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U. S. ENVIRONMENTAL PROTECTION AGENCY

REGION ___

POTENTIAL HAZARDOUS WASTE SITE

IDENTIFICATION AND PRELIMINARY ASSESSMENT

This form is completed for each potential hazardous waste site to help set priorities for site inspections. 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.

SITE IDENTIFICATION

Site number (to be assigned by Headquarters) 00000~~0050~~ 610

Site Name Weldon Springs Chemical Plant

Street (or other identifier) Mo. 94 6 miles [illegible]

City, State, Zip _____

County Name St. Charles County, Missouri

Owner/Operator (if known) Technical Services Division Department of Energy Telephone [illegible]

/X/ Federal /__/ State /__/ County
/__/ Municipal /__/ Private /__/ Unknown

Site Description Rock Quarry used as disposal site for Weldon Springs Chemical Plant

How Identified (i.e. Citizen's complaints, OSHA Citations, etc.) _____ Date Identified _____

Principal State Contact Robert Robinson Telephone [illegible]

Fill in pages 2-5 of this form as completely as possible. Then indicate the preliminary assessment in the boxes below:

PRELIMINARY ASSESSMENT

Apparent Seriousness of Problem /__/ High /__/ Medium /X/ Low /__/ None /__/ Unkn

/X/ No action needed - ~~no hazard~~

/_/ Immediate site inspection needed Tentatively Scheduled for _____
Will be performed by _____

/_/ Site inspection needed Tentatively Scheduled for _____
Will be performed by _____

/_/ Site inspection needed - low priority

File this form in the Regional Hazardous Waste Log File and submit a copy to:

Site Tracking System
Hazardous Waste Enforcement Task Force
U. S. Environmental Protection Agency
401 M Street SW (EN335)
Washington, D. C. 20460

Prepared by [illegible]

Telephone FTS 753-[illegible]

Date Nov. 1, 1977

SITE INFORMATION

/_/ ACTIVE — Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.

/X/ INACTIVE — Those sites which no longer receive wastes.

/_/ OTHER — Specify: _____
Those sites resulting from incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.

GENERATOR ON SITE No /X/ Yes /__/ If yes, specify generator's SIC Code /__/__/__/__

Area of Site 8.9 Acres

If apparent seriousness of site is high, specify coordinates
Latitude/__/__/ /__/__/ /__/__/ (deg min sec) Longitude/__/__/__/ /__/__ (deg min)

Are there buildings on the site No /X/ Yes /__/ If yes, specify_____

CHARACTERIZATION OF SITE ACTIVITY

Check off the appropriate activities below:

/__/ TRANSPORTER	/__/ STORER	/__/ TREATOR	/X/ DISPOSER
/__/ Rail	/__/ Pile	/__/ Filtration	/X/ Landfill
/__/ Ship	/__/ Surface Impoundment	/__/ Incineration	/__/ Landfarm
/__/ Barge	/__/ Drums	/__/ Volume Reduct	/__/ Open Dump
/__/ Truck	/__/ Tank, Above Ground	/__/ Recycling/ Recovery	/__/ Surface Impoundment
/__/ Pipeline	/__/ Tank, Below Ground	/__/ Chem/Phys Treatment	/__/ Midnight Dumping
/__/ Other _____	/__/ Other _____	/__/ Biological Treatment	/__/ Incineration
		/__/ Waste Oil Reprocessing	/__/ Underground Injection
		/__/ Solvent Recovery	
		/__/ Other	/__/ Other

Specify details of site activities as needed:

_____

_____

_____

_____

_____

_____

ACTIONS TAKEN OR PLANNED

PERMIT INFORMATION

List all Applicable Permits held by the site:

/__/ NPDES Permit /__/ SPCC Plan /__/ State Permit - Specify_____

/__/ Air Permits /__/ Local Permit /__/ RCRA Transporter

/__/ RCRA Storer /__/ RCRA Treator /__/ RCRA Disposer

/__/ Other - Specify_____

In Compliance /__/ Yes /__/ No /__/ Unknown with respect to _____
Regulation Name/Number

PAST REGULATORY ACTIONS

/X/ None

/__/ Yes If yes, summarize:_____

INSPECTION ACTIVITY (Past or on-going)

	Date of Past Action	Performed by (EPA/State)	Describe:
/__/ None			
/X/ Yes - Specify:			
	1975	DOE	Weldon Spring Decommissioning Study Quarry Supplement
	planned	DOE	Aerial Radiological Survey
	planned	DOE	ground monitor for Radon gas

REMEDIAL ACTIVITY (Past or on-going)

/X/ None

/__/ Yes - Specify:

Based on the information on pages 2 through 5, fill out the Preliminary Assessment information on the first page of this form.

