

FEB 5 1993

1992 INVENTORY OF FEDERAL HAZARDOUS
WASTE ACTIVITIES AT CURRENTLY
OWNED OR OPERATED FEDERAL FACILITIES

Facility ID : AK-170000164
Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND
Department : DEFENSE
Agency : NAVY/MARINE CORPS

USEPA SF



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PART I: FEDERAL FACILITY GENERAL INFORMATION

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.

A. FEDERALLY OWNED OR OPERATED FACILITY IDENTIFICATION

1. Facility name:
2. Federal Facility Identification Number:

A	K	-	1	7	0	0	0	0	1	6	4
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3. Provide the RCRA facility EPA ID number for the facility, if applicable:

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B. 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 nine choices:
GOGO GOCO GOPO POGO Lessee
Foreclosure Trespass Withdrawal Forfeiture

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PART I: FEDERAL FACILITY GENERAL INFORMATION

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B. RESPONSIBLE FEDERAL AGENCY

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

Name: KURT PAASCH

Title: ENV. ENGINEER

Telephone (FTS): () -

Commercial: (206)476-1091

C. 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 or township and the State in which the facility is located.

County/Township: BERING STRAITS

State: AK

2. Provide the latitude and longitude of the facility in degrees.

Latitude: 063d17m00s Longitude: 168d58m00s

3. What is the facility mailing address?

Address: NAVAL UNDERSEA WARFARE ENG STN

City: KEYPORT State: WA ZIP: 98345-0580

Facility name:

Federal Facility Identification Number:

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

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

1. Is/was environmental monitoring conducted at the facility?
(If the answer is No, check No and skip to Question 5. If Yes, check Yes and answer Question 2.)
Yes No

2. If Yes, what type of environmental monitoring is/was conducted?
 Air Soil Surface Water Ground Water
 Subsurface Gas Other (describe)

3. Have data produced by this monitoring been submitted either to EPA or an authorized State?
(If the answer is No, check No and skip to Question 5. If Yes, check Yes and answer Question 4.)
Yes No

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

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PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

4. If monitoring data have been submitted to EPA or an authorized State, in what form was the information submitted?
(More than one information source may be identified.)

<u>Information Source</u>	<u>Regulating Office Maintaining This Information</u>
RCRA Part B Permit Application	
RCRA Facility Assessment (RFA)	
RCRA Facility Investigation (RFI)	
RCRA Corrective Measures Study	
RCRA Post-Closure Permit Application	
Preliminary Assessment/ Site Investigation (PA/SI)	AK OPERATIONS, OFC, EPA R10
Remedial Investigation/ Feasibility Study (RI/FS)	
Remedial Design	
Remedial Action	
Routine Reporting	
<input type="text"/> Other (describe)	

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

Federal Facility Identification Number: A K - 1 7 0 0 0 0 1 6 4

PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

A. ENVIRONMENTAL MONITORING

5. If environmental monitoring data have not been gathered or were not submitted 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. HYDROGEOLOGIC SITE CHARACTERIZATION

1. Has a hydrogeologic site characterization been conducted at the facility?
Yes No In Progress Do Not Know
2. Do you have information regarding the location of withdrawal wells and surface waters within one mile of the facility boundary?
*Answer both parts of this Question.
(If Yes to Question 1, or either part of this Question, check Yes and answer Question 3, otherwise skip to Section C.)*
- Withdrawal wells: Yes No
Surface waters: Yes No
3. Are there any withdrawal wells or surface waters within one mile of the facility boundary?
- Withdrawal wells: Yes No
Surface waters: Yes No
4. Has information concerning site characterization and/or withdrawal wells and surface waters been submitted to EPA or an authorized State?
Yes No

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

Federal Facility Identification Number: AK-1700000164

PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

B. HYDROGEOLOGIC SITE CHARACTERIZATION

5. If Yes, in what form is the information concerning the hydrogeologic site characterization and location of withdrawal wells and surface waters available?

(More than one information source may be identified.)

