

1990 INVENTORY OF FEDERAL HAZARDOUS

WASTE ACTIVITIES

Facility name: ATLAS ASBESTOS MINE

Federal Facility Identification Number: CA-1411D0004

Department : INTERIOR

Agency : BUREAU OF LAND MANAGEMENT

# PART I: FEDERAL FACILITY GENERAL INFORMATION

Page 1 of 2 -- Complete this part for each Federally owned or operated facility.

Note: This Part applies to all Federal hazardous waste facilities which are currently owned or operated by the Government. A "Federally owned or operated facility" or "facility" is defined as all the contiguous property owned and/or operated by a Federal agency at any one location and at which hazardous waste is stored, treated, or disposed, or has been disposed. The boundary of the Federal facility is the perimeter of the contiguous property owned or operated by the Federal agency, irrespective of the boundary of any CERCLA sites or RCRA facilities located on the property.

## FEDERALLY OWNED OR OPERATED FACILITY IDENTIFICATION

1. Facility name:
2. Federal Facility Identification Number:
3. Was this facility reported in the 1988 Federal Facility Inventory?  
Yes  No
4. Provide the RCRA facility EPA ID number for the facility, if applicable:

## RESPONSIBLE FEDERAL AGENCY

1. Facility owner  
Department:   
Agency :   
Contractor:   
Other :
2. Facility operator (if different from owner)  
Department:   
Agency :   
Contractor:   
Other :
3. Indicate the type of facility by checking ONE of the five choices:  
GOGO  GOCO  GPOD  POGO  Lessee

Facility name:

Federal Facility Identification Number:

**PART I: FEDERAL FACILITY GENERAL INFORMATION**

Page 2 of 2 -- Complete this part for each Federally owned or operated facility.

**RESPONSIBLE FEDERAL AGENCY**

4. What is the name, title and telephone number of the person who completed this survey?

Name

Title

Telephone (FTS)  343-5517

commercial

**LOCATION OF THE FEDERALLY OWNED OR OPERATED FACILITY**

1.a. Facility location address

Address

City  State  ZIP

1.b. If the facility has no street address, provide the county, township, or latitude and longitude of the facility and the State.

County/Township/Latitude & Longitude

State

2. What is the facility mailing address?

Address

City  State  ZIP

Facility name: ATLAS ASBESTOS MINE

Federal Facility Identification Number: CA-1411D0004

### PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

Page 1 of 10 -- Complete this part for each Federally owned or operated facility.

#### A. ENVIRONMENTAL MONITORING

1. Is environmental monitoring currently being conducted at the facility?  
(If the answer is No, check No and skip to Question 5. If yes, answer Question 2.)  
Yes  No
  
2. If yes, what type of environmental monitoring is being conducted?  
 Air       Soil       Surface Water       Ground Water  
 Subsurface Gas       Other (describe)
  
3. Are data produced by this monitoring available to either EPA or an authorized State?  
(If the answer is No, check No and skip to Question 5. If yes, answer Question 4.)  
Yes  No

Facility name: ATLAS ASBESTOS MINE

Federal Facility Identification Number: CA-1411D0004

### PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

Page 2 of 10 -- Complete this part for each Federally owned or operated facility.

#### A. ENVIRONMENTAL MONITORING

4. If yes, in what form is the information available? (More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
<input type="checkbox"/> RCRA Part B Permit Application	
<input type="checkbox"/> RCRA Facility Assessment (RFA)	
<input type="checkbox"/> RCRA Facility Investigation (RFI)	
<input type="checkbox"/> RCRA Corrective Measures Study	
<input type="checkbox"/> RCRA Post-Closure Permit Application	
<input type="checkbox"/> CERCLA Preliminary Assessment/ Site Investigation (PA/SI)	
<input type="checkbox"/> CERCLA Remedial Investigation/ Feasibility Study (RI/FS)	
<input type="checkbox"/> CERCLA Remedial Design	
<input type="checkbox"/> CERCLA Remedial Action	
<input type="checkbox"/> Routine Reporting	
<input checked="" type="checkbox"/> Other <input type="text" value="RI/FS"/> (describe)	EPA R9
<input type="checkbox"/> Other <input type="text"/> (describe)	
<input type="checkbox"/> Other <input type="text"/> (describe)	

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## PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

Page 3 of 10 -- Complete this part for each Federally owned or operated facility.