WASTE RELATED INFORMATION

WASTE TYPE:

/__/ UNKNOWN /__/ LIQUID /X/ SOLID /__/ SLUDGE /__/ GAS

WASTE CHARACTERISTICS:

/__/ UNKNOWN /__/ CORROSIVE /__/ IGNITABLE /X/ RADIOACTIVE /__/ HIGHLY V

/X/ TOXIC /__/ REACTIVE /__/ INERT /__/ FLAMMABL

/__/ OTHER SPECIFY _____

WASTE CATEGORIES:

Are records of wastes available? Specify items such as manifests, inventories, etc:

Partial Stored at DOE Technical Services (Oak Ridge Tennessee) and on-site.

Estimated amount of waste by category:

SLUDGE	OIL	SOLVENTS	CHEMICALS	SOLIDS	OTHER
_____ amt & unit	_____ amt & unit	_____ amt & unit	unknown amt & unit	minimum of 60,000 cubic yards amt & unit	_____ amt & unit
/__/ Paint, Pigments	/__/ Oily Wastes	/__/ Halogenated Solvents	/__/ Acids	/__/ Flyash	/__/ Lab,Pha
/__/ Metals Sludges	/__/ Other _____	/__/ Non-halogntd Solvents	/__/ Pickling Liquors	/__/ Asbestos	/__/ Hospita
/__/ POTW		/__/ Other _____	/__/ Caustics	/__/ Milling	/__/ Radioac
/__/ Alum Sldg			/__/ Pesticides	/__/ Mine Tailngs	/__/ Municip
/__/ Other _____			/__/ Dyes/Inks	/__/ Ferrous	/__/ Other Specify
			/__/ Cyanides	/__/ Non-ferr	_____
			/__/ Phenols	/X/ Other Rubble from Building Demolition Drums of 3-4% Thorium waste.	_____
			/__/ Halogens		_____
			/__/ PCB		_____
			/__/ Metal Solvents		
			/X/ Other TNT/DNT		

LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE: (Place in descending order of

Uranium

Thorium

TNT/DNT

WASTE RELATED INFORMATION (continued)

Additional comments or narrative description of situation known or reported to exist at the site

Geological Surveying beneath Quarry being done by National Lead Co., Fernald, Ohio.

HAZARD DESCRIPTION	POTENTIAL HAZARD Check Off	ALLEGED INCIDENT Check Off	DATE OF INCIDENT month/day/yr	REMARKS
No hazard	/__/			
Human Health	/X/	/__/		
Non-worker Injury/Exposure	/__/	/__/		
Worker Injury	/__/	/__/		
Contamination of Water Supply	/__/	/__/		
Contamination of Food Chain	/__/	/__/		
Contamination of Ground Water	/X/	/__/		Uranium contaminated soil, and water in nearby Slough.
Contamination of Surface Water	/X/	/__/		
Damage to Flora/Fauna	/__/	/__/		
Fish Kill	/__/	/__/		
Contamination of Air	/X/	/__/		unknown Rn emission
Noticeable Odors	/__/	/__/		
Contamination of Soil	/__/	/__/		
Property Damage	/__/	/__/		
Fire or Explosion	/__/	/__/		
Spills/Leaking Containers/Runoff/ Standing Liquids	/X/	/__/		steel drums of thorium waste or unknown waste
Sewer, Storm Drain Problems	/__/	/__/		
Erosion Problems	/__/	/__/		
Inadequate Security	/__/	/__/		
Incompatible Wastes	/__/	/__/		
Midnight Dumping	/__/	/__/		
Other - Specify_____	/__/	/__/		

