and/skin absorbtion

Acute/Chronic Symptoms: considered to have low toxicity in man (2), mild irritation of skin, CNS stimulation with tremors, convulsions, and death. Has caused liver damage in experimental animals. Listed as a carcinogen by EPA.

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

*Toxaphene is chlorinated camphene. There are approximately 177 Cl0 polychlorinated derivatives in Toxaphene. It is 67-69% chlorine by weight.

HAZARDOUS SUBSTANCE INFORMATION FORM

Chemical Name: DDT & Derivatives

I. PHYSICAL/CHEMICAL PROPERTIES

Reference

Chemical Formula C₁₄ H₉ Cl₅ 1
Natural Physical State at 25°C Solid 1
Vapor Pressure 1.5 x 10⁻⁷ mm Hg at 20°C 1
Melting Point 228 °F/°C Boiling Point decomposes °F/°C 1,2
Flash Point (open or closed cup) N/A °C/°F 3
Solubility - H₂O insoluble 1
Other 78 g/100 ml benzene 1

Physical Features: (odor, color, etc.) Colorless crystals or off-white powder with a slight aromatic odor (2)

II. TOXICOLOGICAL DATA

Standards: 1 mg/m³ (4) TLV skin 1 mg/m³ (5) PEL human carcinogen 4 IDLH suspect or conformed

Routes of Exposure: Inhalation, Ingestion, Eye and/or Skin absorption

Acute/Chronic Symptoms: Acute: tremors of head and neck, convulsions, cardiac or respiratory failure. Chronic: hepatic damage, CNS degeneration, dermatitis weakness, convulsions. (3)

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

Chemical Name: DDT & Derivatives

III. HAZARDOUS CHARACTERISTICS

Reference

A. Combustibility Yes No 3
Toxic by-products _____

B. Flammability LEL _____ UEL _____

C. Reactivity Hazard DDT is incompatible with alkaline materials and strong oxidizers. 2,3

D. Corrosivity Hazard yes/no pH: _____

Neutralizing agent: _____

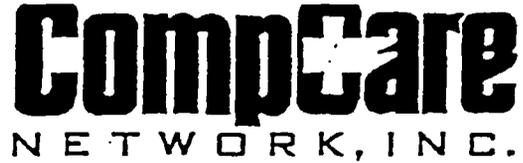
E. Radioactive Hazard		Exposure Rate	
Background	yes/no	_____	_____
Alpha particles	yes/no	_____	_____
Beta particles	yes/no	_____	_____
Gamma radiation	yes/no	_____	_____

IV. REFERENCES

1. The Merck Index, 11 th Edition, 1989
2. NIOSH Pocket Guide to Chemical Hazards, 1990
3. Documentation of the TLV, 4th Edition, 1980
4. Threshold Limit Values and Biological Exposure Indices for 1999 ACGIH
5. 29 CFR 1910.1000



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



WORKERS' COMPENSATION MEDICAL AUTHORIZATION

Name of Employee/Patient: Last		First	
Date of Injury:	Social Security Number: - - -		
Name of Employer/Company:	STATE OF NORTH CAROLINA		
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.

TRIP NOTIFICATION AND AUTHORIZATION FORM

Program:

- | | |
|---------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> Brownfields |
| <input type="checkbox"/> State | <input type="checkbox"/> MPG |
| <input type="checkbox"/> NPL/DOD | <input type="checkbox"/> Dry Cleaners |

Site Name:	<u>Tri-County Airport</u>
ID Number:	<u>NCN000407205</u>
Street Address:	<u>NC Hwy 561 (Airport Rd)</u>
City:	<u>Aulander</u>
County:	<u>Hertford</u>

Date(s) of Trip <u>Oct. 9, 2001</u>	Trip Canceled: _____	Trip Rescheduled (Date): _____
----------------------------------------	-------------------------	-----------------------------------

Reason For Trip: On-site Recon
(if sampling, check appropriate boxes below)

- | | |
|---------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Surface Soil | <input type="checkbox"/> Groundwater (bailers) |
| <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Groundwater (pumps) |
| <input type="checkbox"/> Using Augers/Shovels to collect soil | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Using Little Beaver to collect soil | <input type="checkbox"/> Sediment |
| <input type="checkbox"/> Groundwater (from tap) | |

Project Team Leader	Assistant	Assistant	Assistant
<u>Melanie Byson</u>	<u>Jeanette Stanley</u>		

Authorized By: _____

[Signature]
Industrial Hygienist Signature

Office Use Only	
County Health Department Official Contact:	<u>Roy Barnes</u>
Title:	<u>Env. Health Program Coordinator</u>
Phone Number:	<u>(252) 358-7833</u>
Health Department Official Contacted:	Back Up Letter Required?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Notes:	<u>Roy Barnes</u> <u>Notified Mr. Barnes via voice mail 9-24-01 (PBL)</u>

TRIP NOTIFICATION AND AUTHORIZATION FORM

Program:

- | | |
|---------------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Federal | <input type="checkbox"/> Brownfields |
| <input type="checkbox"/> State | <input type="checkbox"/> MPG |
| <input type="checkbox"/> NPL/DOD | <input type="checkbox"/> Dry Cleaners |

Site Name:	<u>Tri-County Airport</u>
ID Number:	<u>NON CDO 000021</u>
Street Address:	<u>NC Highway 561</u>
City:	<u>Aulander</u>
County:	<u>Hertford</u>

Date(s) of Trip <u>Oct 12, 2000</u>	Trip Canceled: _____	Trip Rescheduled (Date): _____
----------------------------------------	-------------------------	-----------------------------------

Reason For Trip: Reconnaissance (no sampling)
(if sampling, check appropriate boxes below)

- | | |
|---------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Surface Soil | <input type="checkbox"/> Groundwater (bailers) |
| <input type="checkbox"/> Subsurface Soil | <input type="checkbox"/> Groundwater (pumps) |
| <input type="checkbox"/> Using Augers/Shovels to collect soil | <input type="checkbox"/> Surface Water |
| <input type="checkbox"/> Using Little Beaver to collect soil | <input type="checkbox"/> Sediment |
| <input type="checkbox"/> Groundwater (from tap) | |

Project Team Leader	Assistant	Assistant	Assistant
<u>Joe Grant</u>	<u>Scott Ryals</u>		

Authorized By: _____

[Signature]
 Industrial Hygienist Signature

Office Use Only	
County Health Department Official Contact:	<u>Mr. Dan McDougald Roy Barnes</u>
Title:	<u>Env. Health Program Coordinator</u>
Phone Number:	<u>(252) 358-7833</u>
Health Department Official Contacted:	<u>Roy Barnes</u>
Back Up Letter Required?:	Yes ___ No <input checked="" type="checkbox"/>
Notes:	<u>Notified Mr. Barnes via voice mail 10-4-00 (DLB)</u>



NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

August 29, 2000

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

Ms. Jennifer Wendel
NC Site Management Section
US EPA Region IV Waste Division
61 Forsyth Street, 11th Floor
Atlanta, GA 30303

Subject: CERCLIS Site Addition (Pre-CERCLIS Site Screening)
Tri-County Airport
NC Highway 561
Aulander, Hertford County, NC
NCD: NON CDO 000 021

Dear Ms. Wendel,

Please add Tri-County Airport ("the Site") to the Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS). Situated along rural Hwy 561, it is approximately eight miles northwest of Aulander, NC. Corresponding geographic coordinates are latitude 36° 18'07" and longitude 77° 10'46" (Reference 1).

Site Description.

The Site, which serves as the municipal airport for Hertford, Northampton, and Gates counties, resides on an estimated 85 acres. The region surrounding is primarily farming-based with interspersed marsh and woodlands. A discussion with the operations manager confirms the on-site water well as the only source of potable water.

Of specific concern to NCDENR is an isolated area -- approximately 80ft x 200ft -- northwest of the terminal and immediately adjacent to the end of the runway. Here, according to file documents (Reference 2), the mixing and loading of pesticides for aerial spraying took place unchecked for almost 20 years.

Preliminary Findings.

