REDACTED VERSION

3/13/

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by HQ)
6	TX 03891

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

TXD 082 161 860

A. SITE NAME: Silva Disposal Service

B. STREET (or other identifier): 625 Aransas

C. CITY: San Antonio

D. STATE: TX

E. ZIP CODE: 78210

F. COUNTY NAME: Bexar

G. OWNER/OPERATOR (if known)
1. NAME: Unknown
2. TELEPHONE NUMBER: Unknown

H. TYPE OF OWNERSHIP
[ ] 1. FEDERAL [ ] 2. STATE [ ] 3. COUNTY [ ] 4. MUNICIPAL [X] 5. PRIVATE [ ] 6. UNKNOWN

I. SITE DESCRIPTION
There is a private residence at 625 Aransas (see photo). The telephone directory did not have a listing for Silva Disposal Service.

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

K. DATE IDENTIFIED (mo., day, & yr.)
01/18/80

L. PRINCIPAL STATE CONTACT
1. NAME: Daniel L. Scheppers, TDWR
2. TELEPHONE NUMBER: (512)475-1344

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
[ ] 1. HIGH [ ] 2. MEDIUM [ ] 3. LOW [X] 4. NONE [ ] 5. UNKNOWN

B. RECOMMENDATION
[X] 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
FEB 09 1993
REORGANIZED

C. PREPARER INFORMATION
1. NAME: David R. Wilkes, Engineering-Science
2. TELEPHONE NUMBER: (512)477-9901
3. DATE (mo., day, & yr.): 12/16/83

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 intermittently.)
[ ] 2. INACTIVE (Those sites which no longer receive wastes.)
[X] 3. OTHER (specify): Private residence (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 [X] 2. YES (specify generator's four-digit SIC Code): NA (not applicable)

C. AREA OF SITE (in acres): less than 1

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE (deg.-min.-sec.): 29°24'30"
2. LONGITUDE (deg.-min.-sec.): 98°27'45"

E. ARE THERE BUILDINGS ON THE SITE?
[ ] 1. NO [X] 2. YES (specify): Frame house

REVIEWED BY (AEGH) DATE

90128660

T2070-2 (10-79)

Continue 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		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):		
	NA		NA		NA		NA

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

No information was found on this company or its location. At the address given, there was no sign of disposal or of any disposal companies. It is located in a residential area, and there were wood piles around the house, but no waste disposal was observed. The house is occupied by a Mr. Amada Silva [redacted] (see Attachment A)

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS NA

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): NA

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

NA

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 NA	AMOUNT NA	AMOUNT NA	AMOUNT NA	AMOUNT NA	AMOUNT NA
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)		

 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).

No known hazardous wastes onsite.

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	X			
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):				

 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): None

B. IN COMPLIANCE?

- [ ] 1. YES
- [ ] 2. NO
- [ ] 3. UNKNOWN

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

VIII. PAST REGULATORY ACTIONS

- [x] A. NONE
- [ ] B. YES (summarize below)

IX. INSPECTION 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

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.

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding number on form	Additional Remark and/or Explanation
IV-E	Mr. Silva indicated he had not operated a disposal service from this location. He had tried to start one, but some of the paperwork did not go well, so he abandoned his efforts. Since no disposal has occurred on the site, no further action is recommended.

Photographer / Witness

DAVID WILKES

Date / Time / Direction

12/14/03 1:40 P Northwest

Comments: House at 625 Aransas in San Antonio where Silva Disposal Service was supposed to be located.

Photographer / Witness

Date / Time / Direction

Comments:

Photographer / Witness

Date / Time / Direction

Comments: