File CORRECTION NAME CHANGE

EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
II	NJ 05200

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II *(Preliminary Assessment)*. File this form in the Regional Hazardous Waste Log File and submit a copy 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: TAM CERAMICS IND (FORMERLY NL INDUSTRIES)

B. STREET *(or other identifier)*:

C. CITY:

D. STATE:

E. ZIP CODE:

F. COUNTY NAME:

G. OWNER/OPERATOR *(if known)*
1. NAME:
2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☐ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION:

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*:

K. DATE IDENTIFIED *(mo., day, & yr.)*:

L. PRINCIPAL STATE CONTACT
1. NAME:
2. TELEPHONE NUMBER:

II. PRELIMINARY ASSESSMENT *(complete this section last)*

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

NAME IS CHANGED ACCORDING TO THE DEC LIST OF JUNE 1980

☐ 1. NO ACTION NEEDED *(no hazard)*

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:

☐ 4. SITE INSPECTION NEEDED *(low priority)*

C. PREPARER INFORMATION
1. NAME: Wayne B. Raabe
2. TELEPHONE NUMBER:
3. DATE *(mo., day, & yr.)*: 11/19/80

III. SITE INFORMATION

A. SITE STATUS
☐ 1. ACTIVE *(Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)*
☐ 2. INACTIVE *(Those sites which no longer receive wastes.)*
☐ 3. OTHER *(specify)*: *(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)*

B. IS GENERATOR ON SITE?
☐ 1. NO ☐ 2. YES *(specify generator's four-digit SIC Code)*:

C. AREA OF SITE *(in acres)*:

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE *(deg.—min.—sec.)*:
2. LONGITUDE *(deg.—min.—sec.)*:

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☐ 2. YES *(specify)*:

338892

T2070-2 (10-79)

Continue On Reverse

Continued From Front

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS *(On Site and Off-Site)*: List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water-supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site and Off-Site)*: List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo,day,&yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
MONITORING WELLS	12-15-79	12-30-80	PRIVATE	$ 200 000	
				$	
				$	
				$	
				$	
				$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN-HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		$
b. STATE		$
c. PRIVATE PARTIES		$
d. OTHER *(specify)*:		$

EPA A MENDED

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
II	

File this form in the regional Hazardous Waste Log File and submit a copy 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	
N L INDUSTRIES	4511 HYDE PARK BLVD	
C. CITY	**D. STATE**	**E. ZIP CODE**
NIAGARA FALLS	N Y	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*					
C. REMEDIAL ACTION NEEDED *(If yes, complete Section IV.)*	X				X
D. ENFORCEMENT ACTION NEEDED *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR DISPOSITION

sent text to Cornell Fried 4-30-80

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION *(mo., day, & yr.)*	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED *(mo., day, & yr.)*

H. PREPARER INFORMATION 1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
CS		4/30/80

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY *(Detailed Information)*

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION *(mo, day, & yr)*	3. TO BE PERFORMED BY *(EPA, Contractor, State, etc.)*	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION (1)				
(2)				
(3)				
b. TYPE OF MONITORING (1)				
(2)				
c. TYPE OF SAMPLING (1)				
(2)				

Continue On Reverse

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY *(Continued)*

d. TYPE OF LAB ANALYSIS (1)				
(2)				
e. OTHER *(specify)* (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B *(on front & above)* AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER *(specify)*	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY *(On Site & Off-Site)* List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State, Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site & Off-Site)* List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
MONITORING WELLS	12-15-79	12-31-[illegible]	PRIVATE	$ 200,000	
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER *(specify)*		

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
II	

File this form in the regional Hazardous Waste Log File and submit a copy 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	
NL INDUSTRIES	4511 HYDE PARK BLVD	
C. CITY	**D. STATE**	**E. ZIP CODE**
NIAGARA FALLS	NY	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*					
C. REMEDIAL ACTION NEEDED *(If yes, complete Section IV.)*	X				X
D. ENFORCEMENT ACTION NEEDED *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR DISPOSITION

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION *(mo., day, & yr.)*	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED *(mo., day, & yr.)*

H. PREPARER INFORMATION

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

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY *(Detailed Information)*

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION *(mo, day, & yr)*	3. TO BE PERFORMED BY *(EPA, Contractor, State, etc.)*	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

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Continue On Reverse

Continued From Front

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY *(Continued)*

d. TYPE OF LAB ANALYSIS (1)				
(2)				
e. OTHER *(specify)* (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B *(on front & above)* AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER *(specify)*	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY *(On Site & Off-Site)*: List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State, Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site & Off-Site)*: List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
MONITORING WELLS	12-15-79	12-30-80	PRIVATE	$ 200 000	
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER *(specify)*		