On September 21, 1988, responding to requests by local officials, representatives from the NC Department of Agriculture conducted a detailed assessment of the pesticide staging area. In addition to observing multiple abandoned tanks (above-ground) and a variety of rusted metal containers



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
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

(Reference 2), particular consideration was given to the parcel's inability to support any vegetative cover. Corresponding analytical results (Reference 3) subsequently confirmed the presence of multiple compounds (DDT; 856 mg/kg, EPN; 1,939 mg/kg, methyl parathion; 5,774 mg/kg, and toxaphene; 15,835 mg/kg) in the surface soil.

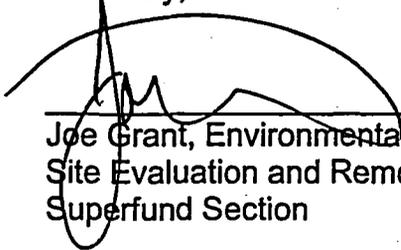
Water samples collected at this time by the Hertford-Gates County Health Dept. also identified DDT (3 μ g/kg) in the on-site supply well (Reference 4). It should be noted, the facility currently employs 15 to 20 fulltime personnel who potentially consume this water on a daily basis.

Conclusion.

Based on analytical data confirming the presence multiple pesticides in both the surface soil and water supply, the NCDENR Superfund Section is confident the Site would compile an HRS score greater than 28.5. As such, we recommend that it be added to CERCLIS as Tri-County Airport to initiate a Combined Preliminary Assessment/Site Inspection (PA/SI).

Should you have any questions or comments regarding the enclosed, please feel free to contact me at (919) 733-2801, EXT. 297 or by e-mail at joe.g.grant@ncmail.net.

Sincerely,



Joe Grant, Environmental Engineer
Site Evaluation and Removal Branch
Superfund Section



Dan LaMontagne, Head
Site Evaluation and Removal Branch
Superfund Section

Attachments: Lat/Long Calculation Sheet (Reference 1)
 Preliminary Site Description (Reference 2)
 Analytical Results (Reference 3)
 Memo to File (Reference 4)

cc: Scott Ross
 File

cc: (letter only)
 Charlotte Jesneck

LATITUDE AND LONGITUDE CALCULATION WORK SHEET #2
LI USING ENGINEER'S SCALE (1/60)

SITE NAME: Tri-County Airport CERCLIS #: _____

AKA: _____ SSID: _____

ADDRESS: NC Hwy 561

CITY: Aulander STATE: NC ZIP CODE: _____

SITE REFERENCE POINT: Minton's Store

USGS QUAD MAP NAME: Woodland TOWNSHIP: _____ N/S RANGE: _____ E/W

SCALE: 1:24,000 MAP DATE: 1972 SECTION: _____ 1/4 _____ 1/4 _____ 1/4

MAP DATUM: 1927 1983 (CIRCLE ONE) MERIDIAN: UTM

COORDINATES FROM LOWER RIGHT (SOUTHEAST) CORNER OF 7.5' MAP (attach photocopy):

LONGITUDE: 77° 07' 30" LATITUDE: 36° 15' 00"

COORDINATES FROM LOWER RIGHT (SOUTHEAST) CORNER OF 2.5' GRID CELL:

LONGITUDE: 77° 10' 00" LATITUDE: 36° 17' 30"

CALCULATIONS: LATITUDE (7.5' QUADRANGLE MAP)

A) NUMBER OF RULER GRADUATIONS FROM LATITUDE GRID LINE TO SITE REF POINT: 567

B) MULTIPLY (A) BY 0.3304 TO CONVERT TO SECONDS:

$A \times 0.3304 = 187.33$

C) EXPRESS IN MINUTES AND SECONDS (1' = 60"): 3' 07.33"

D) ADD TO STARTING LATITUDE: 36° 15' 00.00" + 3' 07.33" =

SITE LATITUDE: 36° 18' 07.33"

CALCULATIONS: LONGITUDE (7.5' QUADRANGLE MAP)

A) NUMBER OF RULER GRADUATIONS FROM RIGHT LONGITUDE LINE TO SITE REF POINT: 140

B) MULTIPLY (A) BY 0.3304 TO CONVERT TO SECONDS:

$A \times 0.3304 = 46.27$

C) EXPRESS IN MINUTES AND SECONDS (1' = 60"): 0' 46.27"

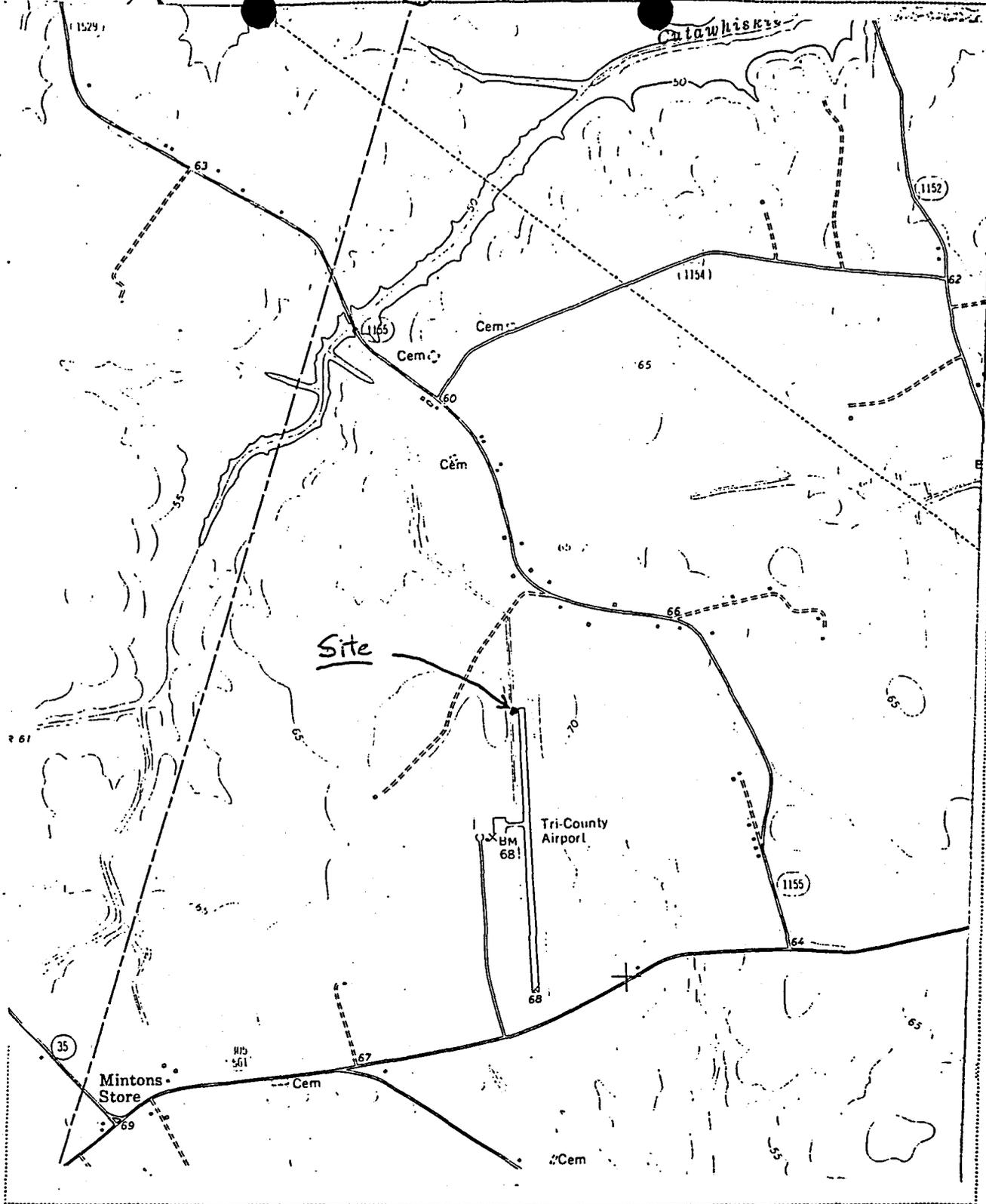
D) ADD TO STARTING LONGITUDE: 77° 10' 00.00" - 46.27.00" =

SITE LONGITUDE: 77° 10' 46.27"

INVESTIGATOR: [Signature]

DATE: 8/29/00

SITE NAME: Tri-County Airport NUMBER: _____



TOPOGRAPHIC MAP QUADRANGLE NAME: Woodland, NC SCALE: 1:24,000

COORDINATES OF LOWER RIGHT-HAND CORNER OF 2.5-MINUTE GRID:

LATITUDE: 36° 18' 07" LONGITUDE: 77° 10' 46"

INCIDENT INVESTIGATION REPORT

In 22-134

FOR TRI-LEIGH OFFICE USE ONLY

1. Inspector(s)

Benny C. Suggs

2. Date

09-19-88
09-21-88

Investigative No. IR88-134

Date of Origin September 19, 1988

Initial Source

Benny Suggs

Method of Contact

File Name

Tri County Airport

Completion Date

3. Complainant:

Street or Rt. & Box:

City: ZIP Code:

Telephone: Home Business

4. Initial Source of Information:

5. Brief Description of Incident:

old cotton spray group area.

