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EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: 6 | SITE NUMBER (to be assigned by HQ): TX06386

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: DG 1/89

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

TXD 047830443

A. SITE NAME: Mostek Corporation

B. STREET (or other identifier): 1215 W Crosby, P.O. Box 169

C. CITY: Carrollton

D. STATE: Texas | E. ZIP CODE: 75006 | F. COUNTY NAME: Dallas 113

G. OWNER/OPERATOR (if known)
1. NAME: Pat Jolly - Chemical Services (Engineer)
Fred Norton - Chemical Services (Chemist)
2. TELEPHONE NUMBER: 214-323-6000

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

I. SITE DESCRIPTION
Manufacture digital circuits and memory circuits for electronic computing equipment, cash registers, and calculators

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

K. DATE IDENTIFIED (Mo., day, & yr.): 2-12-76

L. PRINCIPAL STATE CONTACT
1. NAME: Gary 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

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: 214-298-6[illegible]1
3. DATE (Mo., day, & yr.): 09-26-80

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.)

SUPERFUND FILE

B. IS GENERATOR ON SITE?
☐ 1. NO
☒ 2. YES (specify generator's four-digit SIC Code: 3573 / 3577)

OCT 05 1992

C. AREA OF SITE (in acres): 50 acres

D. IS APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.-min.-sec.): 96° 54' 40"
2. LONGITUDE (deg.-min.-sec.): 32° 57' 00"

REORGANIZED

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES (specify): Offices, Laboratories, Warehouses, Manufacturing Areas

T2079-2 (10-79)

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V. CHARACTERIZATION OF SITE ACTIVI'

Indicate the major site activity(ies) and details relating to each activity by marking 'X' 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	X	4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE	X	5. TANK, BELOW GROUND	X	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): authorized off-site disposal site
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

Drum Storage Area consists of a cemented surface with six-inch curbing around all sides. All above-ground storage tanks are surrounded by adequate berms with sump pumps inside each bermed area. 8-foot high fence encloses all storage areas.

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, manifests and monthly reports

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 2	AMOUNT 10	AMOUNT 8,500	AMOUNT 7,000	AMOUNT	AMOUNT
UNIT OF MEASURE drums	UNIT OF MEASURE drums	UNIT OF MEASURE gallons	UNIT OF MEASURE gallons	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): Oily Sludge			(5) DYES/INKS	(5) NONFERROUS SMLTG. WASTES	(5) OTHER (specify)
			(6) CYANIDE	(6) OTHER (specify)	
			X (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

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WASTE RELATED INFORMATION (contin.)

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

Chemical Wastes including spent halogenated solvents used in degreasing and chlorinated fluorocarbons, petroleum; Chemical Wastes including spent non-halogenated solvents, xylenes, toluene, etc.; Chemical wastes including PCB's; Paint residues and solvent thinners from electrical painting, the tank negative photoresists, alcohol, methyl alcohol, methylethylketone and methyl isobutyl ketone; photographic processing developers containing sodium sulfite; Spent nitric acid containing Aluminum chloride and oil; Chromic acid; Spent hydrofluoric acid; Arsenic contaminated plants, tools, sand. Arsenic contaminated soil, Arsenic contaminated wood of Arsenic; A Mr. D.D.D. related pesticide, stopping sulfate; Sulfuric Acid stripping solution containing Mercury and chromium; Sodium Arsenite; miscellaneous treatment Sludge from plating solutions and tanks; Spent plating bath solutions from electroplating operations.

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

Corporation stores wastes less than 90 days

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)				

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [x] 3. STATE PERMIT (specify): Registration # 30362
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify):

B. IN COMPLIANCE?

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

4. WITH RESPECT TO (list regulation name & number): TDWR Registration # 30362

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
Annual Inspection	09-18-80	State	Inspected internal operational records and waste storage areas

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.

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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