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POTENTIAL HAZARDOUS WASTE SITE SITE IDENTIFICATION ("DISCOVERY")	I. IDENTIFICATION	
	01 ST AK	02 SITE NUMBER N001002244

II. SITE NAME AND LOCATION							
01 SITE NAME (Legal, common, or descriptive name of site) ST. LAWRENCE Former USAF NE Cape Facility				02 STREET, ROUTE NUMBER, OR SPECIFIC LOCATION IDENTIFIER 70 MI E T255 R 54 W, OF SAVOONGA			
03 CITY SAVOONGA St. Lawrence Island	04 ST AK	05 ZIP CODE 99769	06 COUNTY NOME C.A.	07 CO CODE 180	08 CONG DIST		
09 DIRECTIONS TO SITE (Starting from nearest public road; enter up to 4 lines of text) 63° 17' 00" N, 168° 58' 00" W							

III. RESPONSIBLE PARTIES							
01 OWNER (If known) D.O.D				02 STREET (Business, residential, mailing)			
03 CITY				04 ST	05 ZIP CODE	06 TELEPHONE NUMBER	
07 OPERATOR (If known and different from owner)				08 STREET (Business, residential, mailing)			
09 CITY				10 ST	11 ZIP CODE	12 TELEPHONE NUMBER	
13 TYPE OF OWNERSHIP (Mark one; use "insert" mode) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL (Agency name): _____ <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER (Specify): _____ <input type="checkbox"/> G. UNKNOWN							

IV. HOW IDENTIFIED							
01 DATE IDENTIFIED 9/6/00 (Month/Day/Year)		02 IDENTIFIED BY (Mark all that apply; use "insert" mode) <input checked="" type="checkbox"/> A. CITIZEN COMPLAINT <input type="checkbox"/> B. INDUSTRY <input type="checkbox"/> C. STATE/LOCAL GOVERNMENT <input type="checkbox"/> D. AERIAL RECONNAISSANCE <input type="checkbox"/> E. RCRA INSPECTION <input type="checkbox"/> F. SURFACE IMPOUNDMENT ASSESSMENT <input type="checkbox"/> G. OTHER EPA IDENTIFICATION <input type="checkbox"/> H. OTHER (Specify): _____					

V. SITE CHARACTERIZATION							
01 TYPE OF SITE (Mark all that apply; use "insert" mode) <input type="checkbox"/> A. STORAGE <input type="checkbox"/> B. TREATMENT <input type="checkbox"/> C. DISPOSAL <input type="checkbox"/> D. UNAUTHORIZED DUMPING <input type="checkbox"/> E. OTHER (Specify): _____							
02 SUMMARY OF KNOWN PROBLEMS (Provide narrative description; enter up to 6 lines of text) Potential contamination from past military activity. Fish tissue samples indicate elevated levels of PCBs.							

03 SUMMARY OF ALLEGED OR POTENTIAL PROBLEMS (Provide narrative description; enter up to 5 lines of text)							
139707							



VI. INFORMATION AVAILABLE FROM							
01 CONTACT Mark Ader			02 OF (Agency/Organization) USEPA			03 TELEPHONE NUMBER 206-553-1808	
04 PREPARED BY Mark Ader			05 AGENCY USEPA	06 ORGANIZATION SACU2	07 TELEPHONE NUMBER 206-553-1808	08 DATE (Month/Day/Year) 9/6/00	

WASTELAN/CERCLIS  
DATA ENTRY FORM

Date: 09/08/00

Date Entered in WasteLAN:

EPA ID# Lat/Long	Name & Address Cnty Code/Cnty/Cong Dist/ SAM/OSC	Fed Fac	Action	Lead	Planned		Actual		Action Qualifier
					Start	Compl	Start	Compl	

**ALASKA**

AKN001002244	FORMER USAF NE CAPE ST.LAWRENCE N FACILITY T25S R54W, 70 MI E OF SAVOONGA ST. LAWRENCE ISLAND SAVOONGA, AK 99769 180 NOME C.A.		DS	EPA					09/06/00
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63° 17' 00" N  
168° 58' 00" W

(SAM: MARK ADER)