UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

December 5, 1980

Mr. Don Hensch
Oklahoma State Department of Health
Hazardous Waste Division
P. O. Box 53551
1000 N. E. 10th Street
Oklahoma City, Oklahoma 73152

Dear Mr. Hensch:

Please find enclosed the following Hazardous Waste Site Forms (Tentative Disposition, Site Inspection) that we have found to be incomplete. Attached to each group of forms is a guidance for correcting the particular problems associated with the data. It would be appreciated if you would correct and resubmit the forms when completed.

Should you have any questions regarding this matter, please contact me at (214) 767-3274.

Sincerely,

Gerald Fontenot, Chief
Hazardous Materials Enforcement Section, 6AEGH

Enclosures

cc: Stan Jorgensen, 6AAHS
Charles Gazda, 6ASASC

~~T.R.D. CONTAINER~~
~~[illegible]~~
OKD 070040589

204959

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
6	OK03986

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	
Tulsa Recon Co. Pits	17,400 E. Young (Tulsa Street)	
C. CITY	**D. STATE**	**E. ZIP CODE**
Catoosa	OK	74105

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

NEED to further define problem

Sample collected, but analysis not yet available. Potential ground and surface water contamination.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.): UNKNOWN

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.): N/A

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
Kenneth C Burns	(405) 271-5338	9-24-80

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)				R.I. CONTAINER
(3)				OKD070040589
b. TYPE OF MONITORING (1)				
(2)				SUPERFUND FILE
c. TYPE OF SAMPLING (1)				JUL 13 1992
(2)				REORGANIZEL

REVIEWED BY (GREGH) Larry Wright DATE 9-30-81

EPA Form T2070-4 (10-79)

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.

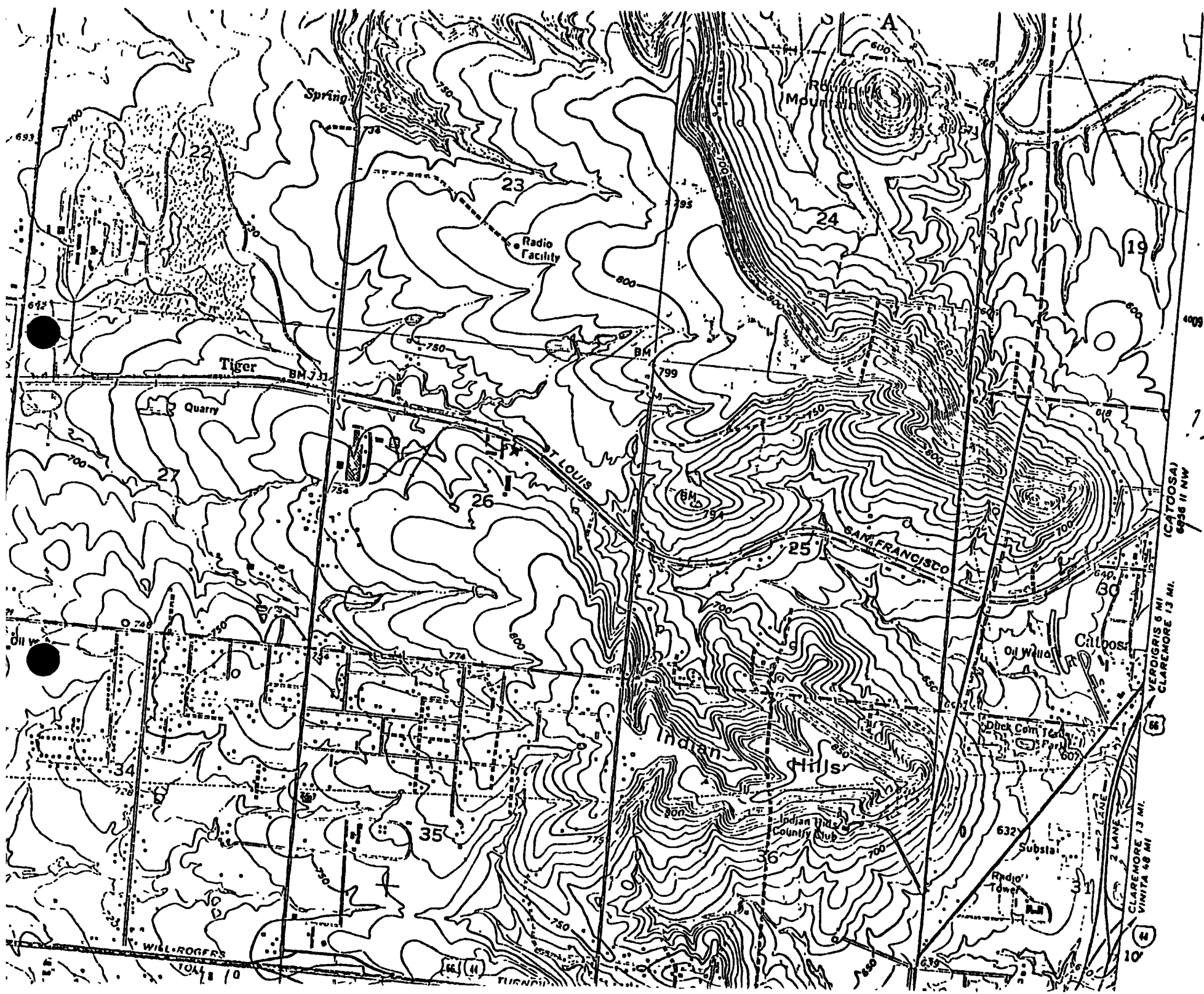
1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION: INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

