FY 84 Summary

Facility Status Sheet

file

FORM SUBMITTED:
BY: [illegible]
DATE: 11/7/84 (M/D/Y)

A. EPA ID: MOD000818963
FACILITY NAME: McDonnell Douglas

A1. Entry type: ☐ New ☒ Update

A2. Facility type: ☒ Major ☐ Non-major

1. GROUNDWATER MONITORING

Status: 1A. ☐ Detection (Go on to 2) ☐ Assessment (Go on to 2) ☐ Waiver (Skip to 6) ☒ NA (Skip to 8)

	EVALUATED?	ADEQUATE?	
2. Groundwater Monitoring Well System:	2A. ☐ NE Date ___/___/___ (M/D/Y)	2B. ☐ Yes ☐ No	
3. Groundwater Sampling, Analysis and Evaluation Program:	3A. ☐ NE Date ___/___/___ (M/D/Y)	3B. ☐ Yes ☐ No	
4. Notice of Significant Increase in Indicator Concentrations:			4. Submitted? ☐ No ___/___/___ (M/D/Y)
5. Groundwater Quality Assessment Report:			5A. Submitted? ☐ No ___/___/___ (M/D/Y)
	5B. ☐ NE Date ___/___/___ (M/D/Y)	5C. ☐ Yes ☐ No	5D. Showed hazardous constituents in ground water? ☐ Yes ☐ No
6. Waiver Demonstration:	6A. ☐ NE Date ___/___/___ (M/D/Y)	6B. ☐ Yes ☐ No	
7. Groundwater Monitoring Records:	7A. ☐ NA ☐ NE Date ___/___/___ (M/D/Y)	7B. ☐ Yes ☐ No	
8. Activities Subject to CLOSURE/POSTCLOSURE:	☐ Landfill ☐ Surface Impoundment ☐ Land Treatment/Application	☐ Incinerator ☐ Waste Pile ☒ Other (Specify) S01, S02	

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R00144280
RCRA RECORDS CENTER

	EVALUATED?	ADEQUATE?	
9. Closure Plan:	9A. ☐ NA ☐ NE Date 6/28/84 (M/D/Y)	9B. ☑ Yes ☐ No	
10. Closure Cost Estimate:	10A. ☐ NA ☐ NE Date 6/28/84 (M/D/Y)	10B. ☑ Yes ☐ No	10C. Amount: $248,000 Unknown: ☐
11. Closure Assurance Instrument(s):	11A. ☐ NA ☐ NE Date 6/28/84 (M/D/Y)	11B. ☑ Yes ☐ No	
	11C. Instrument type(s): ☐ Trust Fund ☐ Financial Bond ☐ Performance Bond ☐ Letter of Credit ☐ Insurance ☑ Financial Test ☐ Corporate Guarantee ☐ State Guarantee ☐ Other State Mechanism		
12. Post-closure Plan:	12A. ☑ NA ☐ NE Date / / (M/D/Y)	12B. ☐ Yes ☐ No	
13. Post-closure Cost Estimate:	13A. ☑ NA ☐ NE Date / / (M/D/Y)	13B. ☐ Yes ☐ No	13C. Amount: $ Unknown: ☐
14. Post-closure Assurance Instrument(s):	14A. ☑ NA ☐ NE Date / / (M/D/Y)	14B. ☐ Yes ☐ No	
	14C. Instrument type(s): ☐ Trust Fund ☐ Financial Bond ☐ Performance Bond ☐ Letter of Credit ☐ Insurance ☐ Financial Test ☐ Corporate Guarantee ☐ State Guarantee ☐ Other State Mechanism		
15. Sudden Liability Instrument(s):	15A. ☐ NA ☐ NE Date 8/1/82 (M/D/Y)	15B. ☑ Yes ☐ No	15C. Amount? $ 1 mil per occurrence $ 2 mil annual aggregate
	15D. Instrument type(s) ☐ Insurance Policy ☑ Financial Test ☐ State Guarantee ☐ Other State Mechanism		
16. Non-sudden Liability Instrument(s):	16A. ☑ NA ☐ NE Date / / (M/D/Y)	16B. ☐ Yes ☐ No	16C. Amount? $ per occurrence $ annual aggregate
	16D. Instrument type(s): ☐ Insurance Policy ☐ Financial Test ☐ State Guarantee ☐ Other State Mechanism		

17. Closure Process:	17A. Process begun?		☑ No	Date Begun ___/___/___ M D Y
	17B. In accordance with approved plan and required procedures?	☐ Yes	☐ No	
	17C. Closure certifications received?		☐ No	Date Received ___/___/___ M D Y
	17D. Facility released from closure assurance and liability requirements?	☐ NA	☐ No	Date Released ___/___/___ M D Y
18. Post-Closure Process:	18A. Process begun?		☑ No	Date Begun ___/___/___ M D Y
	18B In accordance with approved plan and required procedures?	☐ Yes	☐ No	
	18C. Survey plat/record of wastes received?		☐ No	Date Received ___/___/___ M D Y
	18D. Post-closure period completed?		☐ No	Date Completed ___/___/___ M D Y
	18E. Facility released from post-closure assurance requirements?	☐ NA	☐ No	Date Released ___/___/___ M D Y
19. Permit Application:	19A. Called In?		☐ No	Date Called 4/8/82 M D Y
	19B. Reason for permit application call-in: ☐ Groundwater ☐ Financial Assurance ☐ Closure ☐ Liability Coverage ☑ Other			
20. Comments:				

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