### A. ENVIRONMENTAL MONITORING

5. If environmental monitoring data are not available to either EPA or an authorized State, why not?
- In process of determining if environmental monitoring is necessary.
  - Environmental monitoring determined not to be necessary.
  - Environmental monitoring necessary, but not yet implemented.
  - Environmental monitoring implemented, but results not yet available.
  - Other (describe)

### B. ENVIRONMENTAL CONTAMINATION

1. Have there been any releases of hazardous wastes to the environment at the facility?  
(If the answer is No, check No and skip to Section C, Question 1. If yes, answer Question 2.)
- Yes  No
2. If yes, indicate the media into which release(s) occurred. (More than one media may be checked.)
- Air       Soil       Surface Water       Ground Water
- Subsurface Gas       Other (describe)
3. Is information concerning the amount, nature, toxicity, or concentration of wastes or waste constituents involved in any release from the facility available to either EPA or an authorized State?  
(If the answer is No, check No and skip to Question 5. If yes, answer Question 4.)
- Yes  No

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## PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

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### B. ENVIRONMENTAL CONTAMINATION

4. If yes, in what form is information concerning releases available? (More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
<input type="checkbox"/> RCRA Part B Permit Application	
<input type="checkbox"/> RCRA Facility Assessment (RFA)	
<input type="checkbox"/> RCRA Facility Investigation (RFI)	
<input type="checkbox"/> RCRA Corrective Measures Study	
<input type="checkbox"/> RCRA Post-Closure Permit Application	
<input type="checkbox"/> CERCLA Section 103 Notification	
<input type="checkbox"/> CERCLA Preliminary Assessment/ Site Investigation (PA/SI)	
<input type="checkbox"/> CERCLA Remedial Investigation/ Feasibility Study (RI/FS)	
<input type="checkbox"/> CERCLA Remedial Design	
<input type="checkbox"/> CERCLA Remedial Action	
<input type="checkbox"/> Routine Reporting	
<input checked="" type="checkbox"/> Other <input type="text" value="RI/FS"/> (describe) (e.g., Reportable Quantity Spill Report)	EPA R9
<input type="checkbox"/> Other <input type="text"/> (describe)	

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**PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS**

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**B. ENVIRONMENTAL CONTAMINATION**

5. Is information concerning the extent of the release in terms of the lateral extent of the release, the environmental impact of the release, or any other information necessary for EPA to assess the extent of the release available to either EPA or an authorized State?

(If the answer is No, check No and skip to Question 7. If yes, answer Question 6.)

Yes  No



Facility name:

Federal Facility Identification Number:

## PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

Page 6 of 10 -- Complete this part for each Federally owned or operated facility.

### B. ENVIRONMENTAL CONTAMINATION

6. If yes, in what form is the information concerning the extent of the release available? (More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
<input type="checkbox"/> RCRA Part B Permit Application	<input type="text"/>
<input type="checkbox"/> RCRA Facility Assessment (RFA)	<input type="text"/>
<input type="checkbox"/> RCRA Facility Investigation (RFI)	<input type="text"/>
<input type="checkbox"/> RCRA Corrective Measures Study	<input type="text"/>
<input type="checkbox"/> RCRA Post-Closure Permit Application	<input type="text"/>
<input type="checkbox"/> CERCLA Section 103 Notification	<input type="text"/>
<input type="checkbox"/> CERCLA Preliminary Assessment/ Site Investigation (PA/SI)	<input type="text"/>
<input type="checkbox"/> CERCLA Remedial Investigation/ Feasibility Study (RI/FS)	<input type="text"/>
<input type="checkbox"/> CERCLA Remedial Design	<input type="text"/>
<input type="checkbox"/> CERCLA Remedial Action	<input type="text"/>
<input type="checkbox"/> Routine Reporting	<input type="text"/>
<input checked="" type="checkbox"/> Other <input type="text" value="RI/FS"/> (describe) (e.g., EIS, EIA)	<input type="text" value="EPA R9"/>
<input type="checkbox"/> Other <input type="text"/> (describe)	<input type="text"/>

Facility name:

Federal Facility Identification Number:

**PART II: ENVIRONMENTAL MONITORING, CONTAMINATION  
AND RESPONSE ACTIONS**

Page 7 of 10 -- Complete this part for each Federally owned or operated facility.

**B. ENVIRONMENTAL CONTAMINATION**

7. Has contamination from this facility extended onto adjacent property?  
(If the answer is No or Do Not Know, skip to Section C, Question 1. If yes, answer Question 8.)

Yes  No  Do Not Know

8. If yes, is information concerning the nature and extent of the off-site contamination available to either EPA or an authorized State?  
(If the answer is No, check No and skip to Section C, Question 1. If yes, answer Question 9.)

