EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: 6

SITE NUMBER (to be assigned by Hq): TX06289

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: LDWright 1-9-81

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 008 015 802

A. SITE NAME: Southwestern Cooperage Company

B. STREET *(or other identifier)*: 2550 Glendale Avenue

C. CITY: Fort Worth

D. STATE: Texas

E. ZIP CODE: 76106

F. COUNTY NAME: Tarrant -439-

G. OWNER/OPERATOR *(if known)*

1. NAME: Bill Conley, Assistant Vice-President

2. TELEPHONE NUMBER: 817-624-4658

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

Drum Reconditioner

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

Application for registration

K. DATE IDENTIFIED *(mo., day, & yr.)*: 04-23-76

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 J. Thomas

2. TELEPHONE NUMBER: 214-298-6171

3. DATE *(mo., day, & yr.)*: 09-18-80

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 *(Include "midnight dumping" where waste disposal has occurred.)*

90067051

SUPERFUND FILE

B. IS GENERATOR ON SITE?

☐ 1. NO ☒ 2. YES *(specify generator's four-digit SIC Code)*: 3412

JAN 05 1993

C. AREA OF SITE *(in acres)*: 3 acres

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

1. LATITUDE *(deg.-min.-sec.)*: 97° 20'

2. LONGITUDE *(deg.-min.-sec.)*: 32° 47' 30"

REORGANIZED

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☒ 2. YES *(specify)*: One Main Facility (office and warehouse)

T2070-2 (10-79)

Continue On Reverse

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and [illegible]s relating to each activity by marking 'X' i[illegible] 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		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

Facility generates wastes on-site and stores for less than 90 days

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	AMOUNT 500	AMOUNT 150	AMOUNT	AMOUNT	AMOUNT Unknown
UNIT OF MEASURE	UNIT OF MEASURE gallons	UNIT OF MEASURE drums	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
☐ (1) PAINT, PIGMENTS	☒ (1) OILY WASTES	☐ (1) HALOGENATED SOLVENTS	☐ (1) ACIDS	☐ (1) FLYASH	☐ (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): Unknown solvent residue in drums	☐ (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): Detergent water containing grease and oil; disposed directly to sanitary sewer
			☐ (6) CYANIDE	☐ (6) OTHER (specify):	
			☐ (7) PHENOLS		
			☐ (8) HALOGENS		
			☐ (9) PCB		
			☐ (10) METALS		
			☐ (11) OTHER (specify)		

SUPERFUND FILE
JAN 0 8 1993
REORGANIZED

 Continue On Page 3

Continued From Page 2

WASTE RELATED INFORMATION (continued)

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

Solvents, Waste oil, Detergent water containing oil and grease, chassis grease.

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

All wastes stored less than 90 days before being shipped to approved disposal 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				
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.				

Continue On Reverse

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [x] 3. STATE PERMIT (specify): Registration #30574
- [ ] 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 #30574

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	9-15-79	State	Visit requested by Enforcement and Field Operations Division in Austin
Annual Inspection	9-14-79	State	Inspected shipping-control tickets and storage facilities
Annual Inspection	9-09-80	State	Inspected shipping-control tickets and storage facilities

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.

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 Hazard Present.
(Inspection to be performed)