GENERAL INSTRUCTIONS: Complete [illegible]tions I and III through XV of this form as com[illegible]ely as possible. Then use the information on this form to develop a Tentativ[illegible]aposition (Section II). File this form in its e[illegible]ty in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME	B. STREET (or other identifier)		
CERTAINTEED CORP.	600 ST. CYR RD.		
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
ST. LOUIS	MO	63127	—

G. SITE OPERATOR INFORMATION

1. NAME		2. TELEPHONE NUMBER	
CERTAINTEED CORP.		(215) 542 0500	
3. STREET	4. CITY	5. STATE	6. ZIP CODE
P.O. BOX 860	VALLEY FORGE	PA	19482

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

1. NAME		2. TELEPHONE NUMBER	
SAME			
3. CITY		4. STATE	5. ZIP CODE

I. SITE DESCRIPTION

ASBESTOS DISPOSAL AREA ON INDUSTRIAL TRACT

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
MIKE DUVALL	ENV. SPECIALIST	
3. ORGANIZATION		4. TELEPHONE NO. (area code & no.)
MO DNR - ST. LOUIS REG.		314 849 1313

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
M. DUVALL	AS ABOVE	

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
WM. BLAKESLEE	ENV. ENGINEER 215 542 0500	CERTAINTEED CO. — AS ABOVE

07LF 30290364 1.0

Superfund

0100

Site: Certainteed
ID #: MOD980631162
Break: 1.5
Other:
12-10-81

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
CERTAINTEED	CORP. — SEE PG. 1		ASBESTOS

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
N/A — ASBESTOS SLAG & SCRAP DEPOSITED IN			PAST ON
GROUND ADJACENT TO FACTORY BLDGS.			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
N/A		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
12-10-81	3:30 PM	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

T~40°F; PARTLY CLEAR; SLIGHT WIND

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE		NONE TAKEN	
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
N/A		

Continue On F

Continued From Page 2

V. SAMPLING INFORMATION (c...)

A. PHOTOS

1. TYPE OF PHOTOS

[ ] a. GROUND [X] b. AERIAL

2. PHOTOS IN CUSTODY

MO DNR - ST... IS REG.

C. SITE MAPPED?

[X] YES. SPECIFY LOCATION OF MAPS:

CLOSURE PLAT

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGI... (deg.-min.-sec.)

PART OF LOTS 6,7,8 OF U.S. SURV. B. T4... ...7E, ST. LOUIS CO., MO

V. SITE INFORMATION

A. SITE STATUS

[ ] 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

[X] 2. INACTIVE (Those sites which no longer receive wastes.)

[ ] 3. O... (Those s... where n... has occ...) ...ecify): ... include such incidents like "midnight dumping" or continuing use of the site for waste disposal

B. IS GENERATOR ON SITE?

[ ] 1. NO [ ] 2. YES (specify generator's four-digit SIC Code):

N/A - PAST DISPOSAL PRACTICE; COMP... ...LOCATED

C. AREA OF SITE (in acres)

~15

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify):

F... ...RY BLDGS.

VI. CHARACTERIZATION OF SIT... ...IVITY

Indicate the major site activity(ies) and details relating to each activity by ... 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X		...EATER	X	D. DISPOSER
	1. MAIL		1. PILE		1. FIL...	...N	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INC...	...ON		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOL...	...DUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. REC...	...RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHE...	...S/TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIO...	...L TREATMENT		6. INCINERATION
					7. WAS...	...REPROCESSING		7. UNDERGROUND INJECTION
					8. SOL...	...ECOVERY		8. OTHER (specify):
					9. OTH...	...cify):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed ... Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for...

[ ] 1. STORAGE [ ] 2. INCINERATION [X] 3. LANDFILL [ ] ...RFACE ...OUNDMENT [ ] 5. DEEP WELL

[ ] 6. CHEM/BIO/PHYS TREATMENT [ ] 7. LANDFARM [ ] 8. OPEN DUMP [ ] ...ANSPORTER [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INF... ...ON

A. WASTE TYPE

[ ] 1. LIQUID [X] 2. SOLID [ ] 3. SLUDGE [ ] ...S

B. WASTE CHARACTERISTICS

[ ] 1. CORROSIVE [ ] 2. IGNITABLE [ ] 3. RADIOACTIVE [ ] ...GHLY VOLATILE

[X] 5. TOXIC [ ] 6. REACTIVE [ ] 7. INERT [ ] ...LAMMABLE

[ ] 9. OTHER (specify):