6. Date of Incident:

7. Location of Incident:

Tri County Airport

8. Number of Samples:

8

9. Inspector Sample No(s).. 270, 271, 272

260, 261, 262, 263, 269

0. Description of Materials (Other than Samples) submitted with this report:

1. Other Individuals Involved:

(Explain Involvement Below under No. 14)

2. Person(s) who have requested final report:

3. Attach Sample Transcripts.

4. Attach Detailed Report of Investigation.

Benny C. Suggs
Pest Control Inspector or S. Reference 2

On September 19, 1988, I went to the Tri County Airport to collect soil samples from an area that was bare and would not support vegetation life. I pulled a total of four (4) samples, which were randomly taken from an area 35 feet X 83 feet. The samples were taken with a soil probe and at a depth from 0 to 6 inches deep. The samples were identified BG-260, BG-262, BG-263 and were polybagged and sealed with N. C. Department of Agriculture tape for shipment by courier to Constable Lab.

This area was once part of an old cotton spray group and there are still two (2) tanks present on the property. I did observe some rusty and rusted out containers (drums) near the storage site also. There is a small ditch next to the sample area but there is not a creek and or stream nearby the site. The area is a low swampy area.

Soil in the sample area had a pungent odor which was very discernable. Vegetation growth in this area was very sparse. Photos taken of area.:

#1 thru #12 show area where samples BG-260 thru BG-263 were taken and general area. Photos dated 9-19-88.

I talked with Steve Newsome an aerial applicator to determine who had operated off the strip and he stated he knew only of Bob Whitfield, Ronnie Beal and someone nicknamed "Boll Weevil". I went by the airport office and talked with the wife of manager Henry Joyner. Mr. Joyner was out flying charter, and I will try to contact him later.

On September 21, 1988, I returned to the Tri County Airport to collect additional soil samples in several questionable areas. Upon arrival at the airport, I met and talked with Mr. Bob Whitfield (aerial applicator) and Mr. Joyner (airport manager). I explained to both of them my purpose being there, which was to collect soil samples to determine if any pesticide problem existed in the soil. I explained I was at the airport on September 19, 1988, and had collected some soil samples on that date. Mr. Joyner stated the airport began operation in 1967 and that he became manager in 1973. Mr. Joyner stated that Ronnie Beal, Buster Holmes, and Bob Kenan operated out of the airport when the

cotton spray program was going good. Mr. Whitfield also operated off the airport and still does to this date. Mr. Joyner stated that Ronnie Beal was the big operator for a number of years. Holmes and Kenan operated only 2 to 3 years. A Cartwright man also operated off the area.

Mr. Bob Whitfield stated that the rusted out barrel in question belonged to the spray group and that he had told the people in charge several years ago to pick up the material, but they never came to get the material. Whitfield stated he thought the material to be either Guthion or Malathion. Whitfield also showed me another area where he stated 2 barrels had rusted out earlier. I sampled both areas in question.

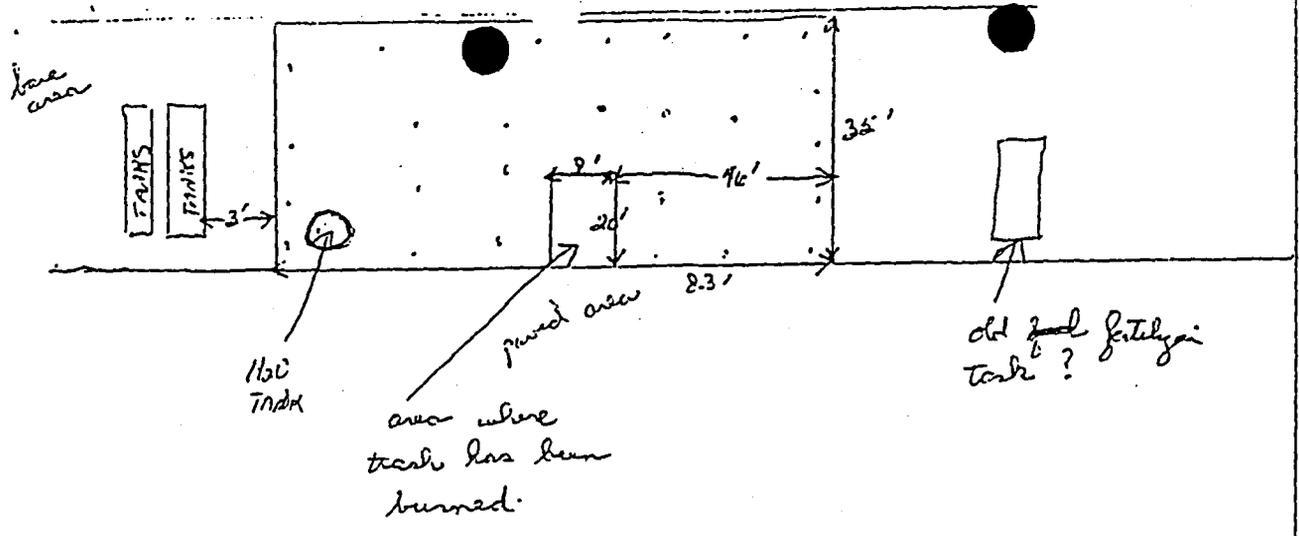
I collected four (4) samples on this date. BG-269, BG-270, BG-271 and BG-272. Diagrams of the area are attached. Photos were also taken of the area. Samples polybagged and sealed N. C. Department of Agriculture tape and put in courier for shipment to Constable Lab in Raleigh.

Photos:

Photo #13 - site where BG-269 was taken
Photo #14 thru #17 - site where BG-217 was taken
Photo #18 and #19 - site where BG-270 was taken
Photo #20 and #21 - site where BG-272 was taken
Photos #22 thru #25 shows old drums and cans in area
and in woods nearby.

