STAUFFER - AG. CHEM - N. LITTLE ROCK - AR

Logged 12/20/79 RCT

REGION 6

DRAFT

POTENTIAL HAZARDOUS WASTE SITE

IDENTIFICATION AND PRELIMINARY ASSESSMENT

This form is completed for each potential hazardous waste site to help set priorities for site inspections. 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.

Eckhardt List I.D. AR 18-5
Duplicates _____

SITE IDENTIFICATION

Site number (to be assigned by Headquarters) ARD006354484 ICI AMERICAS, INC

Site Name Stauffer Chemical Co.

Street (or other identifier) 824 E. 12th St (P.O. Box 188)

City, State, Zip N. Little Rock, Ar. 72115

County Name Pulaski

Owner/Operator (if known) Stauffer Chemical, Westport, Ct. Plant Mgr. Irvin Wheeler Telephone 374-7445

/__/ Federal /__/ State /__/ County
/__/ Municipal /✓/ Private /__/ Unknown

Site Description Herbicide manufacturer

How Identified (i.e. Citizen's complaints, OSHA Citations, etc.) Eckhardt list #AR/1815, EJ #146 Date Identified 11/1/79

Principal State Contact Buddy Parr Telephone _____

Fill in pages 2-5 of this form as completely as possible. Then indicate the preliminary assessment in the boxes below:

PRELIMINARY ASSESSMENT

Apparent Seriousness of Problem /__/ High /__/ Medium /__/ Low /__/ None /X/ U:

/_/ No action needed - no hazard

/_/ Immediate site inspection needed Tentatively Scheduled for _____
Will be performed by _____

/_/ Site inspection needed Tentatively Scheduled for _____
Will be performed by _____

/X/ Site inspection needed - low priority (Haz. waste currently disposed off site)

File this form in the Regional Hazardous Waste Log File and submit a copy to:
Site Tracking System
Hazardous Waste Enforcement Task Force
U. S. Environmental Protection Agency
401 M Street SW (EN335)
Washington, D. C. 20460

RECEIVED SUPERFUND FILE DEC 13 1979

MAR 03 1992 GAEG REORGANIZED

Prepared by Larry Wright
Telephone FTS 729-8941
Date Dec. 5, 79

Form 1-CPS Revised 10/16/79

9003047

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E INFORMATION

/✓/ ACTIVE — Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.

/✓/ INACTIVE — Those sites which no longer receive wastes.

/_/ 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.

ENERATOR ON SITE No /_/ Yes /✓/ If yes, specify generator's SIC Code 2879

Area of Site _____ Acres

If apparent seriousness of site is high, specify coordinates:
Latitude/_/_/ /_/_/ /_/_/ (deg min sec) Longitude/_/_/_/ /_/_/ (deg min)

Are there buildings on the site No /_/ Yes /X/ If yes, specify Man. facility

ARACTERIZATION OF SITE ACTIVITY

Check off the appropriate activities below:

/_/ TRANSPORTER	/_/ STORER	/_/ TREATOR	/✓/ DISPOSER
/_/ Rail	/_/ Pile	/_/ Filtration	/✓/ Landfill
/_/ Ship	/_/ Surface Impoundment	/_/ Incineration	/_/ Landfarm
/_/ Barge	/_/ Drums	/_/ Volume Reduct	/_/ Open Dump
/_/ Truck	/_/ Tank, Above Ground	/_/ Recycling/ Recovery	/_/ Surface Impoundment
/_/ Pipeline	/_/ Tank, Below Ground	/_/ Chem/Phys Treatment	/_/ Midnight Dumping
/_/ Other _____	/_/ Other _____	/_/ Biological Treatment	/✓/ Incineration of ?
		/_/ Waste Oil Reprocessing	/_/ Underground Injection
		/_/ Solvent Recovery	
		/_/ Other	/_/ Other

pecify details of site activities as needed:

ADPCE files indicate storage on site of Captan, xylene, emulsifiers,* & herbicide formulating liquids.* Materials of waste (herbicide products) go to Arkansas Waste Disposal (Riley Road) landfill.

