EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
6	OK01589

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.

REVIEWED BY: L.O. Wright 11-24-80

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: Vickers Petroleum Soil Farm

B. STREET (or other identifier): Hwy 142 Bypass

C. CITY: Ardmore

D. STATE: OK

E. ZIP CODE: 73401

F. COUNTY NAME: Carter

G. OWNER/OPERATOR (if known)
1. NAME: Vickers Petroleum Company, P.O. Box 2240, Wichita, Kansas 67201
2. TELEPHONE NUMBER: (405) 223-0534

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

I. SITE DESCRIPTION
Soil Farm

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): OSDH applied for permit for

K. DATE IDENTIFIED (mo., day, & yr.): 9 18 79

L. PRINCIPAL STATE CONTACT
1. NAME: Don Lenoch, Supervisor, Industrial Waste, OSDH
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*)
☐ 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: Betsy Moore
2. TELEPHONE NUMBER: (405) 271-5338
3. DATE (mo., day, & yr.): 040380

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.*)
Total Petroleum Corp (Vickers Petroleum)
OKD057705972

B. IS GENERATOR ON SITE?
☐ 1. NO ☑ 2. YES (*specify generator's four-digit SIC Code*): 2911

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

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*): Bell Refinery

SUPERFUND FILE
OCT 21 1992
REORGANIZED

T2070-2 (10-79)

Continue On Reverse

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9532466

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IV. CHARACTERIZATION OF SITE ACTI

Indicate the major site activity(*ies*) a details relating to each activity by marking '. 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		2. SURFACE IMPOUNDMENT		2. INCINERATION	X	2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
X	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		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 INJECTION
					8. SOLVENT RECOVERY		8. OTHER (*specify*):
					9. OTHER (*specify*):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

NONE

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.

yes, OSDH files

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 ~~5500~~	AMOUNT 5500	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE ~~gal/day~~	UNIT OF MEASURE gal/day	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
'X' (1) PAINT, PIGMENTS	'X' (1) OILY WASTES X	'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	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(*specify*):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. 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*)		

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WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

TEL sludge
tank bottom sludge
petroleum waste
decantor waste

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

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				
6. CONTAMINATION OF FOOD CHAIN	X			possibility - no evidence
7. CONTAMINATION OF GROUND WATER	X			not enough data in file to know if precautions have been taken to prevent this.
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			inevitable in soil farm operation
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				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify): Unknown				

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [ ] 3. STATE PERMIT *(specify)*: no permit
- [ ] 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)*

- [ ] 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
inspection prior to issuance of permit	8/24/79	OSOH	

X. REMEDIAL 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

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.