Benny C. Griffin

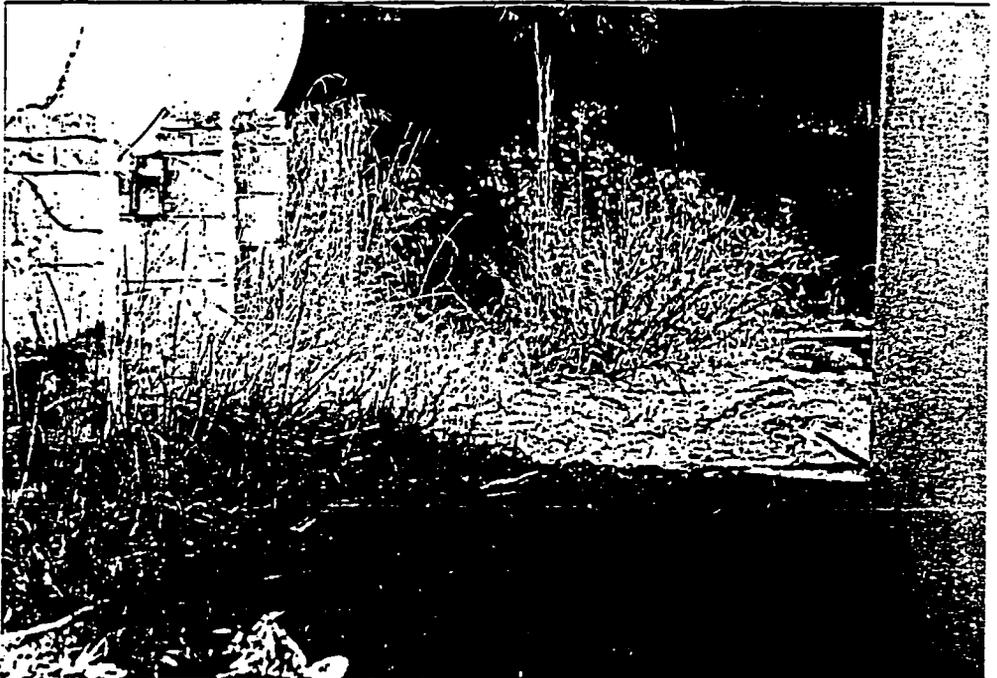
Sketch



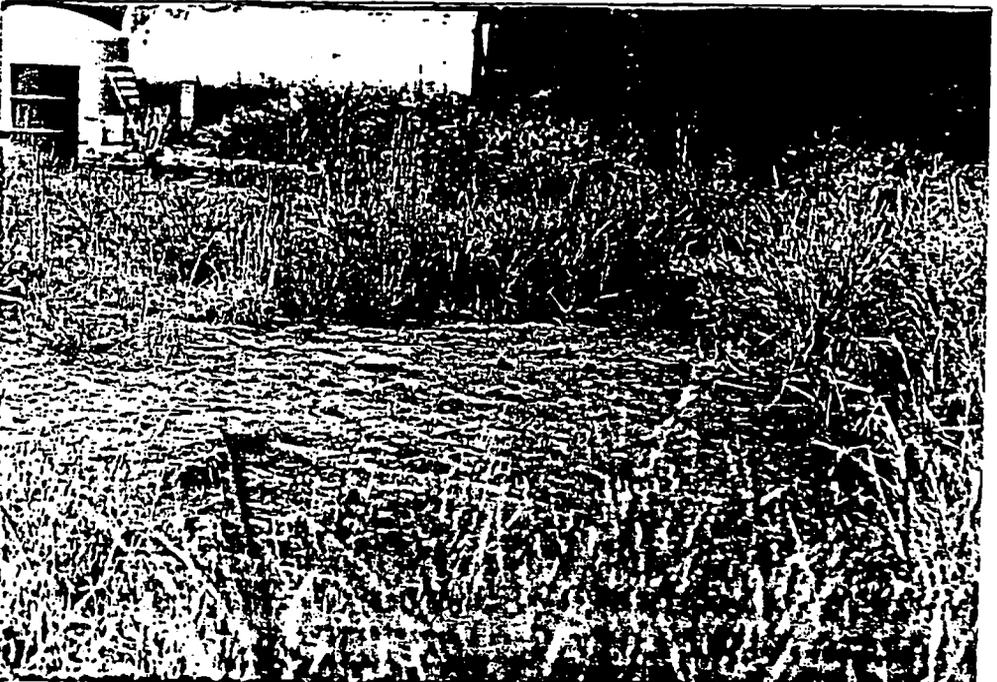
AIRPORT
OFFICE



1

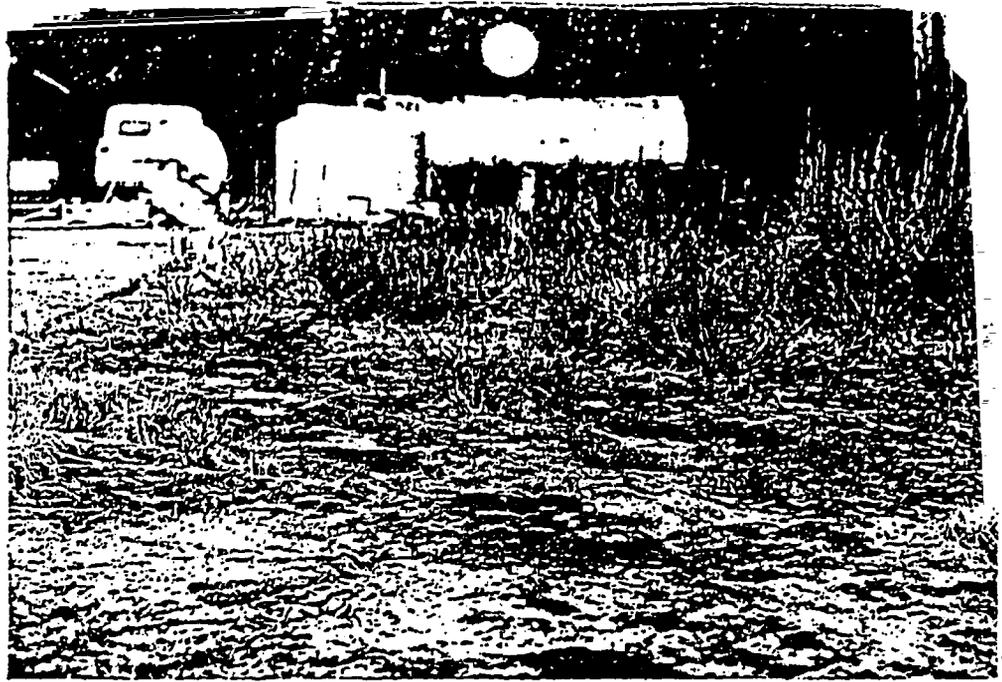


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3

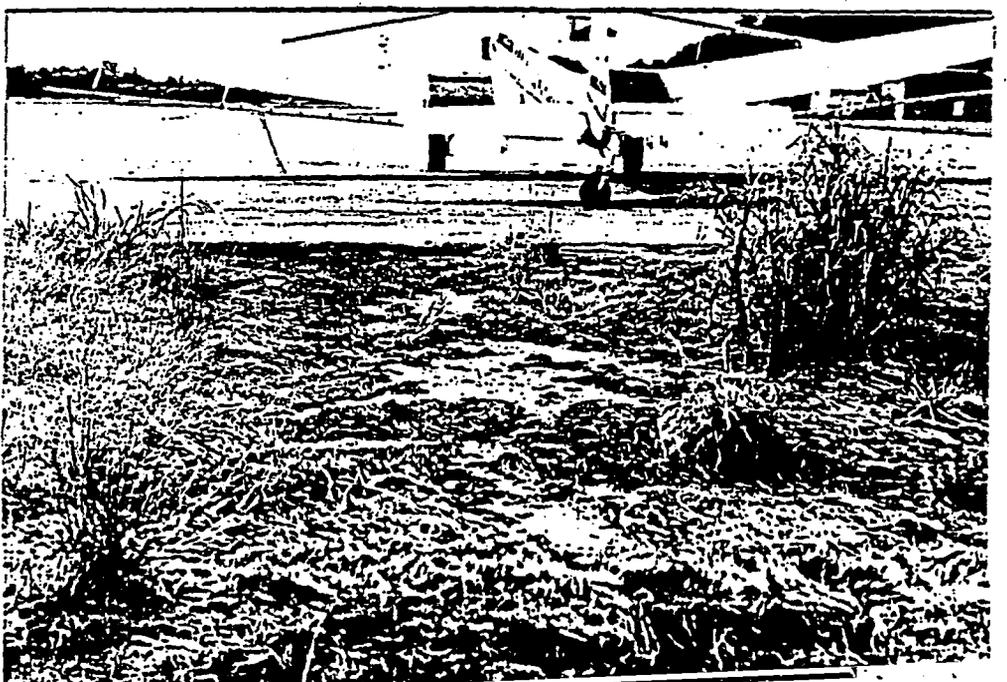
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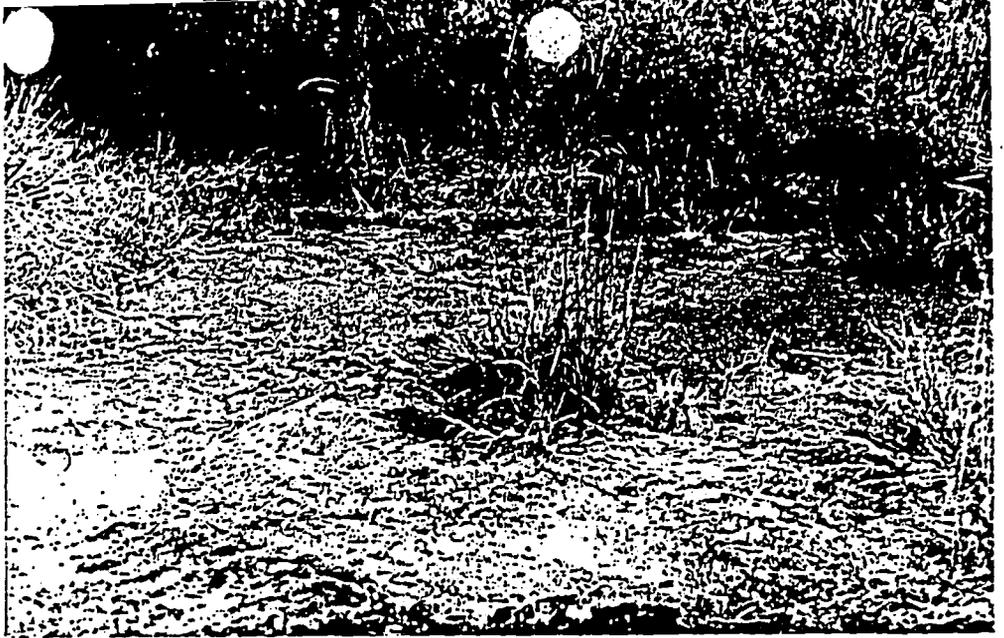