Yes  No

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## PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

Page 8 of 10 -- Complete this part for each Federally owned or operated facility.

### B. ENVIRONMENTAL CONTAMINATION

9. If yes, in what form is the information concerning the nature and the extent of off-site contamination available? (More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
<input type="checkbox"/> RCRA Part B Permit Application	
<input type="checkbox"/> RCRA Facility Assessment (RFA)	
<input type="checkbox"/> RCRA Facility Investigation (RFI)	
<input type="checkbox"/> RCRA Corrective Measures Study	
<input type="checkbox"/> RCRA Post-Closure Permit Application	
<input type="checkbox"/> CERCLA Section 103 Notification	
<input type="checkbox"/> CERCLA Preliminary Assessment/ Site Investigation (PA/SI)	
<input type="checkbox"/> CERCLA Remedial Investigation/ Feasibility Study (RI/FS)	
<input type="checkbox"/> CERCLA Remedial Design	
<input type="checkbox"/> CERCLA Remedial Action	
<input type="checkbox"/> Routine Reporting	
<input checked="" type="checkbox"/> Other <input type="text" value="RI/FS"/> (describe)	EPA R9
<input type="checkbox"/> Other <input type="text"/> (describe)	

Facility name: ATLAS ASBESTOS MINE

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## PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

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### C. RESPONSE ACTIONS

1. Have corrective actions been initiated at this facility under RCRA authority?  
(If the answer is No, check No and skip to Question 3. If yes, answer Question 2.)

Yes  No

2. If yes, what corrective actions have been initiated at this facility?

<u>RCRA Corrective Action</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
RFA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interim Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Measures Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Measures Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Have remedial or removal actions been taken at this facility under CERCLA authority?  
(If the answer is No, check No and skip to Question 5. If yes, answer Question 4.)

Yes  No

4. If yes, check the appropriate boxes below to indicate what actions have been taken.

<u>CERCLA Corrective Action</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
PA/SI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RI/PS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility name:

Federal Facility Identification Number:

## PART II: ENVIRONMENTAL MONITORING, CONTAMINATION AND RESPONSE ACTIONS

Page 10 of 10 -- Complete this part for each Federally owned or operated facility.

### C. RESPONSE ACTIONS

5. Are other activities (i.e., under State authority or voluntary actions) planned, initiated, or completed that address(ed) contamination?  
(If the answer is No, check No and do not answer the remaining question in this part. If Yes, answer Question 6.)

Yes  No

6. If yes, identify the other activities and their status.

<u>Activity</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>
Additional Studies/ Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment or Removal of Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/> (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/> (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/> (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/> (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility name: ATLAS ASBESTOS MINE

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**PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

Page 1 of 4 -- Complete this Part for each facility that received hazardous waste on or after November 19, 1980. *N/A*

Note: A RCRA facility is all contiguous land, structures, other appurtenances and improvements on the land, used for treating, storing, or disposing of hazardous waste on or after November 19, 1980. A RCRA facility may consist of several treatment, storage, or disposal operational units (e.g., one or more landfills, surface impoundments, or combinations of them).

1. Provide the RCRA facility EPA ID number:   

2. Indicate whether any of the following documents were submitted for this RCRA facility.

<u>Document</u>	<u>Yes</u>	<u>No</u>
RCRA Section 3010 Notification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RCRA Part A Permit Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RCRA Part B Permit Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RCRA Closure Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RCRA Post-Closure Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RCRA Section 3019 Exposure Information Report	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RCRA Post-Closure Permit Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. Is the RCRA facility currently operating (i.e., treating, storing, or disposing of hazardous waste)?  
(If the answer is Yes, check Yes and skip to Question 5. If No, answer Question 4.)

Yes  No

Facility name: ATLAS ASBESTOS MINE

FFID: C A - 1 4 1 1 D 0 0 0 4 RCRA ID:   

**PART III : INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL  
FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER  
NOVEMBER 19, 1980**

Page 2 of 4 -- Complete this Part for each facility that received hazardous waste on or after November 19, 1980. *N/A*

4. If the RCRA facility is no longer treating, storing, or disposing of hazardous waste, what other activities are currently being carried out at the RCRA facility?

