EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
MO	D980631204

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
Cargill Inc.	665 St. Cyr Road

03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Bellefontaine Neighbors	MO		St. Louis		

09 COORDINATES LATITUDE	LONGITUDE
38° 44' 17.38"	090° 14' 25.80"

10 DIRECTIONS TO SITE (Starting from nearest public road)

Take Broadway Avenue north from downtown St. Louis to Bellefontaine Neighbors. Broadway becomes Bellfontaine Road. Follow Bellfontaine Road north to St. Cyr Road. Turn east onSt. Cyr Road at the Fontaine Woods Nursing Home. Site is immediately east of nursing home.

III. RESPONSIBLE PARTIES

01 OWNER (If known)	02 STREET (Business, mailing, residential)
Thomas R. Moss	10110 Bellefontaine

03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
St. Louis	MO	63137	(314) 869-7864

07 OPERATOR (If known and different from owner)	08 STREET (Business, mailing, residential)
same	

09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
			()

13 TYPE OF OWNERSHIP (Check one)

X A. PRIVATE ___ B. FEDERAL: _____ (Agency name) ___ C. STATE ___ D. COUNTY ___ E. MUNICIPAL

___ F. OTHER: _____ (Specify) ___ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

___ A. RCRA 3001 DATE RECEIVED: _____ MO/DAY/YR X B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 3/21/81 MO/DAY/YR ___ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

X YES DATE 11/18/88 MO/DAY/YR

___ NO

BY (Check all that apply)

___ A. EPA X B. EPA CONTRACTOR ___ C. STATE ___ D. OTHER CONTRACTOR

___ E. LOCAL HEALTH OFFICIAL ___ F. OTHER: _____ (Specify)

CONTRACTOR NAME(S): Ecology and Environment, Inc.

02 SITE STATUS (CHECK ONE)

___ A. ACTIVE X B. INACTIVE ___ C. UNKNOWN

03 YEARS OF OPERATION

_____ BEGINNING YEAR _____ ENDING YEAR X UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Construction wall board containing asbestos exposed on surface. Other asbestos wastes landfilled on site. Possibility of asbestos materials in warehouses on site.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Possibility of airborne asbestos particulates, inhalation hazards.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous conditions and Incidents)

___ A. HIGH (Inspection required promptly) ___ B. MEDIUM (Inspection required) ___ C. Low (Inspect on time available basis) X D. NONE (No further action needed. Complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NUMBER
Greg Reesor	Region VII U.S. EPA	(913) 236-2856

04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Wesley McCall	FIT	E & E	(913) 432-9961	4-12-89 MO/DAY/YR

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
MO	D980631205

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

X A. SOLID
___ B. POWDER, FINES
___ C. SLUDGE
___ D. OTHER _____ (Specify)
___ E. SLURRY
___ F. LIQUID
___ G. GAS

02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)

TONS Unknown
CUBIC YARDS _____
NO. OF DRUMS _____

03 WASTE CHARACTERISTICS (Check all that apply)

___ A. TOXIC
___ B. CORROSIVE
___ C. RADIOACTIVE
___ D. PERSISTENT
___ E. SOLUBLE
___ F. INFECTIOUS
___ G. FLAMMABLE
___ H. IGNITABLE
___ I. HIGHLY VOLATILE
___ J. EXPLOSIVE
___ K. REACTIVE
___ L. INCOMPATIBLE
___ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS	Unknown		
ACD	ACIDS			asbestos
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
OCC	Asbestos	1332214	Landfill surface	15-37	percent

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Analytical Information, see:
Ecology and Environment, Inc., Field Investigation Team, November 18, 1988.
Preliminary Assessment of the Cargill Inc., Site, TDD #F-07-8808-028.

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE MO	02 SITE NUMBER D980631204

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ___ A. GROUNDWATER CONTAMINATION
02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION
None known or observed to date.

01 ___ B. SURFACE WATER CONTAMINATION
02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION
None known or observed to date.

01 X C. CONTAMINATION OF AIR
02 ___ OBSERVED (DATE: _____) X POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >3,000
04 NARRATIVE DESCRIPTION
Possible release of asbestos particulates to atmosphere.

01 ___ D. FIRE/EXPLOSIVE CONDITIONS
02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION
None known or observed to date.

01 ___ E. DIRECT CONTACT
02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION
NA

01 X F. CONTAMINATION OF SOIL
02 ___ OBSERVED (DATE: _____) ___ POTENTIAL X ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres)
04 NARRATIVE DESCRIPTION
Adjacent Funtaine Woods Nursing Home alleges analytical evidence of soil contamination by asbestos.

01 ___ G. DRINKING WATER CONTAMINATION
02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION
NA

01 X H. WORKER EXPOSURE/INJURY
02 ___ OBSERVED (DATE: _____) X POTENTIAL ___ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: Unknown
04 NARRATIVE DESCRIPTION
Possibility of asbestos construction mateials in warehouses on site.

