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)

Site Name

Street (or other identifier)

City, State, Zip

County Name

Owner/Operator (if known)

Federal

Municipal

Private

County

Unknown

Site Description

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

Date Identified

Principal State Contact

Telephone

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

Low

None

Unk

No action needed — not hazardous

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

Prepare 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

Date

Telephone
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.

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 /X/ If yes, specify generator's SIC Code /__/_/_/

Area of Site 8.9 Acres

If apparent seriousness of site is high, specify coordinates

Latitude /__/_/ /__/_/ /__/_/ Longitude /__/_/ /__/_/ /__/_/

deg min sec 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 / / DISPOSER

/ / Rail / / Pile / / Filtration / / Landfill

/ / Ship / / Surface Impoundment / / Incineration / / Landfarm

/ / Barge / / Drums / / Volume Reduction / / Open Dump

/ / Truck / / Tank, Above Ground / / Recycling / / Surface Impoundment

/ / Pipeline / / Tank, Below Ground / / Chem/Phys Treatment / / Midnight Dumping

/ / Other / / Other / / Biological Treatment / / Incineration

Specifying 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 Storage
- [ ] RCRA Treated
- [ ] RCRA Disposer
- [ ] Other - Specify

In Compliance [ ] Yes [ ] No [ ] Unknown with respect to ___

**Past Regulatory Actions**

[ ] None

[ ] Yes If yes, summarize:

**Inspection Activity** (Past or ongoing)

<table>
<thead>
<tr>
<th>Date of Past Action</th>
<th>Performed by (EPA/State)</th>
<th>Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1975 Doe</td>
<td>Weldon Springs, December 17</td>
<td></td>
</tr>
<tr>
<td>Planned Doe</td>
<td>Query Supplement Aerial Geological Survey</td>
<td></td>
</tr>
<tr>
<td>Planned Doe</td>
<td>Ground Monitor for Radio gas</td>
<td></td>
</tr>
</tbody>
</table>

**Remedial Activity** (Past or ongoing)

[ ] 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
- [X] Ignitable
- [ ] Radioactive
- [ ] Highly V
- [ ] Toxic
- [ ] Reactive
- [ ] Inert
- [ ] Flammable
- [ ] Other Specify

**Waste Categories:**

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

- Packaged Store + DOE Technical Services (on-site)
- Dunn on-sitc

Estimated amount of waste by category:

<table>
<thead>
<tr>
<th>Sludge</th>
<th>Oil</th>
<th>Solvents</th>
<th>Chemicals</th>
<th>Solids</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Paint, Oily Pigments</td>
<td>[ ] Oily Wastes</td>
<td>[ ] Halogenated Solvents</td>
<td>[ ] Acids</td>
<td>[ ] Flyash</td>
<td>[ ] Lab, Pha</td>
</tr>
<tr>
<td>[ ] Metals</td>
<td>[ ] Other Wastes</td>
<td>[ ] Non-halogend Solvents</td>
<td>[ ] Pickling Liquors</td>
<td>[ ] Asbestos</td>
<td>[ ] Hospitals</td>
</tr>
<tr>
<td>[ ] POTW</td>
<td></td>
<td>[ ] Other Wastes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Alum Sludge</td>
<td></td>
<td>[ ] Other Wastes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Other</td>
<td></td>
<td>[ ] Other Wastes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List Substances of Greatest Concern Which May Be on the Site:**

(Place in descending order of)

- Uranium
- Thorium
- TNT/DNT
<table>
<thead>
<tr>
<th>HAZARD DESCRIPTION</th>
<th>POTENTIAL HAZARD CHECK OFF</th>
<th>ALLEGED INCIDENT CHECK OFF</th>
<th>DATE OF INCIDENT month/day/yr</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No hazard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Health</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-worker Injury/Exposure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker Injury</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contamination of Water Supply</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contamination of Food Chain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contamination of Ground Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contamination of Surface Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damage to Flora/Fauna</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish Kill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contamination of Air</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noticeable Odors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contamination of Soil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property Damage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire or Explosion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spills/Leaking Containers/Panoff/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing Liquids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewer, Storm Drain Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erosion Problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incompatible Wastes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midnight Dumping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - Specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Uranium contamination soil and water in reach Slough.
- Unknown Release
- Steel drums in trees with no container.
U. S. ENVIRONMENTAL PROTECTION AGENCY
REGION

POTENTIAL HAZARDOUS WASTE SITE

SITE INSPECTION REPORT

SITE IDENTIFICATION

Site number
(obtain from Headquarters)

Site Name
Walden Springs Chemical Plant

Street (or other)
identifier)
Mo. 976 miles S. e. of U.S. 70

City, State, Zip

County Name
St. Charles County, Missouri

Operator of Site
Technical Services Division, Dept. PI. 49, 247
Telephone

Street
P.O. Box

City, State, Zip
Cuba Ridge, Tennessee 37030

Owner of Realty
(if different from
operator of site)