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
				$	
				$	
				$	
				$	
				$	
				$	

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)		


Spring
Radio Facility
Tiger
Quarry
ST LOUIS
SAN FRANCISCO
Indian Hills
Indian Hills Country Club
Substa
Radio Tower
Oil Well
Calpos
Duck Com Terr Park
WILL ROGERS
TURNPIKE
VERDIGRIS 6 MI
CLAREMORE 13 MI.
(CATOOSA)
6938 II NW
CLAREMORE 13 MI.
VINITA 48 MI
2 LANE
12'30"
22
23
24
19
27
26
25
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34
35
36
31
10

ATTACHMENT II

Tentative Dispositions: The "Rationale for Disposition" needs to be expanded to indicate what problems or unknown conditions need further investigation. An estimate of the date of final disposition should be entered in Section II F. Part III A. needs to be completed to show what investigative activities [i.e., sampling plan for site, collection of company data (construction drawings, photos, analyses etc.) gathering information from other agencies, etc.] will be undertaken by the State to achieve a final disposition. A proposed schedule for achieving these activities should be identified, also, if possible.

OK02411	Thompson Pump Company
OK03786	Tulsa Recon Co. Pits
OK03727	Southwest Pickling
OK03701	Thomason Lumber Company
OK01686	Texaco Inc. Landfill
OK02135	Weyerhaeuser Co. Mid-South Containerboard Mill
OK01589	Vickers Petroleum Landfill
OK00736	Somex, Litd. Injection Well
OK03158	U.S. Army Field Artillery Center
OK02631	Crown-Zellerback
OK02275	Real Scrap Metal Processing

Site Inspection Report: OK03701 - Send copy of page 2 of 10. Two copies of page 1 mailed but no page 2. Also need street address or other location identifier on page 1.

Complete and submit site inspection report for these sites OK02631 and OK02275 prior to completion of tentative dispositions.

Final Strategy: OK02267 - OSDH has indicated that no action is needed, the site has been referred to the Corporation Commission. Again, just, because site is not under OSDH jursdiction doesn't mean that no hazards exist. Best way to handle would appear to be a T. D. indicating investigative action needed, with F. S. being completed when results of Corp. Commission investigation are received.

P.D. Wright 11-21-80

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by HQ)
6	OK03786

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety 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 Tack Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: Tulsa Recon Co.