U. S. ENVIRONMENTAL PROTECTION AGENCY

REGION ___

POTENTIAL HAZARDOUS WASTE SITE

SITE INSPECTION REPORT

SITE IDENTIFICATION

Site number _____
(obtain from Headquarters)

Site Name Weldon Springs Chemical Plant Quarry

Street (or other) identifier) Mo. 94 6 miles S. of U.S. 40

City, State, Zip _____

County Name St. Charles County, Missouri

Operator of Site Technical Services Division, Dept. of Energy FTS 626-0447
Telephone

Street P.O.B. E

City, State, Zip Oak Ridge, Tennessee 37830

Owner of Realty _____ _____
(if different from operator of site) Telephone

City, State, Zip _____

Site Description Rock Quarry used as disposal site for Weldon Springs Chemical Plant.

Ownership /X/ Federal /__/ State /__/ County
/__/ Municipal /__/ Private

Fill in pages 2 through 13 of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition.

Estimate date of Tentative Disposition Unknown

Apparent seriousness of problem /__/ High /__/ Medium /X/ Low /__/ None

File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate supplemental forms in the file. Submit a copy of the forms to:

Site Tracking System
Hazardous Waste Enforcement Task Force
U. S. Environmental Protection Agency
401 M Street SW (EN335)
Washington, D. C. 20460

Prepared by Richard Kaufman, Pr.E.

Telephone 758-3307

Date Nov 1, 1979

INSPECTION INFORMATION

Principal Inspector: DOE

Organization

Technical Services, DOE
Title

FTS 626-0447
Area Code and Telephone

INSPECTION PARTICIPANTS

Names			
Organization			
Telephone			

SITE REPRESENTATIVES INTERVIEWED (Corporate Officials, Workers, Residents)

Names	E. L. Keller		
Title/Telephone	Director,	Technical Services, DOE	FTS 626-0447
Address	PO B E	Oak Ridge	Tennessee 3783
Names			
Title/Telephone			
Address			

GENERATOR INFORMATION (List sources of waste)

Names			
Telephone	TNT/ZNT	U.S. Army	
Address	Uranium/Thorium	AEC/ERDA	
Waste Type Generated			

TRANSPORTER/HAULER INFORMATION

Names	US Army		
Telephone	AEC/ERDA		
Address			
Waste Type Transported			

If waste is processed on site and also shipped to other sites, identify off-site facilities used for disposal:

Names			
Telephone			
Address			

INSPECTION INFORMATION (Continued)

Date of Inspection 1975 Time of Inspection _____

Access gained by /__/ Permission /__/ Warrant
(Credentials must be shown in all cases)

Weather _____

SAMPLING INFORMATION

Check off 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.

SAMPLE TYPE	COLLECTED	REMARKS	ESTIMATE DATE THAT RESULTS WILL BE AVAILABLE
Groundwater	/X/ Yes	unknown	past
Surface Water	/X/ Yes	unknown	past
Waste	/__/ Yes		
Air	/__/ Yes		
Runoff	/__/ Yes		
Spill	/__/ Yes		
Soil	/__/ Yes		
Vegetation	/__/ Yes		
Other_____	/__/ Yes		

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

Type	Location of Measurements	Results
groundwater contamination	monitoring wells	no contamination
Radiological Survey	Aerial	planned for [illegible]
Radiological Survey	air - ground level - for Uranium	planned
surface water contamination	Femme Osage Slough	elevated Uranium level

Photos Taken /__/ Ground /__/ Aerial Photos in custody of _____

Site Mapped /__/ Yes Location of Maps probably ÷ 1975 [illegible]

Latitude /3/8/ /3/9/ /2/0/ (deg min sec) Longitude /9/0/__/ /4/5/ /2/0/ (deg min sec)

SITE INFORMATION

/_/ ACTIVE — Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.

/X/ INACTIVE — Those sites which no longer receive wastes.

/_/ OTHER — Specify: _____
Those sites resulting from incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.