City, State, Zip

Site Description
Rock quarry used as disposal site for

Ownership
✓ 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

Apparent seriousness of problem
✓ High
✓ Medium
✓ 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 N. Street SW (RM335)
Washington, D. C. 20460

Prepared by

Telephone
753-33-7

Date
Nov. 1, 1977
INSPECTION INFORMATION

Principal Inspector: ____________________________

Organization: ________________________________

INSPECTION PARTICIPANTS

Names: ____________________________

Organization: ________________________________

Telephone: ________________________________

SITE REPRESENTATIVES INTERVIEWED (Corporate Officials, Workers, Residents)

Names: ____________________________

Title/Telephone: Director, Technical Services, DOE, FTS 626-6047

Address: P.O. Box 144, Oak Ridge, Tennessee 37830

Names: ____________________________

Title/Telephone: ____________________________

Address: ____________________________

GENERATOR INFORMATION (List sources of waste)

Names: ____________________________

Telephone: ____________________________

Address: ____________________________

Waste Type Generated: ____________________________

TRANSPORTER/HAULER INFORMATION:

Names: ____________________________

Telephone: ____________________________

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.

<table>
<thead>
<tr>
<th>SAMPLE TYPE</th>
<th>COLLECTED</th>
<th>REMARKS</th>
<th>ESTIMATE DATE THAT RESULTS WILL BE AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groundwater</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface Water</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waste</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Runoff</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spill</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soil</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetation</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>/ / Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Location of Measurements</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groundwater</td>
<td>Contamination monitoring wells</td>
<td>No contamination</td>
</tr>
<tr>
<td>Rad. Survey</td>
<td>Soil</td>
<td></td>
</tr>
<tr>
<td>Rad. Survey</td>
<td>Air</td>
<td>Ground level</td>
</tr>
<tr>
<td>Surface water</td>
<td>Contamination</td>
<td>Estuaries</td>
</tr>
</tbody>
</table>

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

Site Mapped / / Yes Location of Maps probably 1975

Latitude 1318 1210 deg min sec
Longitude 1415 1210 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.

/ / 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 / / Y / / Yes / / If yes, specify generator's SIC Code / / / / / / / / / / / / 

Area of Site
Acres

Are there buildings on the site No / / Y / / Yes / / If yes, specify __________________________

CHARACTERIZATION OF SITE ACTIVITY

Check off one or more of the activities below:

/ / TRANSPORTER
/ / STORER
/ / TREATOR
/ / DISPOSER

/ / Rail
/ / Pile
/ / Filtration
/ / Landfill

/ / Ship
/ / Surface Impoundment
/ / Incineration
/ / Landfarm

/ / Barge
/ / Drums
/ / Volume Reduction
/ / Open Dump

/ / Truck
/ / Tank, Above Ground
/ / Recycling/ Reuse
/ / Surface Impoundment

/ / Pipeline
/ / Tank, Below Ground
/ / Chemical/ Physical Treatment
/ / Midnight Dumping

/ / Other
/ / Other
/ / Biological Treatment
/ / Incineration

/ / Other
/ / Other
/ / Waste Oil Reprocessing
/ / Underground Injection
/ / Solvent Recovery

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
/ / Landfill

/ / Surface Impoundment
/ / Deep Well
/ / Chem/Bio/Phys Treatment

/ / Landfarm
/ / Open Dump
/ / Transporter

/ / Recycler/Reclaimer
WASTE RELATED INFORMATION

WASTE TYPE:
/ / LIQUID  
/ / SOLID  
/ / SLUDGE  
/ / GAS

WASTE CHARACTERISTICS:
/ / CORROSIVE  
/ / IGNITABLE  
/ / RADIOACTIVE  
/ / HIGHLY  
/ / TOXIC  
/ / REACTIVE  
/ / INERT  
/ / FLAMMABLE

/ / OTHER SPECIFY

WASTE CATEGORIES:

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

Estimated amount of waste by category and specify details below:

SLUDGE  OIL  SOLVENTS  CHEMICALS  SOLIDS  OTHER
amt & unit  amt & unit  amt & unit  amt & unit  amt & unit  amt & unit
/ / Paint, / / Oily / / Halogenated / / Acids / / Flyash / / Lab,Ph
/ / Pigments / / Wastes / / Solvents / / Pickling / / Asbestos / / Hosp
/ / Metals / / Other / / Non-halogen / / Liquors / / Caustics / / Milling / / Radioa
/ / Sludges / / / / Solvents / / Pickling / / / / Hairs
/ / POT: / / / / Other / / / / / / Specif
/ / Alum Sldg / / / / Other / / / / / / Specif
/ / Other / / / / Other / / / / / / Specif

LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Form (Solid, Liq, Vapor)</th>
<th>Toxicity (High, Med, Low, None)</th>
<th>CAS Number</th>
<th>Amount and Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Uranium</td>
<td>Solid</td>
<td>Melan</td>
<td>7440-61-1</td>
</tr>
<tr>
<td>2</td>
<td>Thorium</td>
<td>Solid</td>
<td>High</td>
<td>7440-39-1</td>
</tr>
<tr>
<td>3</td>
<td>TNT</td>
<td>Solid</td>
<td>High</td>
<td>118-96-7</td>
</tr>
<tr>
<td>4</td>
<td>DNT</td>
<td>Solid</td>
<td>High</td>
<td>2532-17-6</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

Check below if "yes"

/ / Contamination of Ground Water

/ / Contamination of Surface Water

/ / Damage to Flora/Fauna

/ / Fish Kill

/ / Contamination of Air

Remarks:

(Handwritten) Uranium used in Farm on Asch

(Handwritten) Slag

(Handwritten) Depending on emission will be measured in future
<table>
<thead>
<tr>
<th>HAZARD DESCRIPTION</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIELD EVALUATION</td>
<td>Noticeable Odors</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td>HAZARD DESCRIPTION</td>
<td></td>
</tr>
<tr>
<td>Check below if &quot;yes&quot;</td>
<td></td>
</tr>
<tr>
<td><strong>/</strong>/ Noticeable Odors</td>
<td></td>
</tr>
<tr>
<td>Contamination of Soil</td>
<td></td>
</tr>
<tr>
<td>Property Damage</td>
<td></td>
</tr>
<tr>
<td>Fire or Explosion</td>
<td></td>
</tr>
<tr>
<td>Spills/Leaking Containers/Rainoff Standing Liquid</td>
<td></td>
</tr>
<tr>
<td>3-4 gal.</td>
<td></td>
</tr>
<tr>
<td>Drum condition: unknown.</td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th></th>
<th>Approximate number of People</th>
<th>Approximate Number of Buildings to Distance Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>In residential areas</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>In commercial or industrial areas</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>In publicly travelled areas</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Public Use Areas (Parks, Schools, etc.)</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

WATER AND HYDROLOGICAL DATA

- Depth to Groundwater: 20 ft
- Direction of Flow: S.E.
- Groundwater use in vicinity: None
- Potential yield of Aquifer: __________
- Distance to Drinking Water Supply: 1/2 mi
- Direction to Drk Wtr Suppl: __________
- Type of Drinking Water supply: __/ Non-Community /X/ Community (few of __ connections / X/ >15 connections
- / / Surface Water / X/ Well

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

<table>
<thead>
<tr>
<th>Well</th>
<th>Depth</th>
<th>Location (proximity to population/buildings)</th>
<th>Non-Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>__/</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

Receiving Waters:

- / / Sewers
- / / Streams/Rivers

Name: Missouri River

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
/ / Sand  
/ / Clay  
/ / Gravel
/ / Bedrock (specify)  / / Other (specify)
    Lineage

SOIL PERMEABILITY — no soil 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 / / Yes  / / No  Comments: Location not adequate
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 ft
Maximum Water Depth in Sump 20 ft
PERMIT INFORMATION

List all Applicable Permits held by the site:

<table>
<thead>
<tr>
<th>Permit Type (E.g. RCRA, State, NPDES, etc)</th>
<th>Issuing Agency</th>
<th>Permit Number</th>
<th>Date Issued</th>
<th>Expiration Date</th>
<th>In Compliance</th>
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FEDERAL REGULATORY OR ENFORCEMENT ACTIONS

/ / / 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)

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

SITE IDENTIFICATION

Site number ______________________________
Site Name ______________________________
Street _________________________________
City, State, Zip ___________________________

TENTATIVE DISPOSITION

Check Action Agency
Off 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 Survey
                         Supplement 2-5, DOE
                         Decommissioning and Disposal Study
                         in process, 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 (E:335)
Washington, D.C. 20460

Prepared by ___________________________
Telephone ___________________________
Date ___________________________

Richard Blumen
Nov 6, 1979
INVESTIGATIVE ACTIVITY NEEDED

Identify additional information needed to achieve a final disposition:


METHOD FOR OBTAINING NEEDED ADDITIONAL INFORMATION

<table>
<thead>
<tr>
<th>SITE INSPECTIONS</th>
<th>Geological Survey</th>
<th>To Be</th>
<th>Estimated Manhours</th>
</tr>
</thead>
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MONITORING


SAVING


LAB ANALYSIS


OTHER


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


<table>
<thead>
<tr>
<th>Action Agency</th>
<th>Total Estimated Manhours for Investigative Activities</th>
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<tr>
<td>EPA</td>
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<td>State</td>
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<td>Contractor</td>
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</table>
## 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.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Est. Action Start Date</th>
<th>Est. Action End Date</th>
<th>Action Agency (EPA, State, Private Party)</th>
<th>Estimated Cost</th>
<th>Specify 311 or other action; indicate the magnitude of the work required:</th>
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### 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 below.

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