B. STREET (or other identifier): 17400 E. Young (Tulsa street address)

C. CITY: Catoosa

D. STATE: OK

E. ZIP CODE: 74105

F. COUNTY NAME: Rogers

G. SITE OPERATOR INFORMATION

1. NAME: Judson W. Webb

2. TELEPHONE NUMBER: (918) 234-5100

3. STREET: P.O. Drawer K

4. CITY: Catoosa

5. STATE: OK

6. ZIP CODE: 74105

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

1. NAME: Unknown

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: Surface impoundments (3) from drum Reconditioning process

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.): 8-8-80

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME: Gary McDonald

2. TELEPHONE NUMBER: (405) 271-5338

3. DATE (mo., day, & yr.): 7/21/80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: Gary McDonald

2. TITLE: Field Inspector

3. ORGANIZATION: State - OSDH

4. TELEPHONE NO. (area code & no.): (405) 271-5338

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Randy Gay	State - OSDH	(405) 271-7060

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Mr. Al Murray	Plt. Mgr.	17400 E. Young Catoosa
		~~TULSA~~ CONTAINER
		OKD070040589
		~~SUPERFUND FILE~~
		JUL 13 1992

REORGANIZED

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WA E TYPE GENERATED
[redacted]	—	—	

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
—	—		

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
—	—	

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY. (credentials must be shown in all cases)
7/16/80	11:00 am	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)
Clear 105°F

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		NA	
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
pH	discharge line from barrel rinse	10-11
pH	pit #1	5
pH	" "	4

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS [redacted]
   - [X] a. GROUND
   - [ ] b. AERIAL None

2. PHOTOS IN CUSTODY OF [redacted] OSDH

D. SITE MAPPED?

[ ] YES. SPECIFY LOCATION OF MAPS Unknown

E. COORDINATES

1. LATITUDE (deg.-min.-sec.) 36° 11' 10"
2. LONGITUDE (deg.-min.-sec.) 95° 47' 15"

V. SITE INFORMATION

A. SITE STATUS

- [X] 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
- [X] 2. YES (specify generator's four-digit SIC Code): Unknown

C. AREA OF SITE (in acres) 2 acres

D. ARE THERE BUILDINGS ON THE SITE?

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

VI. CHARACTERIZATION OF SITE ACTIVITY

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

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	X	4. SURFACE IMPOUNDMENTS
	5. PIPELINE	X	5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

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

- [X] 1. STORAGE
- [ ] 2. INCINERATION
- [ ] 3. LANDFILL
- [X] 4. SURFACE IMPOUNDMENT
- [ ] 5. DEEP WELL
- [ ] 6. CHEM/BIO/PHYS TREATMENT
- [ ] 7. LANDFARM
- [ ] 8. OPEN DUMP
- [ ] 9. TRANSPORTER
- [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

- [X] 1. LIQUID
- [X] 2. SOLID
- [X] 3. SLUDGE
- [ ] 4. GAS

B. WASTE CHARACTERISTICS

- [X] 1. CORROSIVE
- [ ] 2. IGNITABLE
- [ ] 3. RADIOACTIVE
- [ ] 4. HIGHLY VOLATILE
- [X] 5. TOXIC
- [ ] 6. REACTIVE
- [ ] 7. INERT
- [X] 8. FLAMMABLE
- [ ] 9. OTHER (specify):

C. WASTE CATEGORIES

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

Continue On Reverse

Continued From Front

WASTE RELATED INFORMATION (continued)

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 20,000	AMOUNT	AMOUNT
UNIT OF MEASURE —	UNIT OF MEASURE —	UNIT OF MEASURE	UNIT OF MEASURE gals/mo	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.
X (2) METALS SLUDGES	(2) OTHER (specify)	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify)	X (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			X (4) PESTICIDES Small amt.	(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		
			X (10) METALS		
			X (11) OTHER (specify): Oily Wastes		

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
Lead Oxides	X	X		X				001317368	unknown	
hydrochloric acid		X		X				007647010	"	
sodium hydroxide		X		X				001310732	"	

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 5

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☒ F. CONTAMINATION OF GROUND WATER

lagoons are unlined, soil is sandy clay with broken sandrock, water table is seasonly high