GENERATOR ON SITE No /X/ Yes /_/ If yes, specify generator's SIC Code /_/_/_/_/

Area of Site 8.9 Acres

Are there buildings on the site No /X/ Yes /_/ If yes, specify _____

CHARACTERIZATION OF SITE ACTIVITY

Check off one or more of the activities below:

/_/ TRANSPORTER	/_/ STORER	/_/ TREATOR	/X/ DISPOSER
/_/ Rail	/_/ Pile	/_/ Filtration	/X/ Landfill
/_/ Ship	/_/ Surface Impoundment	/_/ Incineration	/_/ Landfarm
/_/ Barge	/_/ Drums	/_/ Volume Reduct	/_/ Open Dump
/_/ Truck	/_/ Tank, Above Ground	/_/ Recycling/ Recovery	/_/ Surface Impoundment
/_/ Pipeline	/_/ Tank, Below Ground	/_/ Chem/Phys Treatment	/_/ Midnight Dumping
/_/ Other _____	/_/ Other _____	/_/ Biological Treatment	/_/ Incineration
		/_/ Waste Oil Reprocessing	/_/ Underground Injection
		/_/ Solvent Recovery	
		/_/ Other	/_/ Other

SUPPLEMENTAL FORMS

If the site falls within any of the categories listed below, supplemental forms must be filled out. Indicate which supplemental forms you have filled out and attached to this form:

/_/ Storage	/_/ Incineration	/X/ Landfill
/_/ Surface Impoundment	/_/ Deep Well	/_/ Chem/Bio/Phys Treatment
/_/ Landfarm	/_/ Open Dump	/_/ Transporter
/_/ Recyclor/Reclaimer		

WASTE RELATED INFORMATION

WASTE TYPE:

/__/ LIQUID /X/ SOLID /__/ SLUDGE /__/ GAS

WASTE CHARACTERISTICS:

/__/ CORROSIVE /__/ IGNITABLE /X/ RADIOACTIVE /__/ HIGHLY

/X/ TOXIC /__/ REACTIVE /__/ INERT /__/ FLAMMAB

/__/ OTHER SPECIFY _____

WASTE CATEGORIES:

Are records of wastes available? Specify items such as manifests, inventories, etc:

Partial. Stored at DOE Technical Services (Oak Ridge [illegible]) and on-site.

Estimated amount of waste by category and specify details below:

SLUDGE	OIL	SOLVENTS	CHEMICALS	SOLIDS	OTHER
amt & unit	amt & unit	amt & unit	unknown amt & unit	60,000 cubic yards amt & unit	amt & unit
/__/ Paint, Pigments	/__/ Oily Wastes	/__/ Halogenated Solvents	/__/ Acids	/__/ Flyash	/__/ Lab,Ph
/__/ Metals Sludges	/__/ Other _____	/__/ Non-halogntd Solvents	/__/ Pickling Liquors	/__/ Asbestos	/__/ Hospit
/__/ POTW		/__/ Other _____	/__/ Caustics	/__/ Milling	/__/ Radioa
/__/ Alum Sldg			/__/ Pesticides	/__/ Mine Tailngs	/__/ Munici
/__/ Other _____			/__/ Dyes/Inks	/__/ Ferrous	/__/ Other Specif
			/__/ Cyanides	/__/ Non-ferr	_____
			/__/ Phenols	/X/ Other Rubble from building Demolition, Drums of 3-4% Thorium waste.	_____
			/__/ Halogens		_____
			/__/ PCB		_____
			/__/ Metal Solvents		_____
			/X/ Other TNT/DNT		

LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE: (place in descending order of

	Substance	Form (Solid, Liq,Vapor)	Toxicity (High, Med, Low,None)	CAS Number	Amount and Unit
1	Uranium	Solid	Medium	7440-61-1	unknown
2	Thorium	Solid	high	7440-29-1	unknown
3	TNT	Solid	high	118-96-7	unknown
4	DNT	solid	high	25321-14-6	unknown
5					
6					
7					
8					

HAZARD DESCRIPTION

FIELD EVALUATION	HAZARD DESCRIPTION	REMARKS
Check below if "yes"		
/X/	Human Health Hazards	
/__/	Non-Worker Injury/Exposure	
/__/	Worker Injury/Exposure	
/__/	Contamination of Water Supply	
/__/	Contamination of Food Chain	

HAZARD DESCRIPTION

FIELD EVALUATION	HAZARD DESCRIPTION	REMARKS
Check below if "yes"		
/__/	Contamination of Ground Water	
/X/	Contamination of Surface Water	Elevated Uranium level in Femme Osage Slough
/__/	Damage to Flora/Fauna	
/__/	Fish Kill	
/X/	Contamination of Air	Radon emission will be measured in future.