* Contains calcium dodecylbenzenesulfonate

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TE RELATED INFORMATION

TE TYPE:

X/ UNKNOWN /__/ LIQUID /__/ SOLID /__/ SLUDGE /__/ GAS

TE CHARACTERISTICS:

X/ UNKNOWN /__/ CORROSIVE /__/ IGNITABLE /__/ RADIOACTIVE /__/ HIGHLY V

/__/ TOXIC /__/ REACTIVE /__/ INERT /__/ FLAMMABL

/__/ OTHER SPECIFY Eckhardt listed on-site disposal from 1973-77 of herbicides, [redacted], insecticides, and solvents.

TE CATEGORIES:

e records of wastes available? Specify items such as manifests, inventories, etc:

No

timated amount of waste by category: 2 hundred tons

UDGE	OIL	SOLVENTS	CHEMICALS	SOLIDS	OTHER
t & unit	amt & unit	amt & unit	amt & unit	amt & unit	amt & unit
_/ Paint, Pigments	/__/ Oily Wastes	/__/ Halogenated Solvents	/__/ Acids	/__/ Flyash	/__/ Lab,Ph
_/ Metals Sludges	/__/ Other _____	/__/ Non-halogntd Solvents	/__/ Pickling Liquors	/__/ Asbestos	/__/ Hospit
_/ POTW		/__/ Other _____	/__/ Caustics	/__/ Milling	/__/ Radioa
_/ Alum Sldg			/__/ Pesticides	/__/ Mine Tailngs	/__/ Munici
_/ Other _____			/__/ Dyes/Inks	/__/ Ferrous	/__/ Other Specif
			/__/ Cyanides	/__/ Non-ferr	
			/__/ Phenols	/__/ Other _____	
			/__/ Halogens		
			/__/ PCB		
			/__/ Metal Solvents		
			/__/ Other _____		

IST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE: (Place in descending order of

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WASTE RELATED INFORMATION (contin)

Additional comments or narrative description of situation known or reported to exist at the si

HAZARD DESCRIPTION

	POTENTIAL HAZARD Check Off	ALLEGED INCIDENT Check Off	DATE OF INCIDENT month/day/yr	REMARKS
No hazard	/__/			
Human Health	/__/	/__/		
Non-worker Injury/Exposure	/__/	/__/		
Worker Injury	/__/	/__/		
Contamination of Water Supply	/__/	/__/		
Contamination of Food Chain	/__/	/__/		
Contamination of Ground Water	/__/	/__/		
Contamination of Surface Water	/__/	/__/		
Damage to Flora/Fauna	/__/	/__/		
Fish Kill	/__/	/__/		
Contamination of Air	/__/	/X/	Same	
Noticeable Odors	/__/	/X/	7/79	Citizen complaint + other complaints in 78
Contamination of Soil	/__/	/__/		
Property Damage	/__/	/__/		
Fire or Explosion	/__/	/__/		
Spills/Leaking Containers/Runoff/ Standing Liquids	/__/	/__/		
Sewer, Storm Drain Problems	/__/	/__/		
Erosion Problems	/__/	/__/		
Inadequate Security	/__/	/__/		
Incompatible Wastes	/__/	/__/		
Midnight Dumping	/__/	/__/		
Other - Specify_____	/__/	/__/		

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ACTIONS TAKEN OR PLANNED

PERMIT INFORMATION

AR 577-A
Currently only runoff permit
No process effluent

List all Applicable Permits held by the site:

/X/ NPDES Permit /X/ SPCC Plan /__/ State Permit - Specify_____

/X/ Air Permits /__/ Local Permit /__/ RCRA Transporter

/__/ RCRA Storer /__/ RCRA Treator /__/ RCRA Disposer

/__/ Other - Specify_____

In Compliance /__/ Yes /__/ No /__/ Unknown with respect to _____
Regulation Name/Num

PAST REGULATORY ACTIONS

/__/ None

/__/ Yes If yes, summarize:_____

_____

INSPECTION ACTIVITY (Past or on-going)

	Date of Past Action	Performed by (EPA/State)	Describe:
/__/ None			
/X/ Yes - Specify:			
	6/27/79	ADPCE	Air inspection

REMEDIAL ACTIVITY (Past or on-going)

/__/ None

/__/ Yes - Specify:

Based on the information on pages 2 through 5, fill out the Preliminary Assessment information on the first page of this form.