☒ G. CONTAMINATION OF SURFACE WATER

possible from runoff from lagoons which used to overflow or from liquid leaching through dikes

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☒ L. CONTAMINATION OF SOIL

from contact with oily wastes and lead oxides and paint pigments

☐ M. PROPERTY DAMAGE

 Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

/

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

/

☐ P. SEWER, STORM DRAIN PROBLEMS

/

☐ Q. EROSION PROBLEMS

/

☒ R. INADEQUATE SECURITY

There are no signs identifying the pits and they aren't fenced

☐ 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	unknown			
2. IN COMMERCIAL OR INDUSTRIAL AREAS	"			
3. IN PUBLICLY TRAVELLED AREAS	"			
4. PUBLIC USE AREAS *(parks, schools, etc.)*	"			

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
5 feet	SW	Domestic & Industrial
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
5gpm	2 miles	NW

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS ☐ 2. COMMUNITY *(specify town)* > 15 CONNECTIONS _____

☐ 3. SURFACE WATER ☒ 4. WELL

 Continue On Page 9

Continued From Page 8

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 Reported				

I. RECEIVING WATER

1. NAME Veedigris River tributary

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Wild life peopagation, fishing

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 ☐ 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)
X	1. SAND	X	Sandstone	X	Shale
X	2. CLAY	X	Siltstone	X	Siltloam topsoil
	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

H. DISCHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS

I. SLOPE

1. ESTIMATE % OF SLOPE: 5%

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

J. OTHER GEOLOGICAL DATA

Shallow seasonal groundwater table (perched water)

 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
None Known							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

Written Request for a disposal plan

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.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT
#1 Pit containing caustic rinsewater, oily wastes, acids & paint pigments plus plant site runoff

2. STABILITY/CONDITION OF EMBANKMENTS
Dikes are subject to erosion, the tops are eroded and are bare of vegetation in places

3. EVIDENCE OF SITE INSTABILITY (Erosion, Settling, Sink Holes, Etc.)
[X] YES [ ] NO dikes have eroded some on top

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
[ ] YES [X] NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
[ ] YES [ ] NO unknown

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
[X] YES [ ] NO

7. IMPOUNDMENT HAS LINER SYSTEM
[ ] YES [X] NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
[ ] YES [X] NO

7b. FINDINGS
unknown – Compaction poor

8. SOIL STRUCTURE AND SUBSTRUCTURE
Sand clay with broken sandstone

9. MONITORING WELLS
[ ] YES [X] NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH 45 WIDTH 25 DEPTH unknown [probably 3-5 feet

11. CALCULATED VOLUMETRIC CAPACITY
unknown

12. PERCENT OF CAPACITY REMAINING
0-10%

13. ESTIMATE FREEBOARD
2' at time but 6,000 gallons is hauled off weekly

14. SOLIDS DEPOSITION
[X] YES [ ] NO

15. DREDGING DISPOSAL METHOD
NO

16. OTHER EQUIPMENT
None

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT
#2 Pit Containing overflow from #1 pit which is caustic and oily wastes water

2. STABILITY/CONDITION OF EMBANKMENTS
fair-poor / erosion on top

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
☒ YES ☐ NO erosion on top of dikes

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
☐ YES ☒ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
☐ YES ☐ NO unknown

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☒ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☒ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE
sandy clay with broken sandstone

9. MONITORING WELLS
☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY
unknown

12. PERCENT OF CAPACITY REMAINING
0-1%

13. ESTIMATE FREEBOARD
2'

14. SOLIDS DEPOSITION
☒ YES ☐ NO

15. DREDGING DISPOSAL METHOD
None

16. OTHER EQUIPMENT

None

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT
#3 Pit containing Caustic waste water overflow from #1, & #2 Pits

2. STABILITY/CONDITION OF EMBANKMENTS
fair - no grass on inside slope

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
☐ YES ☒ NO

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
☐ YES ☐ NO unknown

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☒ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☒ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE
Sandy clay with broken sandstone

