SEPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: 6

SITE NUMBER (to be assigned by HQ): TX06475

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: R. Bartlett

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

TXD046933867

A. SITE NAME: Borden Chemical Inc Company

B. STREET (or other identifier): 3221 East Randol Rd, P.O. Box 5643

C. CITY: Arlington

D. STATE: Texas

E. ZIP CODE: 76011

F. COUNTY NAME: Tarrant 439

G. OWNER/OPERATOR (if known)

1. NAME: Richard Boberg

2. TELEPHONE NUMBER: 817-265-3161

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

Ink Manufacturer

100018316

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

Class I Industrial Solid Waste Disposal Inquiry

K. DATE IDENTIFIED (mo., day, & yr.): 02-25-80

L. PRINCIPAL STATE CONTACT

1. NAME: Gary D. Schroeder

2. TELEPHONE NUMBER: 512-475-6371

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

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

Borden Chem. Inc.

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: Glenda Julian Thomas

2. TELEPHONE NUMBER: 214-298-6171

3. DATE (mo., day, & yr.): 09-22-80

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 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 ☒ 2. YES (specify generator's four-digit SIC Code): 2893

C. AREA OF SITE (in acres): 2 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.): 97° 05'

2. LONGITUDE (deg.-min.-sec.): 32° 44'

SUPERFUND FILE

FEB 02 1993

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES (specify): 1 main facility (office, warehouse, manufacturing area)

REORGANIZED

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V. CHARACTERIZATION OF SITE ACTIVITIES

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		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
X	4. TRUCK		4. TANK ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	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	X	8. OTHER (specify): off-site approved disposal site
					9. OTHER (specify)		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Solvents are used in flexo ink mixers. The waste wash solvents and waste water solvent slurry are combined in 6,000 gal subsurface tank and drums and shipped off-site. Waste paste ink is stored in drums and shipped off-site.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1. UNKNOWN [X] 2. LIQUID [X] 3. SOLID [ ] 4. SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

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

[ ] 10. OTHER (specify):

C. WASTE CATEGORIES

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

Yes manifests

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: 110	AMOUNT:	AMOUNT: 1500	AMOUNT:	AMOUNT:	AMOUNT:
UNIT OF MEASURE: Gal	UNIT OF MEASURE:	UNIT OF MEASURE: gal	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)	X (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
X (5) OTHER (specify) waste Paste INK			(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 (cont.)

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

1) Waste wash solvent composed of water, alcohol, naphtha, toluene, pigment, resin
2) Waste wash solvent slurry containing alcohol, acetate, pigments, and resins
3) Waste paste ink

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

Company generates less than 1,000 lb/mo.

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				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
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) See Site Description page attached.				

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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) Registration # 31260
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 ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number) TDWR Registration # 31260

VIII. PAST REGULATORY ACTIONS

☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

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
Annual Inspection	9-15-80	State	Inspected internal operational records and waste storage areas

X. REMEDIAL ACTIVITY (past or on-going)

☒ 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.

SITE DESCRIPTION

Make additional comments or narrative description of situation known or reported to exist at the site based on file review. Include dates and description of any incidents documented in file.

No potential or known hazards present