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EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION | SITE NUMBER (to be assigned by Hq): TX-05207

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 077425007

A. SITE NAME: Hercules

B. STREET (or other identifier): P. O. Box 58908

C. CITY: Houston

D. STATE: TX

E. ZIP CODE: 77062

F. COUNTY NAME: Harris

G. OWNER/OPERATOR (if known)

1. NAME: Same

2. TELEPHONE NUMBER: 713/479-4481

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

All waste generated goes off-site.

SUPERFUND FILE

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

State Files

DEC 19 1991

K. DATE IDENTIFIED (mo., day, & yr.): 4/22/80

L. PRINCIPAL STATE CONTACT

1. NAME: Tom Kearns

REORGANIZED

2. TELEPHONE NUMBER: 713/479-5981

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

[ ] 1. HIGH [ ] 2. MEDIUM [ ] 3. LOW [XX] 4. NONE [ ] 5. UNKNOWN

B. RECOMMENDATION

[XX] 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)

C. PREPARER INFORMATION

1. NAME: Tom Kearns

2. TELEPHONE NUMBER: 713/479-5981

3. DATE (mo., day, & yr.): 5-20-80

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.)

[XX] 3. OTHER (specify): no onsite facilities (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): 28213

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.)

E. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [X] 2. YES (specify): Chemical process units.

2070-2 (10-79)

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Continued From Front

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):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

No on-site facilities

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1. UNKNOWN [XX] 2. LIQUID [XX] 3. SOLID [XX] 4. SLUDGE [ ] 5. GAS

B. WASTE CHARACTERISTICS

[ ] 1. UNKNOWN [XX] 2. CORROSIVE [ ] 3. IGNITABLE [ ] 4. RADIOACTIVE [ ] 5. HIGHLY VOLATILE
[ ] 6. TOXIC [ ] 7. REACTIVE [XX] 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	XX (6) OTHER (specify): Plastics	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			X (11) OTHER (specify) Caustics		

EPA Form T3070-4 (10/74)

Continue On Page 3

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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.

Waste generated at the plant is sent off-site for disposal.

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)*. See Site Description page attached.				

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Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

[ ] 1. NPDES PERMIT [XX] 2. SPCC PLAN [XX] 3. STATE PERMIT (specify) 30613

XX 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 [XX] 3. UNKNOWN

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

VIII. PAST REGULATORY ACTIONS

[ ] A. NONE [XX] B. YES (summarize below)

Suit filed Dec. 1975 for unauthorized disposal of wastes.

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.