TEXAS DEPARTMENT OF HEALTH

EPA

**POTENTIAL HAZARDOUS WASTE SITE**
**FINAL STRATEGY DETERMINATION**

| REGION | SITE NUMBER |
|---|---|
| 6 | TXD 2551 |

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 | |
|---|---|---|
| American Disposal Service, Inc. | 3622 Appollo Rd. | |
| C. CITY | D. STATE | E. ZIP CODE |
| Corpus Christi | Texas | 78400 |

## 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 | | 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

This is a collection service only, hauling its wastes to authorized landfills.

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.) |
|---|---|---|
| W.H. Clay, Jr. | (512) 423-0130 | Jan. 28, 1981 |

## 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 |
|---|---|---|
| | $ | TXD 057578569 |
| | $ | |
| | $ | |
| | $ | SUPERFUND FILE |
| | $ | NOV 19 1992 |
| | $ | REORGANIZED |
| | $ | |
| | $ | 90124598 |
| D. TOTAL ESTIMATED COST | $ | |

REVIEWED BY: [illegible]

EPA Form T2070-5 (10-79)

Continue On Reverse

Continued From Front

## 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)* | | $ |