TEXAS DEPARTMENT OF HEALTH

EPA

POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
6	TX 02542

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	
Addicks-Fairbanks Rd. Sand Co.	6415 Addicks-Fairbanks Road	
C. CITY	D. STATE	E. ZIP CODE
Houston	TX	77041

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

No record of site actually accepting hazardous waste.
Site is routinely inspected by City, County, & State health Dept's.
Although records indicate operational problems with site in past, site is currently in compliance with soil certifications, etc.
Site ~~will be~~ is scheduled for public hearing on application in near future.

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.)
Charles B. Watts, P.E.	(713) 342-8685	9/4/81

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
Site will continue to be monitored by state and	$	
local health depts. for operational compliance.	$	
	$	SUPERFUND FILE
	$	JUN 11 1992
	$	REORGANIZED
	$	TXD061291183
	$	
D. TOTAL ESTIMATED COST	$	90104632

REVIEWED BY (GAEGH) DATE 10/1/81

EPA Form T2070-5 (10-79)

Continue On Reverse

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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)*:		$