1/1/95

0336-EPA-BI

1994 INVENTORY OF FEDERAL HAZARDOUS WASTE ACTIVITIES AT CURRENTLY OWNED OR OPERATED FEDERAL FACILITIES

Facility ID : NM-570024456

Facility name: MELROSE AIR FORCE RANGE

Department : DEFENSE

Agency : AIR FORCE

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: MELROSE AIR FORCE RANGE
2. Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6
3. Provide the RCRA facility EPA ID number for the facility, if applicable: N M 7 5 7 2 1 2 4 4 5 6

B. *RESPONSIBLE FEDERAL AGENCY*

1. Facility owner

   Department: DEFENSE

   Agency : AIR FORCE

   Contractor:

   Other :

2. Facility operator (if different from owner)

   Department:

   Agency :

   Contractor: WESTAR CORPORATION

   Other :

3. Indicate the type of facility by checking ONE of the nine choices:

   GOGO [ ] GOCO [X] GOPO [ ] POGO [ ] Lessee [ ]

   Foreclosure [ ] Trespass [ ] Withdrawal [ ] Forfeiture [ ]

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

PART I : FEDERAL FACILITY GENERAL INFORMATION

Complete this part for each Federally owned or operated facility.

B. RESPONSIBLE FEDERAL AGENCY

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

Name: BRUCE G. OSHITA

Title: CHIEF, ENVIRONMENTAL FLT

Telephone: (505)784-4639

C. LOCATION OF THE FEDERALLY OWNED OR OPERATED FACILITY

1.a. Facility location address

Address: 6 MILES SOUTH, 5 MILES EAST

City: MELROSE State: NM 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: ROOSEVELT/CURRY

State: NM

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

Latitude: 34 d17m39s Longitude: 103d47m11s

3. What is the facility mailing address?

Address: 27 CES/CEV, 111 ENGINEERS WAY

City: CANNON AFB State: NM ZIP: 88103-5136

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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 [X]

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: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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.)

Information Source	Regulating Office Maintaining This Information
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)	
Remedial Investigation/ Feasibility Study (RI/FS)	
Remedial Design	
Remedial Action	
Routine Reporting	
Other *(describe)*	
Other *(describe)*	
Other *(describe)*	
Other *(describe)*	

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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?

- [X] 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 [X] 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 [X] No [ ]

   Surface waters: Yes [X] No [ ]

3. Are there any withdrawal wells or surface waters within one mile of the facility boundary?

   Withdrawal wells: Yes [X] No [ ]

   Surface waters: Yes [X] No [ ]

4. Has information concerning site characterization and/or withdrawal wells and surface waters been submitted to EPA or an authorized State?

   Yes [ ] No [X]

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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.)

Information Source	Regulatory Office Maintaining This Information
Preliminary Assessment/ Site Investigation (PA/SI)	
Remedial Investigation/ Feasibility Study (RI/FS)	
RCRA Part B Permit Application	
RCRA Facility Assessment (RFA)	
RCRA Facility Investigation (RFI)	
Other *(describe)*	
Other *(describe)*	
Other *(describe)*	

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 [ ] No [X]

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)

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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.)

Information Source	Regulating Office Maintaining This Information
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	
Other *(describe)* *(e.g., Reportable Quantity Spill Report; EIS; EIA; On-site Files)*	
Other *(describe)*	
Other *(describe)*	

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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 [X] No [ ]

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

RCRA Corrective Action	Planned	Initiated	Completed	Not Required
RFA	[ ]	[ ]	[X]	[ ]
RFI	[X]	[ ]	[ ]	[ ]
Stabilization/Interim Measures	[ ]	[ ]	[ ]	[X]
Corrective Measures Study	[ ]	[ ]	[ ]	[X]
Corrective Measures Implementation	[ ]	[ ]	[ ]	[X]

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 [ ] No [X]

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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.

Activity	Planned	Initiated	Completed	Not Required
PA/SI	☐	☐	☐	☐
RI/FS	☐	☐	☐	☐
Remedial Design	☐	☐	☐	☐
Remedial Action	☐	☐	☐	☐
Removal	☐	☐	☐	☐
Additional Studies/ Site Investigations	☐	☐	☐	☐
Treatment	☐	☐	☐	☐
Closure	☐	☐	☐	☐
Environmental Monitoring/Sampling	☐	☐	☐	☐
Other *(describe)*	☐	☐	☐	☐
Other *(describe)*	☐	☐	☐	☐
Other *(describe)*	☐	☐	☐	☐
Other *(describe)*	☐	☐	☐	☐

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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.

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 thereof).

1. Is this facility currently, or has this facility ever treated, stored, or disposed of hazardous waste under RCRA authority?

   Yes [X] No [ ]

2. If Yes, provide the RCRA facility EPA ID number:

   N M 7 5 7 2 1 2 4 4 5 6

3. Indicate whether any of the following documents were submitted to EPA or an authorized State for this RCRA facility.

Document	Yes	No
RCRA Section 3010 Notification	X	
RCRA Part A Permit Application	X	
RCRA Part B Permit Application	X	
RCRA Closure Plan	X	
RCRA Post-Closure Plan		X
RCRA Section 3019 Exposure Information Report		X
RCRA Post-Closure Permit Application		X

4. Is the RCRA facility currently operating (i.e., treating, storing, or disposing of hazardous waste)?

   (If the answer is No, check No and answer Question 5. If Yes, check Yes and skip to Question 6.)

   Yes [X] No [ ]

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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/closing units.)

Yes	No		Number of Units
	X	Containers	
	X	Tanks	
	X	Surface Impoundments	
	X	Waste Piles	
	X	Incinerator	
	X	Landfill	
	X	Land Treatment	
	X	Underground Injection	
		OPEN DETONATION Other *(describe)*	1
		(e.g., open burning, open detonation, geologic repository) Other *(describe)*	

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 [X] No [ ]

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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.

Type	Number of Units
Container Storage Areas	0
Tanks	0
Surface Impoundments	0
Waste Piles	1
Incinerator	0
Landfill	0
Land Treatment	0
Underground Injection	0
Open Burning / Open Detonation	0
Exempt Units *(e.g., wastewater treatment, recycling)*	0
Other BURIAL SITES *(describe - e.g., routine product spills, vehicle maintenance areas, storm water ponds)*	2
Other UNEXPLODED ORDNANCE AREA *(describe)*	1

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

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

Supplemental Page for Part III, Question 8.

Description	Number of Units
EXPENDED TARGET AREA	1
ROADS	1
OPEN BURNING/OPEN DETONATION	1

Facility name: MELROSE AIR FORCE RANGE

Federal Facility Identification Number: N M - 5 7 0 0 2 4 4 5 6

PART IV : INFORMATION ON DISPOSAL OF HAZARDOUS SUBSTANCES

Complete this Part for each Federally owned or operated facility at which hazardous substances were disposed. 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 substances or any constituent thereof may enter the environment or be emitted into the air or discharged into any waters, including ground waters.

1. Are there any of the areas at the facility being addressed under CERCLA authority?

   (If the answer is No, check No and do not answer Questions 2 or 3. If Yes, check Yes and proceed to Question 2.)

   Yes [ ] No [X]

2. Are any of the areas referred to in Question 1 listed or proposed on the NPL?

   Yes [ ] No [ ] Do Not Know [ ]

3. Identify the hazardous substances disposed of at the site in the areas referred to in Question 1.

Types of Hazardous Substances Disposed

(Attach additional pages if necessary.)