- Solid Waste Treatment, Storage, or Disposal
- Generating Solid or Hazardous Waste
- Manufacturing
- Other Industrial
- Recreational
- Residential
- No Activity
- Other (e.g., recycling)   
*(describe)*
- Do Not Know

5. Identify, by waste code, the hazardous wastes handled at the RCRA facility by calendar year.

Waste Code	Estimated Total Amount				
	Handled (Amount/Unit of Measure)				
	In 1988		In 1989		
		/		/	
		/		/	
		/		/	
		/		/	
		/		/	

Facility name: ATLAS ASBESTOS MINE

FFID: C A - 1 4 1 1 D 0 0 0 4 RCRA ID:                     

**PART III: INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

Page 3 of 4 -- Complete this Part for each facility that received hazardous waste on or after November 19, 1980. *N/A*

6. Identify the total amount of hazardous wastes handled at the RCRA facility by calendar year.

	<u>Amount</u>	<u>Unit of Measure</u>
Estimated total amount handled in 1988	<u>                    </u>	<u>                    </u>
Estimated total amount handled in 1989	<u>                    </u>	<u>                    </u>

7. Does this RCRA facility have hazardous waste management units of the following types on site? How many hazardous waste management units of each type does the RCRA facility have?

*(Include only units that received hazardous waste on or after November 19, 1980. This may include operating units and closed or closing units.)*

<u>Yes</u>	<u>No</u>		<u>Number of Units</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tanks	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Surface Impoundments	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Piles	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Incineration	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landfill	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Land Treatment	<u>                    </u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Underground Injection	<u>                    </u>
<input type="checkbox"/>	<input type="checkbox"/>	Other <u>                                    </u> <i>(describe)</i> <i>(e.g., open burning, open detonation, geologic repository)</i>	<u>                    </u>
<input type="checkbox"/>	<input type="checkbox"/>	Other <u>                                    </u> <i>(describe)</i>	<u>                    </u>



Facility name: ATLAS ASBESTOS MINE

FFID: C A - 1 4 1 1 D 0 0 0 4

RCRA ID:                     

**PART III: INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980**

Page 4 of 4 -- Complete this Part for each facility that received hazardous waste on or after November 19, 1980. *N/A*

8. Has an RFA been conducted for the facility?  
(If the answer is No, check No and skip to Part IV; if Yes, answer question 9).

Yes  No

9. Indicate the type and number of solid waste management units (SWMUs) at the RCRA facility which have been identified in an RFA. (Include only those SWMUs that last received hazardous waste prior to November 19, 1980.)

Type	Number of Units
Containers	0
Tanks	0
Surface Impoundments	0
Waste Piles	0
Incineration	0
Landfill	0
Land Treatment	0
Underground Injection	0
Open Burn / Open Detonation	0
Exempt Units (e.g., wastewater treatment, recycling)	0
Other <input type="text"/> (describe) (e.g., routine product spills, vehicle maintenance areas, storm water ponds)	<input type="text"/>
Other <input type="text"/> (describe)	<input type="text"/>

## PART IV : INFORMATION ON DISPOSAL OF HAZARDOUS SUBSTANCES

Page 1 of 4 -- Complete this Part for each Federally owned or operated facility at which hazardous substances were disposed prior to November 19, 1980. Do not include those SWMUs reported in Part III as a result of an RFA. For Part IV of the inventory, disposal means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any hazardous substance into or on any land or water so that such hazardous substance or any constituent thereof may enter the environment or be emitted into the air or discharged into any waters, including ground waters.

1. Federal Facility Identification Number: CA-1411D0004

2. Has a hydrogeological site characterization been conducted at the facility?

(If the answer is No, In Progress, or Do Not Know, check the appropriate answer and skip to Question 5. If yes, answer Question 3.)

Yes  No  In Progress  Do Not Know

3. If yes, is the information available to either EPA or an authorized State?

(If the answer is No, check No and skip to Question 5. If yes, answer Question 4.)

Yes  No

4. If yes, in what form is the information concerning the hydrogeological site characterization available? (More than one information source may be identified.)

Information Source

Regulatory Office  
Maintaining This Information

CERCLA Preliminary Assessment/  
Site Investigation (PA/SI)

CERCLA Remedial Investigation/  
Feasibility Study (RI/FS)

Other

(describe)

(describe)

(describe)

(describe)



Facility name: ATLAS ASBESTOS MINE

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**PART IV: INFORMATION ON DISPOSAL OF HAZARDOUS SUBSTANCES**

Page 3 of 4 -- Complete this Part for each Federally owned or operated facility at which hazardous substances were disposed prior to November 19, 1980.

7. Are there any of the areas at the facility being addressed under CERCLA authority?  
(If the answer is No, check No and skip to Question 9. If yes answer Question 8.)  
Yes  No  Do Not Know
8. Are any of the areas referred to in Question 7 listed or proposed on the NPL?  
Yes  No  Do Not Know