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER

File this form in the regional Hazardous Waste Log File and submit a copy 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	
N I INDUSTRIES	4511 HYDE PARK BLVD	
C. CITY	D. STATE	E. ZIP CODE
NIAGARA FALLS	NY	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*					
C. REMEDIAL ACTION NEEDED *(If yes, complete Section IV.)*	X		X		X
D. ENFORCEMENT ACTION NEEDED *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR DISPOSITION

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION *(mo., day, & yr.)*	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
E. SCHMALZ	264-5680	12/31/79

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY *(Detailed Information)*

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION *(mo, day, & yr)*	3. TO BE PERFORMED BY *(EPA, Contractor, State, etc.)*	4 ESTIMATED MANHOURS	5 REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

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Continue On Reverse

(2)				
e. OTHER (specify) (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B *(on front & above)* AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER *(specify)*	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY *(On Site & Off-Site)* List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State, Private Party)*	5 ESTIMATED COST	6 SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site & Off-Site)* List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State Private Party)*	5. ESTIMATED COST	6 SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
OTHER ENVIRONMENTAL SPILL	11-15-79	12-15-80	NY DEC + private	$ 2.5 [illegible] +	VOLUNTARY CORRECTIVE
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3 TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2 TOTAL EST MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER *(specify)*		

U. S. Environmental Protection Agency

CCTO HQ 11-28-79 CG.

REGION 2

HAZARDOUS WASTE SITE

IDENTIFICATION AND PRELIMINARY ASSESSMENT

SITE IDENTIFICATION

SITE NUMBER

Facility Name NL INDUSTRIES, INC.

Phone Number

Address (City, County, State) HYDE PARK BOULEVARD SITE, N.F. NIAGARA NIAGARA

Geographical Coordinates (degrees, minutes, seconds)

Owner of Facility N L INDUSTRIES INC.

Owner of Realty N L INDUSTRIES INC.

Operator N L INDUSTRIES INC.

STATE INFORMATION

Date site identified MARCH 1979

How site identified INTER AGENCY TASK FORCE REPORT MARCH 1979

State Contact: Who

When

TYPE OF FACILITY

Active /_/

Inactive /✓/

Abandoned /_/

Generator on-site facility /_/

Generator off-site facility /_/

Treatment /_/

Storage /_/

Disposal /_/

* Type of Waste on Site: A. /✓/ Liquid /✓/ Solid /✓/ Sludge

/_/ Volatile B. /_/ Corrosive /_/ Ignitable /_/ Radioactive

/_/ Toxic /_/ Reactive /_/ Municipal sludge

/_/ Municipal Refuse /_/ Inert /_/ Other (Indicate)

*Attach list of all known substances, listed by (A) classification. (Include oil and all petroleum products)

Waste Oil or Oil based compounds on site Yes (✓) No ( )

Amount of waste on site /3/5/8/9/ gallons/(tons)/barrels/cubic yar

Other measure: _____

Source of Information: _____

Manner of Storage, Disposal or Handling: /✓/ Pits /✓/ Impoundments

☑ STEEL SHELLS /✓/ Drums /✓/ Tanks /✓/ Deep Wells /✓/ Above Ground

☑ PLASTIC BOTTLES /✓/ Below Ground /✓/ Incineration /✓/ Transportation

/✓/ Land Farming /✓/ Landfill /✓/ Chemical Treatment

/✓/ Physical Treatment /✓/ Biological Treatment /✓/ Recycli

/✓/ Open Dump (No Facility)

Size or Area of Site: Approximate area and dimensions, if known: 30 - 50 ACRES

SUBSURFACE CONDITIONS (Geology and Geohydrology) (from USGS, etc.)

- o Estimate depth to aquifer _____
- o Direction of flow _____
- o Location of potential or actual recharge and discharge areas _____
- o Types of interconnection of aquifers _____
- o Ground water use in vicinity _____
- o Bedrock formations

  --Type: (Circle) Sandstone, limestone, shale, Other _____, Unknown

  --Depth from surface

- o Soil strata and overburden

HAZARD DEFINITION (Check Appropriate)

- [ ] Contamination or Threatened Contamination of Surface Water
- [ ] Contamination or Threatened Contamination of Air
- [x] Contamination or Threatened Contamination of Groundwater
- [ ] Contamination or Threatened Contamination of Soil
- [ ] Threat of Fire or Explosion
- [ ] Access not controlled
- [ ] Population at Risk (Circle: Residential Area, Workforce, Publicity Traveled Area)
- [ ] Non-Compatible Waste
- [ ] Leaking Containers
- [ ] Visible Damage (structure, vegetation, etc.)
- [ ] Water Supplies Threatened
- [ ] Other (indicate) _____