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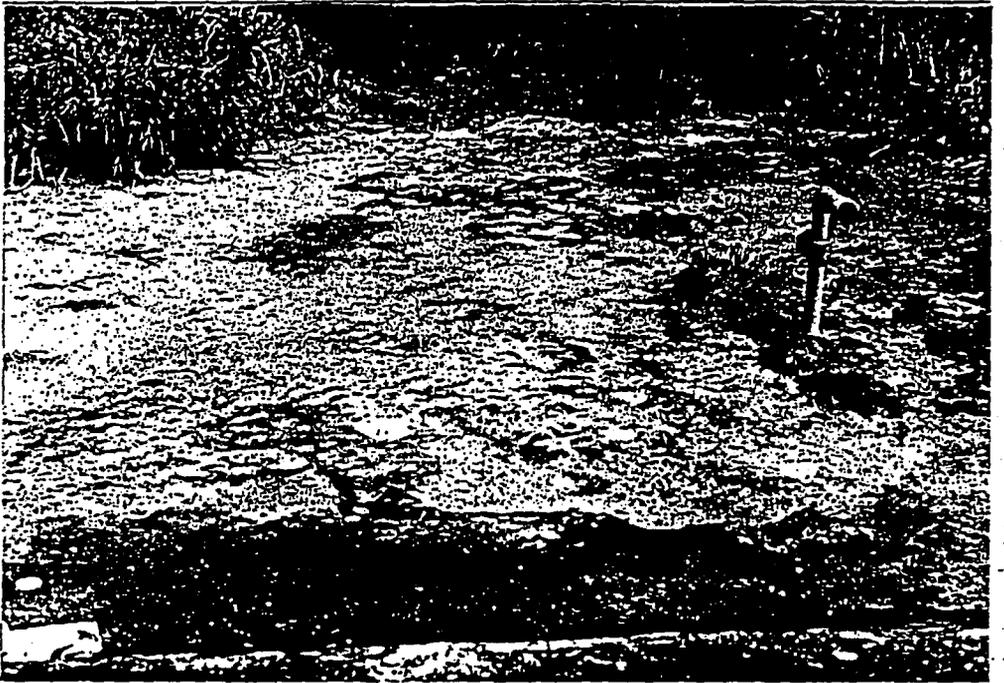
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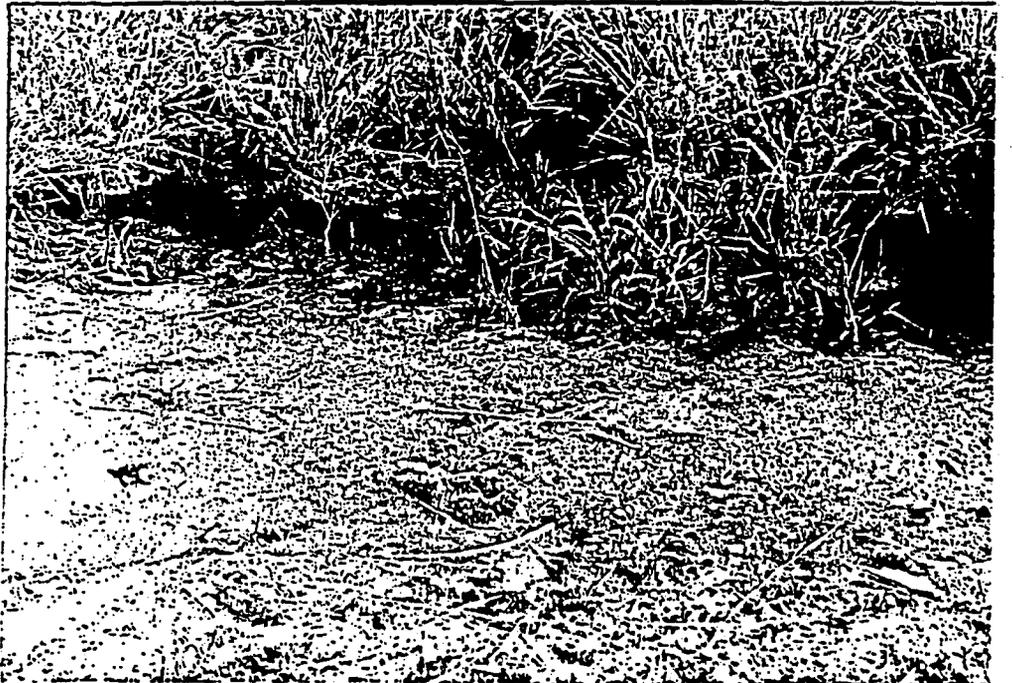
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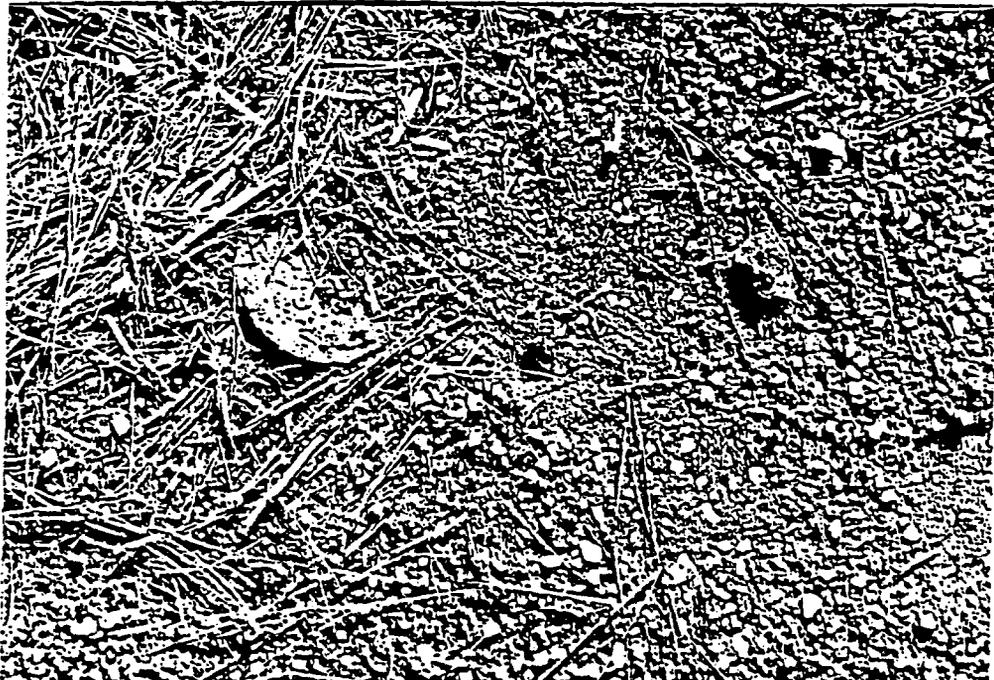
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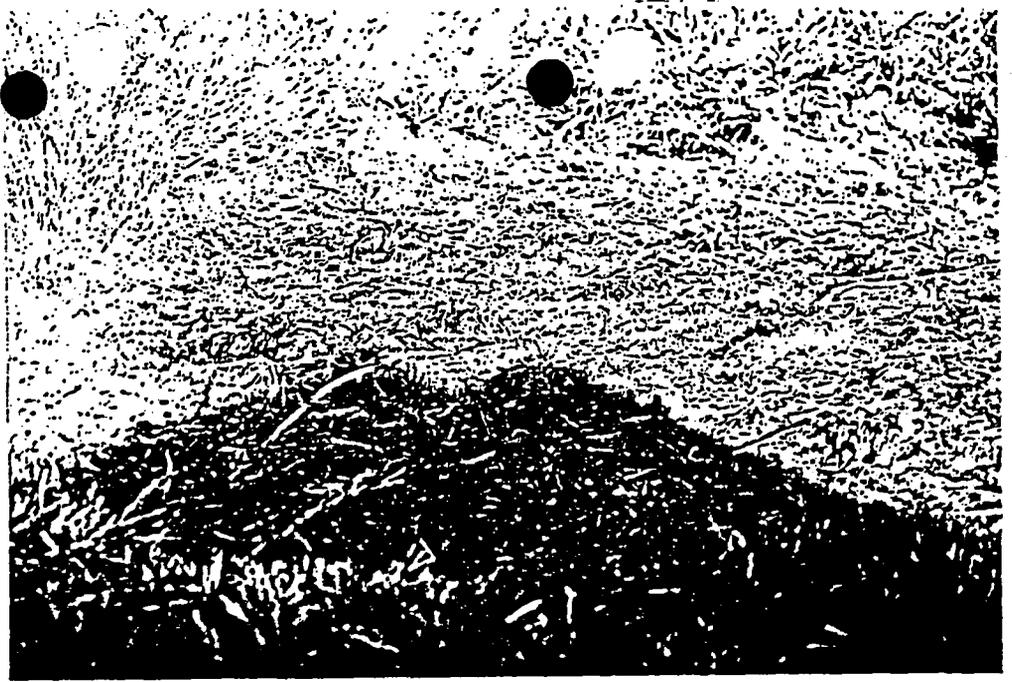
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12



