R

TEXAS DEPARTMENT OF HEALTH

EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by HQ)
6	TX02551

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: [illegible]

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: American Disposal Service, Inc.

B. STREET *(or other identifier)*: 3622 Apollo Rd.

C. CITY: Corpus Christi

D. STATE: Texas

E. ZIP CODE: 78400

F. COUNTY NAME: Nueces

G. OWNER/OPERATOR *(if known)*

1. NAME: American Disposal Service, Inc.

2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION: This is a collection service only, hauling its waste to authorized landfills.

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

K. DATE IDENTIFIED *(mo., day, & yr.)*:

L. PRINCIPAL STATE CONTACT

1. NAME: Charles Gillham, P.S. George W. Dennis

2. TELEPHONE NUMBER: (512) 458-7271 (512) 855-3221

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

A. APPARENT SERIOUSNESS OF PROBLEM

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

TXD 057 578569

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)*

SUPERFUND FILE

NOV 19 1992

REORGANIZED

C. PREPARER INFORMATION

1. NAME: W. H. Clay, Jr., P.E.

2. TELEPHONE NUMBER: (512) 423-0130

3. DATE *(mo., day, & yr.)*: Jan. 28, 1981

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)*:

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

1. LATITUDE *(deg.–min.–sec.)*:

2. LONGITUDE *(deg.–min.–sec.)*:

90124599

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO ☐ 2. YES *(specify)*:

T2070-2 (10-79)

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V. CHARACTERIZATION OF SITE ACTIV

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		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

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.

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	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	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):	(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
(5) OTHER (specify):			(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)		

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V. WASTE RELATED INFORMATION *(continued)*

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

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				
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 ☐ 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)*: _____

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)*

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

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

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.