C. WASTE CATEGORIES

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

N/A

Continue On Reverse

2. Estimate the amount (specify unit of measure) of waste by category. Mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT UNKNOWN	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE —	UNIT OF MEASURE
X (1) PAINT, PIGMENTS	X (1) OILY WASTES	X (1) HALOGENATED SOLVENTS	X (1) ACIDS	X (1) FLYASH	X (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify)	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
ASBESTOS	X							RCRA # U013	?	?

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

Continue On Page 3

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☒ G. CONTAMINATION OF SURFACE WATER

SOME SCRAP PIPE AND OTHER ASBESTOS-CONTAINING DEBRIS REMAINS EXPOSED ALONG SMALL STRETCH OF CREEK BANK AT NW CORNER OF SITE. THESE WASTE RESIDUALS WERE NOT ACCOUNTED FOR DURING PREVIOUS SITE STABILIZAT. WORK, + BECAME VISIBLE AS A RESULT OF RECENT STREAM BANK VEGET. CLEARING PROJECT PREPARATORY TO FUTURE STORM CHANNEL IMPROVEMENTS OF MALINE CREEK BY THE METRO. ST. LOUIS SEWER DIST.

Continue On Reverse

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

Continue On Page 7

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

☐ P. SEWER, STORM DRAIN PROBLEMS

☒ Q. EROSION PROBLEMS

SEE SECT. G,

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	150	SAME	5	~ 130'
2. IN COMMERCIAL OR INDUSTRIAL AREAS	70	"	4	~ 30'
3. IN PUBLICLY TRAVELLED AREAS	SITE BORDERS	MEDIUM USE COUNTY RD.		
4. PUBLIC USE AREAS (parks, schools, etc.)	NURSING HOME WITHIN ~ 350'			

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
R.	R.	NONE
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
R.	N/A - UPSTREAM INTAKE	NE (UPSTREAM)

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS

☒ 2. COMMUNITY (specify town): > 15 CONNECTIONS — CITY ST. LOUIS - CHAIN OF ROCKS WTP ON MISS. RIVER

☒ 3. SURFACE WATER

☐ 4. WELL

Continue On Page 9

Continued From Page 4

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
NONE	NONE			

I. RECEIVING WATER

1. NAME: MALINE CREEK

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

- PROB. CLASS P
- LIMITED, IF ANY USAGE; TRASVERSES METRO AREA FOR STORM DRAINAGE

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☒ E. A REGULATED FLOODWAY → EDGE BORDERS ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
X	2. CLAY – SILT				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS: N/A

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: 3:1 MAX. AT EDGE; TO 1:1, GENERALLY FOLLOWING CRK. SLOPES STABLE.

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

N/A

 Continue On Reverse

Continued from front

XIV. PERMIT INFORMATION

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

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
PREVIOUS NPDES # MO-0000108	U.S. EPA AND	MO-0000108	9-23-74	10-9-81	N/A		
- TERMINATED 10-9-81	MO DNR						

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

MO DNR - ST. LOUIS REG. PREVIOUSLY WORKED WITH CERTAINTEED AND NEIGHBORING GAF CORP. TO ATTAIN SURFACE STABILIZATION OF ADJOINING, CONTIGUOUS ASBESTOS SLAG PILE.

REG. OFFICE HAS FILE HISTORY ON TOTAL PROJECT.

SITUATION BASICALLY RESOLVED TO MO DNR SATISFACTION THROUGH VOLUNTARY COMPLIANCE. SEE ALSO ATTACHED LETTER OF 6-2-80 FROM DNR TO COMPANY.

U.S. EPA HAD ALSO PREVIOUSLY ISSUED ADMINISTRATIVE ORDER TO ADJACENT COMPANY ON 2-26-79 TO CORRECT ASBESTOS PROBLEMS IN TERMS OF BOTH WASTE PILE AND WASTEWATER DISCHARGE.
SEE ATTACHED LETTER OF 4-28-80 FROM EPA TO COMPANY VERIFYING EPA APPROVAL OF CLOSURE ACTIONS TAKEN BY GAF, COMPLIANCE ATTAINED.

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