13



14



15



16



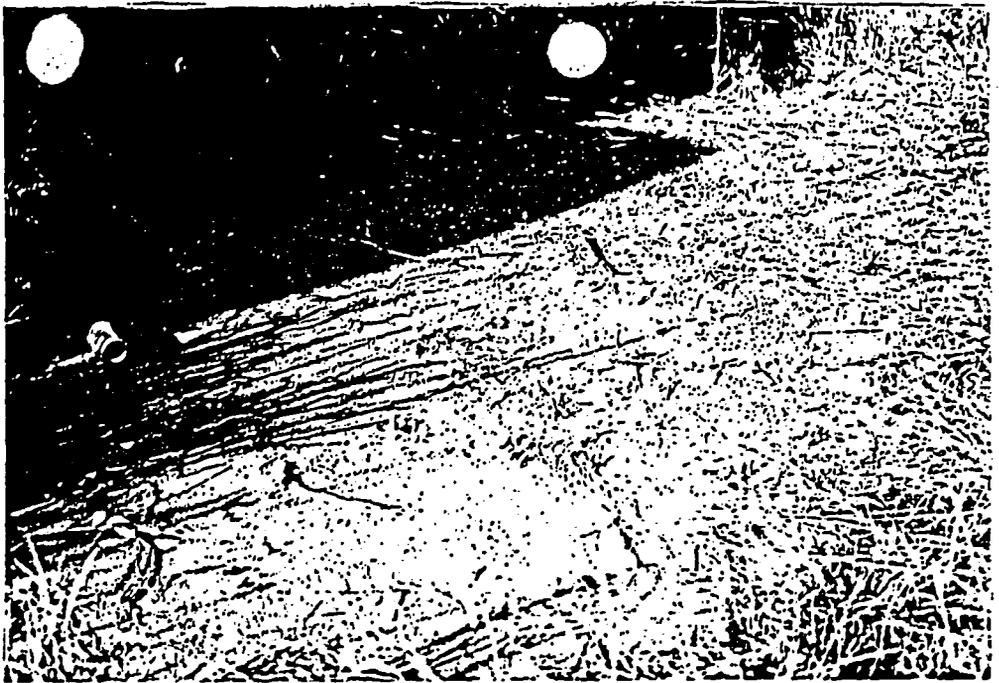
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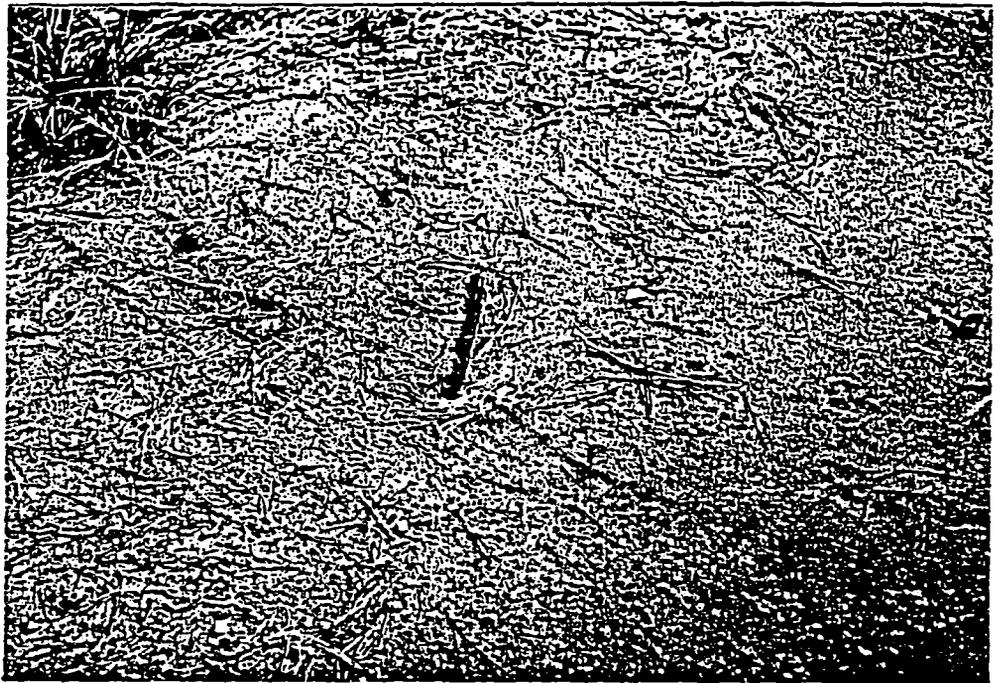
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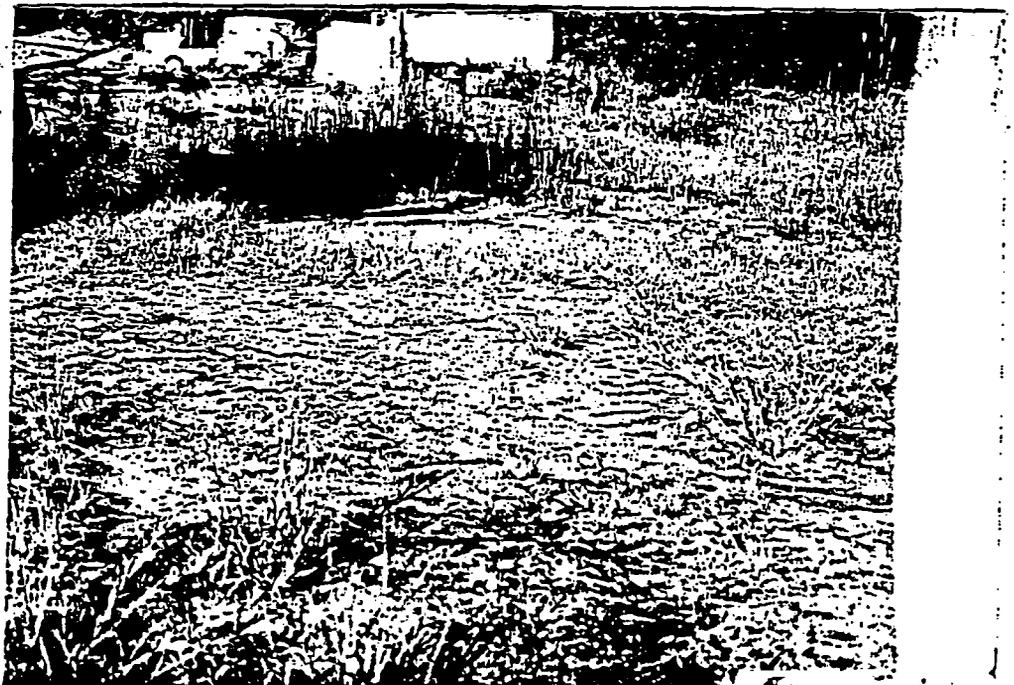
19