01 X I. POPULATION EXPOSURE/INJURY
02 ___ OBSERVED (DATE: _____) X POTENTIAL ___ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: >3,000
04 NARRATIVE DESCRIPTION
Possible release of asbestos particulates to atmosphere.

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE MO	02 SITE NUMBER D980631204

II. HAZARDOUS CONDITIONS AND INCIDENTS (CONTINUED)

01 ___ J. DAMAGE TO FLORA — 02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED

04 NARRATIVE DESCRIPTION

None known or observed to date.

01 ___ K. DAMAGE TO FAUNA — 02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED

04 NARRATIVE DESCRIPTION (Include name(s) of species)

None known or observed to date.

01 ___ L. CONTAMINATION OF FOOD CHAIN — 02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED

04 NARRATIVE DESCRIPTION

None known or observed to date.

01 X M. UNSTABLE CONTAINMENT OF WASTES (Spills/runoff/standing liquids/leaking drums) — 02 X OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: >3,000 — 04 NARRATIVE DESCRIPTION

Observation and analysis reveals asbestos waste exposed on surface.

01 X N. DAMAGE TO OFFSITE PROPERTY — 02 ___ OBSERVED (DATE: _____) ___ POTENTIAL X ALLEGED

04 NARRATIVE DESCRIPTION

Adjacent Fontaine Woods Nursing Home alledges analytical evidence of soil contamination with asbestos.

01 ___ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs — 02 ___ OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED

04 NARRATIVE DESCRIPTION

NA

01 X P. ILLEGAL/UNAUTHORIZED DUMPING — 02 X OBSERVED (DATE: _____) ___ POTENTIAL ___ ALLEGED

04 NARRATIVE DESCRIPTION

Asbestos containing wastes dumped on surface of landfill.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None known or observed to date.

III. TOTAL POPULATION POTENTIALLY AFFECTED: >3,000

IV. COMMENTS

Original landfill maintains integrity, 8 to 10 cubic yards of asbestos containing material dumped on surface of landfill. It is recommended the MDNR overview removal of the surficial materials and that OSHA inspect the on-site buildings.

V. SOURCES OF INFORMATION (Cite specific references. e.g., state files, sample analysis, reports)

Observation and Analytical, see:
Ecology and Environment, Inc., Field Investigation Tam, November 18, 1988.
Preliminary Assessment of Cargill Inc. Site, TDD #F-07-8808-028.

A5

MO5031

EPA

POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
	MD-000D10510

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	
Cargill, Inc.	665 St. Cyr Road	
C. CITY	**D. STATE**	**E. ZIP CODE**
Bellefontaine Neighbors	Missouri	63137

II. FINAL DETERMINATION

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	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE *(If yes, complete Section III.)*					
C. REMEDIAL ACTION *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION *(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 FINAL STRATEGY DETERMINATION

This site contained asbestos waste piles. MDNR required Cargill, Inc. to regrade, apply final cover and establish vegetative cover at the site. This work was completed prior to June 29, 1981. MDNR does not anticipate any further action at the site.

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED *(mo., day, & yr.)*	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
Lyle O. Crocker	(314) 751-3241	1-25-82

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
D. TOTAL ESTIMATED COST	$	

EPA Form T2070-5 (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.
				$	
				$	
				$	
				$	
				$	
				$	

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)*:		$

4
A-

EPA MO-031

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION	SITE NUMBER
VII	MD-000010510

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	
Cargill, Inc.	665 St. Cyr Road	
C. CITY	**D. STATE**	**E. ZIP CODE**
Bellefontaine Neighbors	Missouri	63137

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	X				
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*					
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

This site contains asbestos waste piles. The Cargill Corporation has properly covered the waste piles and established vegetation as required by MDNR. This work was completed near the time of superfund notification requirements. MDNR anticipates no further action at this site.

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.)*
1-25-82	

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
Lyle O. Crocker	(314) 751-3241	1-25-82

III. INVESTIGATIVE ACTIVITY NEEDED

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

None

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)				

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)		

EPA

POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT

REGION: 7

SITE NUMBER (to be assigned by Hq): MD-0000 10510

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 Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME: CARGILL, INC.

