F-6-8704-39

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
VI	LAD981910656

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.

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: Amoco # 1 Phoa Co.

B. STREET *(or other identifier)*: 0.7 mi North of LA HWY.390 and 0.3 mi. West of HWY 27.

C. CITY: Hackberry

D. STATE: LA

E. ZIP CODE: 70645

F. COUNTY NAME: Cameron

G. OWNER/OPERATOR *(if known)*

1. NAME: J.L. Bonner P.O. Box 660 Tyler, TX 75710

2. TELEPHONE NUMBER: (214)534-2916

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION: The site is a petroleum and separating facility with five (5) oil storage tanks and three (3) separating units.

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*: Aerial photographs and FIT windshield survey.

K. DATE IDENTIFIED *(mo., day, & yr.)*: 2-17-87

L. PRINCIPAL STATE CONTACT

1. NAME: Harold Etheridge, LADEQ

2. TELEPHONE NUMBER: (504)342-1204

II. PRELIMINARY ASSESSMENT *(complete this section last)*

A. APPARENT SERIOUSNESS OF PROBLEM

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

SUPERFUND FILE

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED *(no hazard)*

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: JUL 17 1992
b. WILL BE PERFORMED BY: REORGANIZED

☒ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR: 5-13-87
b. WILL BE PERFORMED BY: ICF-Technology/FIT Jeff Robinson, Steven Cowan

☐ 4. SITE INSPECTION NEEDED *(low priority)*

C. PREPARER INFORMATION

1. NAME: Steven Cowan, ICF Technology/FIT

2. TELEPHONE NUMBER: (214)744-1641

3. DATE *(mo., day, & yr.)*: 5-1-87

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)*: _____

C. AREA OF SITE *(in acres)*: 0.6

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

1. LATITUDE *(deg.-min.-sec.)*: 29° 59' 48" N

2. LONGITUDE *(deg.-min.-sec.)*: 93° 22' 27" W

E. ARE THERE BUILDINGS ON THE SITE?

☒ 1. NO ☐ 2. YES *(specify)*: _____

90069367

Reviewed by 6H-ES Date 12-2-87

T2070-2 (10-79) e On Reverse

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

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		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	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		8. OTHER *(specify)*:
					9. OTHER *(specify)*:		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

The desalinization ponds were leaking oily wastes onto the ground. The desalinization ponds need further investigating during the site reconnaissance inspection.

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.

No

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: UNKNOWN	AMOUNT: UNKNOWN	AMOUNT: NONE	AMOUNT: NONE	AMOUNT: NONE	AMOUNT: NONE
UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:	UNIT OF MEASURE:
'X' (1) PAINT, PIGMENTS	'X' 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	(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) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
			(6) CYANIDE	(6) OTHER *(specify)*:	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*		

 Continue On Page 3

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

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

Crude oil
Salt water

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				
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	X			Because oily residues were oberved on the site, There is the potential of soil contamination.
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	X			Since the desalinization ponds are leaking the diking around the pits could be eroding.
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER *(specify)*:				

 Continue On Reverse

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT *(specify)*: _____

☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER

☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER

☒ 10. OTHER *(specify)*: UNKNOWN

B. IN COMPLIANCE?

☐ 1. YES ☐ 2. NO ☒ 3. UNKNOWN

4. WITH RESPECT TO *(list regulation name & number)*: _____

VIII. PAST REGULATORY ACTIONS

☐ A. NONE ☐ B. YES *(summarize below)*

UNKNOWN

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
UNKNOWN			

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
UNKNOWN			

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.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

DATE: 4-14-87
SUBJECT: FIT TASK REQUEST
FROM: Presley B. Hatcher 6H-ES
TO: KEITH BRADLEY (6E-SH)

Please task FIT to complete the following work:

2A. ☒ New Assignment ☐ Amendment

LAD981970656

5A. SSID No.: L9ZZ

5B. EPA Site Name: Amoco No. 1 PRODCO.

5C. City/County/State: Hackberry Cameron Parish Louisiana

6. Desired Report Form: ☒ Formal Report ☐ Formal Briefing ☐ Letter Report ☐ Other (Specify)

3B. Key EPA Contact: Name: Presley Hatcher Phone: 655-6740

8. Type of Activity: ☒ PA ☒ SI ☐ ESI ☐ HRS Support [redacted] ☐ Special Studies ☐ Enforcement Support [redacted] ☐ General Technical Assistance [redacted]

9. General Task Description: Preliminary Assessment and Site Inspection.

10. Specific Elements:

SUPERFUND FILE
JUL 17 1992
REORGANIZED

☐ Additional Scope Attached

CUNCUR: MM 4/14 Martha M. McKee, Chief

Jo 4/15 Jo Ann Miller