HAZARD DESCRIPTION

FIELD EVALUATION	HAZARD DESCRIPTION	REMARKS
Check below if "yes"		
/__/	Noticeable Odors	
/__/	Contamination of Soil	
/__/	Property Damage	
/__/	Fire or Explosion	
/X/	Spills/Leaking Containers/Runoff Standing Liquid	

3-4% thorium residue in steel drums

Drum condition unknown.

HAZARD DESCRIPTION

FIELD EVALUATION	HAZARD DESCRIPTION	REMARKS
Check below if "yes"		
/__/	Sewer, Storm Drain problems	
/__/	Erosion Problems	
/__/	Inadequate Security	
/__/	Incompatible Wastes	
/__/	Midnight Dumping	

HAZARD DESCRIPTION

FIELD EVALUATION	HAZARD DESCRIPTION	REMARKS
Check below if "yes"		
/__/	Other - Specify	_____

POPULATION DIRECTLY AFFECTED BY SITE:

	Approximate number of People Affected	Within unit Area	Approximate Number of Buildings Affected	Distance to Site
In residential areas	Very small towns		unknown	Hamburg [illegible] 1/2 miles
			"	Defiance [illegible] 2 1/4 mile
In commercial or industrial areas	unknown		one	St Charles County water works - 1000 feet
In publicly travelled areas	unknown			[illegible]
Public Use Areas (Parks, Schools, etc.)				

WATER AND HYDROLOGICAL DATA

Depth to Groundwater 2 [illegible] Direction of Flow S.E.

Groundwater use in vicinity none Potential yield of Aquifer

Distance to Drinking Water Supply 1/2 mile Direction to Drk Wtr Suppl S.E.

Type of Drinking Water supply /__/ Non-Community < 15 connections /X/ Community (~~Town~~ County of St Charles >15 connections

/__/ Surface Water /X/ Well

List all drinking water wells within 1/4 mile radius of site:

Well	Depth	Location (proximity to population/buildings)	Non-Community
			/__/
			/__/
			/__/
			/__/
			/__/

Receiving Waters /__/ Sewers /__/ Streams/Rivers

Name Missouri River /__/ Lakes/Reservrs /__/ Other

Specify use and classification of receiving waters Navigable Waterway

SOIL AND VEGETATION DATA

Location of Site is in:

/__/ Known Fault Zone

/__/ Karst Zone

/__/ 100 Year Floodplain

/__/ Wetland

/__/ A Regulated Floodway

/__/ Critical Habitat

/__/ Recharge Zone or Sole Source Aquifer

TYPE OF GEOLOGICAL MATERIAL OBSERVED

/__/ Overburden none in sump

/X/ Bedrock (specify)

/__/ Other (specify)

/__/ Sand — limestone

/__/ Clay

/__/ Gravel

SOIL PERMEABILITY — no s[illegible] in quarry sump

/__/ Unknown

/__/ Moderate (10 to .1 ft/day)

/__/ Very High (100000-1000 ft/day)

/__/ Low (.1 to .001 ft/day)

/__/ High (1000-10 ft/day)

/__/ Very Low (.001 to .00001 ft/day)

Recharge Area /X/ Yes /__/ No Comments: limestone has [illegible] channels

Discharge Area /__/ Yes /__/ No Comments:

Slope (estimate % of slope) _____ Specify direction of slope, condition of slope, etc.

Other Geological Data quarry sump depth 85 – 105'.
Maximum water depth in sump 20'.

PERMIT INFORMATION

List all Applicable Permits held by the site:

Permit Type (E.g. RCRA, State, NPDES, etc)	Issuing Agency	Permit Number	Date Issued	Expirtn date	In Compliance Yes	No	Un
					/_/	/_/	/
					/_/	/_/	/
					/_/	/_/	/
					/_/	/_/	/
					/_/	/_/	/
					/_/	/_/	/

PAST REGULATORY OR ENFORCEMENT ACTIONS

/X/ None

/__/ Yes If yes, summarize:

Based on the information on pages 2 through 13, fill out the projected date of the Tentative Disposition on the first page of this form.