B. STREET (or other identifier): 665 ST. CYR RD.

C. CITY: BELLEFONTAINE NEIGHBORS

D. STATE: MO

E. ZIP CODE: 63137

F. COUNTY NAME: ST. LOUIS

G. SITE OPERATOR INFORMATION

1. NAME: CARGILL, INC.

2. TELEPHONE NUMBER: (612) 475 6123

3. STREET: P.O. BOX 9300

4. CITY: MINNEAPOLIS

5. STATE: MN

6. ZIP CODE: 55440

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

1. NAME: SAME

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: ASBESTOS DISPOSAL AREA ON ABANDONED INDUSTRIAL TRACT

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.):

B. APPARENT SERIOUSNESS OF PROBLEM

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

C. PREPARER INFORMATION

1. NAME:

2. TELEPHONE NUMBER:

3. DATE (mo., day, & yr.):

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: MIKE DUVALL

2. TITLE: ENV. SPECIALIST

3. ORGANIZATION: MO D.N.R. - ST. LOUIS REG.

4. TELEPHONE NO. (area code & no.): 314 849 1313

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
M. DUVALL	AS	ABOVE
DAVE MURRAY	REITZ & JENS, INC. - CONSULTANTS	314 993 4132

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

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
KEITH LONG	DIV. ENGINEER 612 475 6123	CARGILL, INC. → AS ABOVE

Continue On Reverse

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
PREVIOUS OPERATION;		PRIOR TO CARGILL	ASBESTOS

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
N/A - ASBESTOS SLAG & SCRAP DEPOSITED BY PREVIOUS OPERATION ON GROUNDS DIRECTLY BEHIND FACTORY BLDGS.			

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
N/A		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
6 - 29 - 81	10:00 AM	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

SUMMER CONDITIONS

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		N/A - NONE TAKEN	
b. SURFACE WATER		"	
c. WASTE			
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
N/A		

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

. PHOTOS

1. TYPE OF PHOTOS

☐ a. GROUND ☐ b. AERIAL NONE

2. PHOTOS IN CUSTODY OF:

. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:

CLOSURE PLAT FILED WITH ST. LOUIS CO. RECORDER DEEDS

. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

PART OF U.S. SURV. 3 & 1957 AND PART OF SECT. 9, T46N, R7E, CITY ST. LOUIS (FORMER ST. L. CO.), MO

V. SITE INFORMATION

. 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.)

. IS GENERATOR ON SITE?

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

N/A - DISPOSAL FROM PREVIOUS INDUSTRY YEARS AGO

. AREA OF SITE (in acres)

~ 20.6

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify):

VACANT FACTORY

VI. CHARACTERIZATION OF SITE ACTIVITY

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

A. TRANSPORTER	X	B. STORER	X	C. TREATER	X	D. DISPOSER
1. RAIL		1. PILE		1. FILTRATION	X	1. LANDFILL
2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION	X	2. LANDFARM
3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
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):		

. 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 form.

☐ 1. STORAGE ☐ 2. INCINERATION ☒ 3. LANDFILL ☐ 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

. WASTE TYPE

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

. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE

☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

. WASTE CATEGORIES

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

N/A

Continue On Reverse

V. 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	AMOUNT UNKNOWN	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	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.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(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		
			(10) METALS		
			(11) OTHER (specify)		

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
ASBESTOS	X							RCRA # U013	?	?

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

G. CONTAMINATION OF SURFACE WATER

Continue On Reverse

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

☐ 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

☐ S. INCOMPATIBLE WASTES

Continue On Reverse

☐ T. MIDNIGHT DUMPING

VIII. HAZARD DESCRIPTION (continued)

☐ 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	100	SAME	6	~150'
2. IN COMMERCIAL OR INDUSTRIAL AREAS	50	"	3	~200'
3. IN PUBLICLY TRAVELLED AREAS	SITE BORDERS	MED. USE COUNTY RD.		
4. PUBLIC USE AREAS (parks, schools, etc.)	NURSING HOME	WITHIN ~400'		

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
?	?	NONE
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
?	N/A - INTAKE UPSTREAM	NE (MISSISSIPPI R. PLANT)

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS

☒ 2. COMMUNITY (specify town): > 15 CONNECTIONS — CITY ST. LOUIS - CHAIN OF ROCKS WTP ON MISSISSIP. RIVER

☒ 3. SURFACE WATER

☐ 4. WELL

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

D. 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	KNOWN			

E. RECEIVING WATER

1. NAME: BRANCH OF MALINE CREEK

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

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

- PROB. CLASS P → PERM. FLOW
- LIMITED, IF ANY, ACTUAL STREAM USAGE; TRASVERSES METRO. AREA FOR STORM DRAINAGE

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☒ C. 100 YEAR FLOOD PLAIN → EDGE BORDERS ☐ 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)
	1. SAND				
X	2. CLAY-SILT				
	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: ? N/A

H. DISCHARGE AREA

☐ 1. YES ☐ 2. NO 3. COMMENTS: ?

I. SLOPE

1. ESTIMATE % OF SLOPE: 3:1 MAX. AT EDGES

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPES, ETC.: TO N & W, FOLLOWING CREEK, SLOPES STABLE.