20



21



22



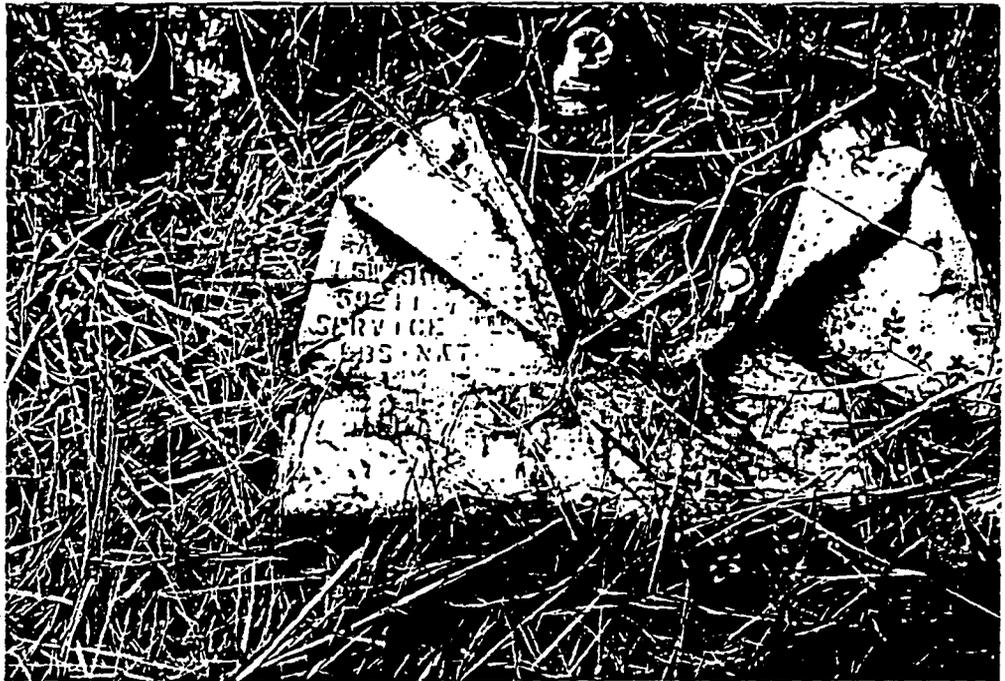
23



24



25



N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT. PESTICIDES

Laboratory No. _____

Inspector's No. BC-260

Check Registration Only

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME TRI COUNTY AIRPORT IR 88-134

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____

WHOLESALER _____

ADDRESS _____

MERCHANT

CONSUMER

Tri County Airport

ADDRESS 111 Box 36 Asheboro ZIP 27805 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____
 Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date	No. Pkgs. in Lot	No. Pkgs. Sampled	Net Contents
<u>09-19-28</u>			
INGREDIENTS AS LISTED ON PACKAGE		GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW) NO. OF ANALYSES AND METHODS FOUND %
<u>Soil sample taken randomly from</u>			
<u>35 ft x 7.3 ft area at depth of</u>		<u>DDT</u>	<u>856 ppm</u>
<u>0 to 6"</u>		<u>Toxaphene</u>	<u>633 ppm</u>
<u>Site of cotton spray program</u>			
<u>DDT ?</u>			
<u>Methyl + Ethyl parathion ?</u>			
<u>Toxaphene ?</u>			
<u>Aldrin ?</u>			
<u>Endosulfan ?</u>			
<u>2,4-Dichloroacetic acid ?</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

B. C. 2800

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Inspector's No. BC-261

Check Registration Only

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tri County Aupost TR 28-134

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____

WHOLESALER _____

ADDRESS _____

MERCHANT

CONSUMER

Tri County Aupost

ADDRESS Rt 1 Box 36 Aulander ZIP 27305 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____
 Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date	No. Pkgs. in Lot	No. Pkgs. Sampled	Net Contents
<u>09-19-88</u>			
INGREDIENTS AS LISTED ON PACKAGE		GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW) NO. OF ANALYSES AND METHODS FOUND %
<u>Soil sample taken randomly from</u>			
<u>35 ft V 23 ft area at depth</u>		<u>DDT</u>	<u>19.1 ppm</u>
<u>of 0 to 6"</u>		<u>Toxaphene</u>	<u>1,507 ppm</u>
		<u>Methyl Parathion</u>	<u>241 ppm</u>
<u>Site of cotton spray program</u>			
<u>DDT 3.</u>			
<u>Methyl + Ethyl Parathion</u>			
<u>Toxaphene</u>			
<u>Aladin 3</u>			
<u>EPN 2</u>			
<u>Endrin 2</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

Reference 3

A. 12/11
Inspector

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Inspector's No. BG-262

Check Registration Only

Stop-Sale, Stop-Use

Microbiology

Investigation

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tai County Report TA 88-124

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____

WHOLESALER _____

ADDRESS _____

MERCHANT

CONSUMER

Tai County Report

ADDRESS Rt 1 Box 36 Aulander ZIP 27805 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____
 Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date	No. Pkgs. in Lot	No. Pkgs. Sampled	Net Contents
<u>09-19-88</u>			
INGREDIENTS AS LISTED ON PACKAGE		GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW) NO. OF ANALYSES AND METHODS FOUND %
<u>Soil sample taken randomly from</u>			
<u>25 ft x 23 ft area at depth of</u>		<u>DDT</u>	<u>290 ppm</u>
<u>0 to 6"</u>		<u>Toxaphene</u>	<u>3,476 ppm</u>
<u>Site of action spray program</u>			
<u>DDT ?</u>			
<u>Actonid & Ethyl Parathion</u>			
<u>Toxaphene ?</u>			
<u>EPA ?</u>			
<u>Aldrin ?</u>			
<u>Endrin ?</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Check Registration Only

Inspector's No. BE-263

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tri County Airport 7-8 88-134

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____

WHOLESALER _____

ADDRESS _____

MERCHANT

CONSUMER

Tri County Airport

ADDRESS Rt 1 Box 36 Pulander ZIP 27905 TELEPHONE (919) 342-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____
 Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date	No. Pkgs. in Lot	No. Pkgs. Sampled	Net Contents
<u>09-19-88</u>			
INGREDIENTS AS LISTED ON PACKAGE		GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW) NO. OF ANALYSES AND METHODS FOUND %
<u>Soil sample taken randomly from</u>			
<u>35 ft x 83 ft area at depth of</u>			
<u>0 to 6"</u>		<u>DDT</u>	<u>269 ppm</u>
		<u>Toxaphene</u>	<u>3,471 ppm</u>
<u>Site of cotton spray program</u>			
<u>DDT ?</u>			
<u>Orthyls + Ethyls Permethrin ?</u>			
<u>Toxaphene ?</u>			
<u>Aldrin ?</u>			
<u>Endrin ?</u>			
<u>Endrin ?</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

(Signature)

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Inspector's No. BC-269

Check Registration Only

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tin County Aurore IR 82-134

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____ (May be Hot)

WHOLESALER _____

ADDRESS _____

MERCHANT

CONSUMER

Tin County Aurore

ADDRESS Rt 1 Box 26 Aulander ZIP 27805 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____

Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date <u>09-21-88</u>	No. Pkgs. in Lot _____	No. Pkgs. Sampled _____	Net Contents _____
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INGREDIENTS AS LISTED ON PACKAGE	GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW)	
		NO. OF ANALYSES AND METHODS	FOUND %
<u>Soil sample taken randomly from 7 ft X 5 ft area at depths of 0 to 6 inches deep where I was told barrels used to sit + rusted away. Told barrels had Guthion or Malathion Cotton spray program site DDT? Methyl + Ethyl Parathion? Toxaphene? EPN? Aldrin? Endrin?</u>	<u>Methyl Parathion</u> <u>EPN</u>	<u>1,536 ppm</u> <u>1,939 ppm</u>	<u>-</u>

I certify that I took a fair and lawful sample of the above product as indicated.