KNOWN OR ALLEGED INCIDENTS

TYPE	DATE	TYPE	DATE
[ ] Spill/Leak	_____	[ ] Surface Water Contamination	_____
[ ] Promiscuous Dumping	_____	[ ] Fish Kill	_____
[ ] Incompatible Wastes Mixed	_____	[ ] Wildlife Kill	_____
[ ] Inadequate Security	_____	[ ] Natural Disaster	_____
[ ] Fire/Explosion	_____	[ ] Worker Injury	_____
[x] Groundwater Contamination	_____	[ ] Non-Worker Injury/ Exposure	_____
		[ ] Property Damage	_____

REGULATORY ACTION TO DATE

All Applicable Permits Held

NOT APPLICABLE

Reconnaissance, Inspections, or Sampling Survey (List Agency and Date)

Past/Present Federal, State or Local Actions

PRELIMINARY ASSESSMENT *

Apparent Seriousness of Problem [ ] High [✓] Medium

[ ] Low [ ] None

State Action [ ] Planned [ ] Ongoing [ ] Concluded

[ ] Adequate [ ] Inadequate [✓] None

Priority for Site Inspection [ ] High [ ] Medium

[✓] Low [ ] None Needed SITE (SURVEY) SAMPLING NEEDED TO ASSESS NATURE PROBLEM

Date of Assessment 10/23/79

Prepared by ZACK DOBBS

* If as a result of this preliminary assessment no further action is needed, complete the "Final Strategy Determination" Form.

Changed to "none needed" 11-15-79. See memo of same date from E. Schmf.

REVISED-UPDATED INFO

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION: II | SITE NUMBER: NY 00006830

File this form in the regional Hazardous Waste Log File and submit a copy 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	
N.L. Industries (TAM Ceramics)	4511 Hyde Park Blvd.	
C. CITY	**D. STATE**	**E. ZIP CODE**
Niagara Falls	NY	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)	X	X			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.).					
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.).					

E. RATIONALE FOR DISPOSITION

30-50 acre inactive site in use from the early 1900's to 1976. Almost 3000 tons of known metals were disposed of. Concern exists about unknown wastes dumped by previous owners. Potential contamination of groundwater and sediments.

Site is not properly closed. Monitoring wells on site have not been sampled. Additional sampling and investigation needed.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.).	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.).
Margery Jacobs	264-1573	6/30/81

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

CC LYNN

HAZARDOUS WASTE SITE STATUS

Name & Address

NL INDUSTRIES
4511 HYDE PARK BLVD
NIAGAR FALLS

Site Number NY5200

Staff Responsible

SCHMACZ
CZACK

County

NIAGARA

Agency Responsible

____ EPA ____ State ____ None

Preliminary Assessment Rating

MEDIUM

Date of Assessment

10/23/79

Tentative Disposition

REMEDIAL ACTION BY ~~S~~ OWNER

Date of Disposition

12/31/79 - UPDATE 4/30/80

Site Inspection Requested | **Date of Request** | **Date of Inspection** | **Date of Report**

____ Yes ✓ No

Site Inspection Rating

JRB Rating

Sampling Requested | **Date of Request** | **Date of Sampling** | **Date of Report**

____ Yes ____ No

Final Strategy Determination -
(based on sampling results)

REMEDIAL ACTION BY PRIVATE

NOT SENT

Date of Determination

11-20-79

Enforcement by EPA

____ Yes ____ No

Date of Case Development Plan

Enforcement Team Leader

Technical Staff -

Legal Staff -

S&A Field Staff -

FIT Staff -

Enforcement Case Filed Date

Administrative Order Issued Date

EPA

POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER: NY004

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME: N L INDUSTRIES 4511 HYDE PARK BLVD

CITY: NIAGARA FALLS | STATE: N.Y. | ZIP CODE:

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo,day,yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	3-79 ~~10/23/79~~	EPA TASK FORCE ERIE COUNTY		11-15-79
2. PRELIMINARY ASSESSMENT	10/23/79	EPA	E. SCHMALZ	11-15-79
APPARENT SERIOUSNESS OF PROBLEM:	☐ HIGH	☑ MEDIUM ☐ LOW ☐ NONE	☐ UNKNOWN	
3. SITE INSPECTION		NONE NEEDED		
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
☐ a. NO ACTION NEEDED				
☐ b. INVESTIGATIVE ACTION NEEDED				
☒ c. REMEDIAL ACTION NEEDED		NYS DEC + PRIVATE	E. SCHMALZ	11-16-79
☐ d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)				
☐ a. NO ACTION NEEDED				
☒ b. REMEDIAL ACTION NEEDED		NYS DEC + PRIVATE	E. SCHMALZ	11-20-79
☐ c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
☐ d. ENFORCEMENT ACTION NEEDED				
☐ (1) CASE DEVELOPMENT PLAN PREPARED				
☐ (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				