9. MONITORING WELLS
☐ YES ☒ NO

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH

11. CALCULATED VOLUMETRIC CAPACITY
unknown

12. PERCENT OF CAPACITY REMAINING
unknown

13. ESTIMATE FREEBOARD
4-5'

14. SOLIDS DEPOSITION
☐ YES ☒ NO

15. DREDGING DISPOSAL METHOD
None

16. OTHER EQUIPMENT
None

STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

Tulsa Recon

INSTRUCTION
Answer and Explain as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE
   [X] YES [ ] NO

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE
   [X] YES [ ] NO

3. EVIDENCE OF LEAKAGE/OVERFLOW *(If "Yes", document where and how much runoff is overflowing or leaking from containment)*
   [ ] YES [X] NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS
   20-30 55gal bbl

5. GLASS OR PLASTIC STORAGE CONTAINERS USED
   [ ] YES [X] NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS
   4,000 gallons

7. NOTE LABELING ON CONTAINERS
   None

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS *(If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)*
   [ ] YES [X] NO

9. DIRECT VENTING OF STORAGE TANKS
   [X] YES [ ] NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
    [ ] YES [X] NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
    [ ] YES [X] NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES
    [X] YES [ ] NO

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS
    [X] YES [ ] NO

IDENTIFICATION AND PRELIMINARY ASSESSMENT

6 | OK03786

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information contained 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.

L. D. Wright 11/21/80

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: Tulsa Recon Co.

B. STREET (or other identifier): 17400 E. Young

C. CITY: Catoosa (Tulsa: Streets)

D. STATE: Okla

E. ZIP CODE: 74105

F. COUNTY NAME: Rogers

G. OWNER/OPERATOR (If known)

1. NAME: Judson W. Webb

2. TELEPHONE NUMBER: (918) 234-5100

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

Surface impoundments (3) with wastewater from drum reconditi

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

Complaint

K. DATE IDENTIFIED (mo., day, & yr.): 7/16/80

L. PRINCIPAL STATE CONTACT

1. NAME: Don Hensch

2. TELEPHONE NUMBER: (405) 271-5338

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

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

☒ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: 7/16/80
b. WILL BE PERFORMED BY: Gary McDonald

☐ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME: Gary McDonald

2. TELEPHONE NUMBER: (405) 271-5338

3. DATE (mo., day, & yr.): 7/16/80

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 intermittently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify): (Those sites that include open incinerators, open burning areas, or open dumping areas where no regular or continuing use of the site for waste disposal has occurred.)

TRI. CONTAINER
OKD007004587

B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES (specify generator's four-digit SIC Code)

C. AREA OF SITE (in acres): 2

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):

SUPERFUND FILE
JUL 13 1992
REORGANIZE

... to each activity by marking 'X' in the appropriate boxes.

X	A. TRANSPORTER	X	B. STORER	X	C. [illegible]TER	X	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY	X	4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTIO
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Caustic Rinse WATER containing oily waste, lead oxides, and other chemicals is discharged into tanks and overflow to 3 pits

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

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

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: Unknown	AMOUNT: Unknown	AMOUNT:	AMOUNT: 20,000	AMOUNT:	AMOUNT:
UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE: gals/month	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) LABORATOR PHARMACEU
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	X (3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIV
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specif
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			X (10) METALS		
			X (11) OTHER (specify)		

V. WASTE RELATED INFORMATION (cont

3. LIST SUBSTANCES OF GREATEST C[illegible]RN WHICH MAY BE ON THE SITE (place in d[illegible]ding order of hazard).

Lead or Lead Oxide
Caustic Soda

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

pits with waste water

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY	[redacted]			[redacted]
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			Reported Shallow groundwater
8. CONTAMINATION OF SURFACE WATER	X	X	unknown	Reported overflows
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			by lead hydroxide
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY	X			No fence or signs identifying site
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify)				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [ ] 3. STATE PERMIT (specify): none
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify):

B. IN COMPLIANCE?

- [ ] 1. YES
- [x] 2. NO
- [ ] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- [x] A. NONE
- [ ] B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- [x] A. NONE
- [ ] B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Correspondence	9/17/79	State	Notice to aquire approved disposal plan

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.