B. C. Aulander Inspector

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Inspector's No. BE-270

Check Registration Only

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tri County Auport IR 88-134

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____

WHOLESALER _____

ADDRESS _____

MERCHANT

CONSUMER

Tri County Auport

ADDRESS Rt 1 Box 36 Aulander ZIP 27805 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____

Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date <u>09-21-88</u>	No. Pkgs. in Lot	No. Pkgs. Sampled	Net Contents
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INGREDIENTS AS LISTED ON PACKAGE	GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW)	
		NO. OF ANALYSES AND METHODS	FOUND %
<u>Soil sample taken randomly from</u>			
<u>7 foot x 12 foot area left</u>	<u>DDT</u>	<u>19.5 ppm</u>	
<u>tree of tanks at depth of 0 to</u>	<u>Toxaphene</u>	<u>13.2 ppm</u>	
<u>6 inches.</u>			
<u>Cotton spray program sites</u>			
<u>DOT ?</u>			
<u>Methyl + Ethyl Parathion ?</u>			
<u>Toxaphene ?</u>			
<u>EPN ? Aldrin ?</u>			
<u>Endrin ?</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

R. A. Hill

Inspector

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Inspector's No. BC-271

Check Registration Only

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tii County Aupart IR 88-124

MANUFACTURER
DISTRIBUTED BY

ADDRESS _____ (Maybe Very Hot)

WHOLESALER _____

ADDRESS _____

MERCHANT
CONSUMER

Tii County Aupart

ADDRESS Rt 1 Box 36 Aulander ZIP 27805 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____
 Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date	No. Pkgs. in Lot	No. Pkgs. Sampled	Net Contents
<u>09-21-88</u>			
INGREDIENTS AS LISTED ON PACKAGE		GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW) NO. OF ANALYSES AND METHODS FOUND %
<u>Soil sample taken randomly from</u>			
<u>8 ft x 9 ft area at depth of</u>		<u>Toxaphene</u>	<u>15,835 ppm</u>
<u>0 to 6 inches where barrel</u>		<u>methyl parathion</u>	<u>5,774 ppm</u>
<u>sorted out and visible signs of</u>			
<u>pesticide residue. Was told may</u>			
<u>have been Duthion or Malathion</u>			
<u>Cotton spray program site</u>			
<u>ADP?</u>			
<u>Methyl + Ethyl parathion?</u>			
<u>Toxaphene?</u>			
<u>End? Aldrin? Endrin?</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

2 - S.P. Inspector

N. C. DEPARTMENT OF AGRICULTURE

JAMES A. GRAHAM, COMMISSIONER

OFFICIAL REPORT, PESTICIDES

Laboratory No. _____

Inspector's No. BG-272

Check Registration Only

Microbiology

Investigation

Stop-Sale, Stop-Use

Removal Order Issued

Cross Contamination Sample

BRAND NAME Tri County Airport IR 88-134

MANUFACTURER

DISTRIBUTED BY

ADDRESS _____

WHOLESALER _____

ADDRESS _____

MERCHANT
CONSUMER

Tri County Airport

ADDRESS Rt 1 Box 36 Aulander ZIP 27205 TELEPHONE (919) 345-0111

SAMPLING METHOD: Funnel Tubing Polyprobe S. S. Dipper
 Poured Direct Entire Sample Brass Trier Other _____
 Agitation Method _____ Length of Agitation Time _____

EPA REG. No. _____ EPA EST. No. _____

BATCH No. _____ RETAIL VALUE PER CONTAINER _____

Date <u>09-21-88</u>	No. Pkgs. in Lot _____	No. Pkgs. Sampled _____	Net Contents _____
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INGREDIENTS AS LISTED ON PACKAGE	GUARANTEE ON PACKAGES %	(DO NOT USE SPACE BELOW)	
		NO. OF ANALYSES AND METHODS	FOUND %
<u>Soil sample taken randomly from 35ft X 47 ft area at depth of 0 to 6 inches</u>			
	<u>Toxaphene</u>	<u>3,917 ppm</u>	
	<u>methy Parathion</u>	<u>109 ppm</u>	
<u>Letter spray program sites DOT ?</u>			
<u>Methyl + Ethyl Parathion ?</u>			
<u>Toxaphene ?</u>			
<u>EPN ? Aldrin ? Endrin ?</u>			

I certify that I took a fair and lawful sample of the above product as indicated.

A. S. of

RESULTS:

DDT = 15
TOXAPHENE = 13 PPM

9/29/88

IR88-1346
BG-271

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/22/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION

RESULTS:

METHYL PARATHION = 5774 PPM
TOXAPHENE = 15835 PPM

9/29/88

IR88-134H
BG-272

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/22/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION

RESULTS:

METHYL PARATHION = 109 PPM
TOXAPHENE = 3917 PPM

9/29/88

METHOD: ACETONE EXTRACTION GC

CHEMIST: ALLIE WILLIAMS

DISPOSAL DATE: DEC 5, 88

RESULTS:

DDT = 90 PPM
TOXAPHENE = 3676 PPM

9/29/88

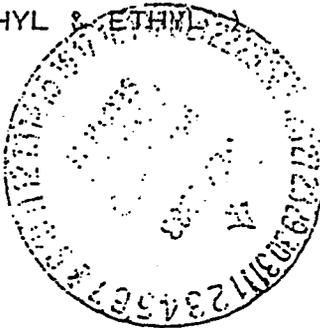
IR88-134D
BG-263

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/20/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION



RESULTS:

DDT = 269 PPM
TOXAPHENE = 3471 PPM

9/29/88

IR88-134E
BG-269

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/22/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION

RESULTS:

METHYL PARATHION = 1536 PPM
EPN = 1939 PPM

9/29/88

IR88-134F
BG-270

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/22/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION

IR88-134A
BG-260

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/20/88

***** CAUTION SAMPLES MAY BE HOT *****

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION

RESULTS:

DDT = 856 PPM
TOXAPHENE = 633 PPM

9/29/88

IR88-134B
BG-261

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/20/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION

RESULTS:

DDT = 19 PPM
TOXAPHENE = 1507 PPM
METHYL PARATHION = 241 PPM

9/29/88

IR88-134C
BG-262

SOIL
TRI-COUNTY AIRPORT
AULANDER, NC

9/20/88

ASSIGNMENT:

DDT
PARATHION (METHYL & ETHYL)
TOXAPHENE
ALDRIN
EPN
ENDRIN
GUTHION
MALATHION



DEPARTMENT OF HUMAN RESOURCES
INTER OFFICE MEMORANDUM

DATE _____

TO Dept. of Ag Lab Results from 10/24/88
BG 272 Met P. 109

FROM Tox. 3917

BG-260 DDT 856
Tox 633

BG 261 DDT 1901
Met Para 241
Tox 1507

BG262 DDT 290
Tox 3,676

BG263 DDT 269
Tox 3471

BC269 Met Para. 1536
EPN 1939

BG 270 DDT 19.5
Tox 13.2

BG 271 Met P. 5774
Tox 15835

22 February 1989

MEMORANDUM

TO: File
FROM: Stan Atwood *sa*
RE: Tri-County Airport
Sampling Results

I called Henry Joyner, Airport Manager, to report that 3 ppb DDT was identified in the airport's well. I also told him that I would contact Mr. Chuck Boyette, Hertford-Gates Health Department, and arrange for resampling. Although the level of DDT detected does not pose an immediate threat (due to intermittent use by the public and low use by the airport staff), I told Mr. Joyner that it would be prudent to discontinue use as a drinking water source. Bottled water could be used pending further investigation.

SA/acr