EPA Form T2070-1 (10-79)

U. S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE SITE INVESTIGATION LOG

Site Name N.L. INDUSTRIES, INC Site Number: Site Address 4511 HYDE PARK BOULEVARD SITE N F Brief description of the type of facility and hazard information (indicate active or inactive)	
INTERAGENCY TASK FORCE REPORT MARCH 1979	Problem Identification (Date) Source of Identification
INTERAGENCY TASK FORCE REPORT MARCH 1979 JOHN BEECHER (716) 842-5824	State Notified (Date, State contact)
10/23/79 ZACK DOBBS 8-473-3166	Preliminary Assessment (Date, Regional contact)
	Apparent Seriousness of Problem (High-Medium-Low-None)
	Site Inspection Agency Performing Inspection (Dates)
	Tentative Disposition (Date, Regional contact)
	Final Strategy Determinations: Corrective Action Underway (State, Federal Private
	Enforcement (State, Federal) (if State, date to be initiated) (if Federal, Date Case Development Plan Prepared)
	Corrective Action Plan Developed but No Resources Available for Implementation (Date), Regional Contact)
	No Action Necessary (Date of determination)
	STRATEGY COMPLETED (Date)

REGION ____; Page ____

PRELIMINARY CRITERIA FOR INITIAL SITE EVALUATION

The following outlines the preliminary criteria which will be utilized to perform initial (desk, non-field) evaluations of hazardous waste sites. This initial screening is the first step in the overall process to identify and prioritize problem sites. Based on the results of the screening, a decision will be made on whether a preliminary site inspection is appropriate.

The initial evaluation criteria ~~is~~ are divided into two parts. The first considers the source and nature of the reported complaint or problem. Reports and other supporting evidence (e.g. USGS maps, hydrology and topography data, etc) are evaluated in the second part. An accumulation of five (5) points in either part of the criteria would indicate that a preliminary site visit is warranted. Where appropriate, such visits will be undertaken by the Emergency Response & Inspection Branch.

Use the following tables to determine if a preliminary site visit is warranted. Simply circle applicable criteria and total points.

I. PRELIMINARY CRITERIA FOR REPORTED COMPLAINTS

A. SOURCE OF COMPLAINT	#Pts
EPA State	(5)
Related Agency	4
Local Environmental/Health	4
Local Official	3
Professional	3
Local Citizen	2
General Complaint	1
SUBTOTAL	5

B. NATURE OF COMPLAINT	#Pts
1) Groundwater Contamination	
- Public well -	3
- Private well -	2
- Usable aquifer -	(1)
SUBTOTAL =	1
2) Surface Water Contamination	
- Water supply -	3
- Tributary to water supply -	2
- Recreational use -	1
SUBTOTAL =	___
3) Atmospheric Transport Contamination	
- Fire or explosion -	3
- Toxic volatilization -	2
- Contact -	1
SUBTOTAL =	___

GRAND TOTAL #Pts = 6

GENERAL COMMENTS

II. PRELIMINARY CRITERIA FOR SUPPORTING EVIDENCE

A. GROUNDWATER CONTAMINATION	Pts.	B. SURFACE WATER CONTAMINATION	Pts	C. ATMOSPHERIC CONTAMINATION	Pts
Groundwater Discolored/Odoriferous	4	Hazardous Wastes in Runoff	4	Evidence of Fires or Explosions	4
Leachate Migration	(3)	Leachate Outcropping	(3)	Improperly Stored Flammable or Reactive Wastes	3
Unstablized Wastes	(2)	Leachate or Runoff Migration	(3)	Improperly Stored Toxic Wastes	(3)
Improperly Secured Site	(2)	Biological Stress Evident		Health Problem Evident	3
Leachate Outcropping	(2)	Improperly Secured Site	(2)	Odor Emissions	2
No Monitoring System	1	Unstabilized Wastes	(2)	Public Accessibility	1
		No Runoff Containment System	(2)		
SUBTOTAL	9	SUBTOTAL	12	SUBTOTAL	3

GRAND TOTAL Pts. - ~~29~~ 21

ADDITIONAL COMMENTS