



POTENTIAL HAZARDOUS WASTE SITE
DISPOSITION

REGION SITE NUMBER

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

A. SITE NAME ST. LAWRENCE ISLAND	B. STREET		
C. CITY Gambel	D. STATE ALASKA	E. ZIP CODE 99742	

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- REQUIRED					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)	X	X			
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION / SOURCES OF INFORMATION

- URS CORPORATION ENVIR. ASSESSMENT
- IT CORP. SAMPLE ANALYSIS RESULTS
- EPA site visits

USEPA SF



1624667

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.) FY 89	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)
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H. PREPARER INFORMATION		
1. NAME JACQUES GUSMANO	2. TELEPHONE NUMBER (907) 271-5083	3. DATE (mo., day, & yr.) 12/24/86

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) SAMPLING	FY 88	C.O.E.	40	sub surface sampling needed EPA-608, 418.1, 8270, 624, 625, 200.2, 339.2, 420.1
(2)				
(3)				
b. TYPE OF MONITORING				
(1) GROUNDWATER-WELLS	FY 88	C.O.E.	40	GROUNDWATER AND/OR PERCHED WATER TABLE
(2)				
c. TYPE OF SAMPLING				
(1) Composite Soil	FY 88	C.O.E.	40	PCB AND PRIORITY POLL.
(2) WATER	FY 88	C.O.E.	40	PCB AND PRIORITY POLL.

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS	FY	Cont.	40	PCB + Total Petroleum Hydroc.
(1) PCB	Fy 88	Cont.	40	PCB + Total Petroleum Hydroc.
(2) Priority Poll.	Fy 88	Cont.	40	Vol. Org. Ext. Org., 14 Metals, Cyanide
e. OTHER (specify)	FY	Cont.	8	Phenols
(1) Asbestos	Fy 88	Cont.	8	Phenols
(2) Persistent Pathogens	Fy 88	Cont.	8	Hepatitis A, Salmonella

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.
 subsurface sampling to determine plume dimension and cu yds of soil to remove. Also must determine possible leachate from drum piles.

D. ESTIMATED MANHOURS BY ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES		1. ACTION AGENCY		2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	
1. ACTION AGENCY		40		b. STATE			
a. EPA				d. OTHER (specify)		240	
c. EPA CONTRACTOR				CORPS of Engineers			

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., re-strict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & 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.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		