Table with 2 columns: Information Source and Regulatory Office Maintaining This Information. Rows include Preliminary Assessment/Site Investigation, Remedial Investigation/Feasibility Study, RCRA Part B Permit Application, RCRA Facility Assessment (RFA), RCRA Facility Investigation (RFI), and three 'Other (describe)' entries.

C. ENVIRONMENTAL CONTAMINATION

1. Have there been any releases of hazardous substances to the environment at the facility? (If the answer is No, check No and skip to Section D, Question 1. If Yes, check Yes and answer Question 2.)

Yes [X] No []

2. If Yes, indicate the media into which release(s) occurred. (More than one media may be checked.)

[] Air [X] Soil [] Surface Water [] Ground Water [] Subsurface Gas [] Other [] (describe)

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

Federal Facility Identification Number: AK-170000164

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

Complete this part for each Federally owned or operated facility.

C. ENVIRONMENTAL CONTAMINATION

3. Has contamination from this facility extended onto adjacent property?

Yes No Do Not Know

4. Is information available concerning a) the amount, nature, toxicity, concentration of wastes or waste constituents, lateral extent, or environmental impact assessment of any release or: b) the nature and extent of any off-site contamination?

(If the answer is No, check No and skip to Section D, Question 1.

If Yes, check Yes and answer Question 5.)

Yes No

5. Has this information been submitted to EPA or an authorized State?

Yes No

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

Federal Facility Identification Number: A K - 1 7 0 0 0 0 1 6 4

PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

C. ENVIRONMENTAL CONTAMINATION

6. If Yes, in what form is the information concerning releases submitted?
(More than one information source may be identified.)

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

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PART II : ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

D. 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, check Yes and answer Question 2.)

Yes [] No [X]

2. If yes, provide the status of corrective actions at this facility.

Table with 5 columns: RCRA Corrective Action, Planned, Initiated, Completed, Not Required. Rows include RFA, RFI, Interim Measures, Corrective Measures Study, and Corrective Measures Implementation.

3. Have other remedial or removal actions, or any activities that address contamination (including CERCLA and voluntary actions), been taken at this facility?

(If the answer is No, check No and skip to Part III. If Yes, check Yes and answer Question 4.)

Yes [X] No []

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PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS

Complete this part for each Federally owned or operated facility.

D. RESPONSE ACTIONS

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

<u>Activity</u>	<u>Planned</u>	<u>Initiated</u>	<u>Completed</u>	<u>Not Required</u>
PA/SI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RI/FS	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Additional Studies/ Site Investigations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Monitoring/Sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/> Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

Federal Facility Identification Number: AK - 170000164

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

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

5. 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
(describe - e.g., recycling)

Do Not Know

Facility name: NOSC SPECIAL AREAS, ST. LAWRENCE ISLAND

Federal Facility Identification Number: AK-170000164

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

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

6. 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 type="checkbox"/>	Containers	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Tanks	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Surface Impoundments	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Waste Piles	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Incinerator	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Landfill	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Land Treatment	<input style="width: 100px; height: 20px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Underground Injection	<input style="width: 100px; height: 20px;" type="text"/>
		<input style="width: 300px; height: 20px;" type="text"/> Other (describe) (e.g., open burning, open detonation, geologic repository)	<input style="width: 100px; height: 20px;" type="text"/>
		<input style="width: 300px; height: 20px;" type="text"/> Other (describe)	<input style="width: 100px; height: 20px;" type="text"/>

7. Has an RFA or equivalent study been conducted for the facility?
(If the answer is No, check No and skip to Part IV. If Yes, check Yes and answer Question 8.)

Yes No

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

Complete this Part for each facility that received hazardous waste on or after November 19, 1980.

8. 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

Container Storage Areas

Tanks

Surface Impoundments

Waste Piles

Incinerator

Landfill

Land Treatment

Underground Injection

Open Burning / Open Detonation

Exempt Units

(e.g., wastewater treatment, recycling)

Other

(describe - e.g., routine product spills, vehicle maintenance areas, storm water ponds)

Other

(describe)

