EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (to be assigned by HQ)
VI	TX03441

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Transfer the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency, Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

RECEIVED OCT 17 1981

I. SITE IDENTIFICATION

TXD 980803494

A. SITE NAME	B. STREET (or other identifier)		
Material Control, INC	South IH-35W		
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
Fort Worth	Texas	76110	Tarrant

G. SITE OPERATOR INFORMATION

1. NAME	2. TELEPHONE NUMBER		
Don Collova Manager	(817) 332-2251		
3. STREET	4. CITY	5. STATE	6. ZIP CODE
3200 Stuart Dr.	Fort Worth	Texas	76110

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME	2. TELEPHONE NUMBER		
Hank Dickerson, Jr.	Unknown		
3. CITY	4. STATE	5. ZIP CODE	
1341 W. Mockingbird Dallas	Texas	75247	

I. SITE DESCRIPTION

68 acres Land Fill operation

J. TYPE OF OWNERSHIP

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

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM
3-28-80	☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
Don Eubank	(214) 298-6171	3-28-80

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
Bill Smith	Field Rep.	
3. ORGANIZATION	4. TELEPHONE NO. (area code & no.)	
Texas Dept. of Water Resources	(214) 298-6171	

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
Don Collova	Material Control INC.	817-332-2251
James Martin	Consulting Engineer	817 335-2611

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
Same as above.		

REVIEWED BY (GAEEH) DATE 12/4/81

SUPERFUND FILE

975974

OCT 20 1992

REORGANIZED

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Texas Steel Co.	817-923-4611	2901 Hemphill St. Fort Worth 76111	Baghouse Waste

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Material Control	(817) 332-2251	3200 Stuart Dr.	(817) 332-2251

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
No		

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
10-10-79	—	☒ 1. PERMISSION ☐ 2. WARRANT

J. WEATHER (describe)

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		No Samples Collected	
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
NONE		

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: None
   - [ ] a. GROUND
   - [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF:

D. SITE MAPPED?

- [ ] YES. SPECIFY LOCATION OF MAPS. No

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)
2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

- [X] 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?

- [X] 1. NO
- [ ] 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres): 68

D. ARE THERE BUILDINGS ON THE SITE?

- [X] 1. NO
- [ ] 2. YES (specify):

VI. 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	X	1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
X	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. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

- [ ] 1. STORAGE (D)
- [ ] 2. INCINERATION (B)
- [X] 3. LANDFILL (E)
- [ ] 4. SURFACE IMPOUNDMENT (C)
- [ ] 5. DEEP WELL
- [ ] 6. CHEM/BIO/PHYS TREATMENT
- [ ] 7. LANDFARM (A)
- [ ] 8. OPEN DUMP
- [ ] 9. TRANSPORTER
- [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

- [ ] 1. LIQUID
- [X] 2. SOLID
- [ ] 3. SLUDGE
- [ ] 4. GAS

B. WASTE CHARACTERISTICS

- [ ] 1. CORROSIVE
- [ ] 2. IGNITABLE
- [ ] 3. RADIOACTIVE
- [ ] 4. HIGHLY VOLATILE
- [X] 5. TOXIC
- [ ] 6. REACTIVE
- [ ] 7. INERT
- [ ] 8. FLAMMABLE
- [ ] 9. OTHER (specify):

C. WASTE CATEGORIES

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

Yes, manifests

Continue On Reverse

Continued From Front

VII. WASTE RELATED INFORMATION (continued)

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 4,000	AMOUNT 160
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE Cu yd/mo	UNIT OF MEASURE Cu yds/month
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	X (4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (specify) Baghouse Dust
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Baghouse Waste								—	15,360	Cu yd

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

___ A. HUMAN HEALTH HAZARDS

No Hazards

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VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

Continue On R

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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VIII. HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

 Continue On Reverse

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	1000	0	Estimated 200 homes	300yds
2. IN COMMERCIAL OR INDUSTRIAL AREAS	unknown	0	2	100yds
3. IN PUBLICLY TRAVELLED AREAS	unknown		1 (IH-35W	150yds
4. PUBLIC USE AREAS (parks, schools, etc.)	none	none		

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
400' Paluxy	unknown	Industrial
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**

G. TYPE OF DRINKING WATER SUPPLY NONE

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☐ 2. COMMUNITY (specify town): > 15 CONNECTIONS

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

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X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
None				

I. RECEIVING WATER

1. NAME: Sycamore Cr.

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify): No Discharge

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Fish + Wildlife Propagation

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN: NONE.

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☐ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND				
X	2. CLAY Tree Growing				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☒ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES ☒ 2. NO 3. COMMENTS

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

North

J. OTHER GEOLOGICAL DATA

 Continue On Reverse

Continued From Front

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
State Solid Waste Management	TDWR	39000	2-24-76	11-19-81	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

Judgement Aug 11, 1977, fined $20,000 or order to Comply with Permit.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (*Section II*) information on the first page of this form.

LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc)*
☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
☐ YES ☒ NO

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
☒ YES ☐ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☒ YES ☐ NO

6. EVIDENCE OF PONDING OF WATER ON SITE
☐ YES ☒ NO

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☐ YES ☒ NO

8. ADEQUATE LEACHATE COLLECTION SYSTEM *(If "Yes", specify Type)*
☐ YES ☒ NO

None Required by Permit #34000

8a. SURFACE LEACHATE SPRING
☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☒ NO

10. GAS MONITORING
☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS
☐ YES ☒ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES *(Clay Bottom, Sides, etc)*
☒ YES ☐ NO Clay Bottom + sides

14. FIXATION *(Stabilization)* OF WASTE
☐ YES ☒ NO

15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☒ YES ☐ NO

16. COVER *(Type)*

2' of compacted Clay + minimum of 5' of Iron Slag

16a. THICKNESS

Same as above

16b. PERMEABILITY

16c. DAILY APPLICATION
☒ YES ☐ NO

6" of Clay