Supplemental Form

Landfills

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 (X)

5. Diversion structures are Effectively Constructed and Properly Maintained yes ( ) no ( )

6. Evidence of Ponding of Water on Site yes (X) no ( )

7. Indications of Improper/Inadequate Draining yes (X) no ( )

8. Adequate Leachate Collection System yes ( ) no ( )

   Type: _____

8a. Surface Leachate Spring Yes ( ) No ( )

9. Records of leachate analysis yes (X) no ( )

10. Gas Monitoring yes ( ) no (X) planned

11. Groundwater Monitoring Wells yes (X) no ( )

12. Artificial membrane liner installed yes ( ) no (X)

13. Specific containment measures (clay bottom, sides, etc.) yes ( ) no (X)

14. Fixation (stabilization) of waste yes ( ) no ( )

15. Adequate Closure of Inactive Portion of Facility yes ( ) no ( )

16. Cover: type_____

_____

thickness_____

_____

permeability_____

_____

daily application Yes ( ) No ( )_____

_____

U. S. ENVIRONMENTAL PROTECTION AGENCY

REGION ___

POTENTIAL HAZARDOUS WASTE SITE

TENTATIVE DISPOSITION

SITE IDENTIFICATION

Site number _____

Site Name Weldon Springs Chemical Plant Quarry

Street Mo 94 6 miles S. of U.S. 40

City, State, Zip Rural St. Charles County, Missouri

TENTATIVE DISPOSITION

	Check Off	Action Agency EPA	State	Local	Private
1) NO ACTION NEEDED - NO HAZARD	/__/				
2) INVESTIGATIVE ACTION(S) NEEDED If yes, fill in Page 2	/__/	/__/	/__/	/__/	/__/
3) REMEDIAL ACTION NEEDED If yes, fill in page 3	/__/	/__/	/__/	/__/	/__/
4) ENFORCEMENT ACTION NEEDED If yes, specify whether the case will be primarily managed by the EPA or the State.	/__/	/__/	/__/		
		/__/	/__/		

Rationale for disposition: Weldon Springs Chemical Plant, Quarry Supplement 1975, DOE Decontamination and Disposition Study, in progress, DOE

Indicate the estimated date of Final Disposition: unknown

If a Case Development Plan is necessary, indicate the estimated date on which the Plan will be developed: _____

File this form in the regional Hazardous Waste Log File and submit a copy to:
Site Tracking System
Hazardous Waste Enforcement Task Force
U. S. Environmental Protection Agency
401 M Street SW (EN335)
Washington, D. C. 20460

Prepared by Richard Kaufman

Telephone FTS 758-3307

Date Nov. 6, 1979

INVESTIGATIVE ACTIVITY NEEDED

Identify additional information needed to achieve a final disposition:

METHOD FOR OBTAINING NEEDED ADDITIONAL INFORMATION	Scheduled Date of Action	To Be Performed by (EPA, Contractor, State, etc)	Estimated Manhours	Remarks
SITE INSPECTIONS				
Geological Survey	in progress	DOE Contractor	Nat'l Lab	Terra's Ohio
MONITORING				
SAMPLING				
LAB ANALYSIS				
OTHER				

Please elaborate on any of the above as needed to identify additional investigative work:

Action Agency	Total Estimated Manhours for Investigative Activities
EPA	
State	
Contractor	

REMEDIAL ACTIONS

SHORT TERM/EMERGENCY STRATEGY (On site and off-site)

List all emergency actions needed to bring 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.

ACTION	Est. Action Start Date	Est. Action End Date	Action Agency (EPA, State, Private Party)	Estimated Cost	Specify 311 or other action; indicate the magnitude of the work required:
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____

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 belo

ACTION	Est. Action Start Date	Est. Action End Date	Action Agency (EPA, State, Private Party)	Estimated Cost	Specify 311 or other action; indicate the magnitude of the work required:
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____
_____	_____	_____	_____	$_____	_____

Action Agency	Total Estimated Manhours for Remedial Activities	Total Estimated Cost for Remedial Activities
EPA	_____	$_____
State	_____	$_____