J. OTHER GEOLOGICAL DATA

N/A

Continued From Front

CAR

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							

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

MO DNR - ST. LOUIS REG. PREVIOUSLY WORKED WITH CARGILL CO. TO ATTAIN SURFACE STABILIZATION OF ASBESTOS SLAG PILE.

REG. OFFICE HAS FILE HISTORY ON TOTAL PROJECT.

SITUATION WAS RESOLVED TO MO DNR SATISFACTION THROUGH VOLUNTARY COMPLIANCE. SEE ALSO ATTACHED LETTER OF 7-8-81 FROM DNR TO COMPANY.

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.

CARGILL, INC.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain — as Necessary.

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

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
☐ YES ☐ NO N/A

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☐ NO N/A

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☒ YES ☐ NO

6. EVIDENCE OF PONDING OF WATER ON SITE
☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM (*If "Yes", specify Type*)
☐ YES ☐ NO
N/A

8a. SURFACE LEACHATE SPRING
☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☐ NO N/A

10. GAS MONITORING
☐ YES ☐ NO N/A

11. GROUNDWATER MONITORING WELLS
☐ YES ☐ NO N/A

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☐ NO N/A

13. SPECIFIC CONTAINMENT MEASURES (*Clay Bottom, Sides, etc*)
☒ YES ☐ NO SEE #16 BELOW

14. FIXATION (*Stabilization*) OF WASTE
☐ YES ☐ NO N/A

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☒ YES ☐ NO

16. COVER (*Type*)
CLAY-SILT SOILS WITH SECURE VEGET. GROWTH

16a. THICKNESS
12" MIN. CAP OVER ENTIRE SITE

16b. PERMEABILITY
N/A

16c. DAILY APPLICATION
☐ YES ☐ NO
N/A

A2

MOS000000031

EPA **POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION**

REGION	SITE NUMBER
7	MO-000010510

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.

A. SITE NAME	B. STREET (or other identifier)		
Cargill, Inc.	665 St. Cry Rd.		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Bellefontaine Neighbors	MO	6	St. Louis

G. OWNER/OPERATOR (if known)

1. NAME		2. TELEPHONE NUMBER
Keith Long Division Eng.	Cargill, Inc. P. O. Box 9300 Minneapolis, MN 55440	612-475-6123

H. TYPE OF OWNERSHIP (if known)

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

I. SITE DESCRIPTION

Site used sometime prior to 1974. Cargill purchased the property in 1974. Buildings were constructed in 1951 on the site. The deed reflected that asbestos was landfilled in the rear of the property with no estimates of time or volume. Map of site location attached to Superfund Notification form.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)
Superfund Notification	6/81

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

Wastes reported: U013

M. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
Joy Haff	374-6531	9/24/81

EPA Form 2070-8 (5-80)

A1

EPA Notification Hazardous Waste Sit

NOT IN UNC

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

MOS 000 000 031 required

810519

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: Cargill, Incorporated

Street: PO Box 9300

City: Minneapolis State: MN Zip Code: 55440

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: Cargill, Inc

Street: 665 St. Cry Rd.

City: Bellefontaine Neighbors County: St. Louis State: MO Zip Code: 63137

MOD980631204

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): Long, Keith -- Division Engineer CPD

Phone: (612)475-6123

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): Unknown To (Year): ~~Sometime prior to~~ 1974 - See Item I

E Waste Type: Choose the option you prefer to complete

Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

Source of Waste: Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons fami[illegible] the Resource Conservation and Recovery Act (RCRA) [illegible] 3001 regulations (40 CFR Part 261).

Specific Type of Waste: EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

U013		

[illegible]/SWMG

MAR 21 1981

[illegible]ion VII K.C., MO

Form Approved OMB No. 2000-0138

EPA Form 8900-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. XX Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet: Unknown

gallons: _____

Total Facility Area

square feet: _____

acres: Approx 20.6 acres

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Attached sketch

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Buildings were constructed in ~~1985~~ 1951 on the site. Cargill purchased the property in 1974. The deed reflected that asbestos was landfilled in the rear of the property with no estimates of time or volume. Cargill has secured the site during the period starting Jan. 15, 1981 - May 1, 1981 with approval of Missouri Dept. of Natural Resources personnel at all stages of work. Area is zoned industrial with some nearby residential areas, but primarily surrounded by other industry.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name: ~~Keith Long for~~ Cargill, Inc, Long, Keith

Street: PO Box 9300

City: Minneapolis State: MN Zip Code: 55440

Signature: Keith Long Date: 5/4/81

☒ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other

ST. LOUIS
PLANT
LOCATION

MOS 031

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER	COMPANY NAME		
	Cargill, Inc.		
COMPANY ADDRESS	CITY	STATE ABBREV.	ZIP CODE
CONTACT PERSON'S NAME/TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)		
Keith Long	612 475-6123		

CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
7-27	DRR	Date in comments should have been 1951 instead of 1985.
		He also verified the zip code on site