1631210017 St Clair
Mid West Rubber Reclaiming
(900154)

Illinois Environmental Protection Agency · P.O. Box 19276, Springfield, IL 62794-9276

144942

INCIDENT OVERSIGHT TRANSFER

LEAKING UNDERGROUND STORAGE TANK

FROM: OCS-ERU TO: LPC-LUST

INCIDENT #: 900154

CITY: Sauget

COUNTY: St. Clair

BY (ERU): [illegible] DATE: 1-19-90

RECEIVED BY (LUST) AMP DATE: 1-23-90

1. ERU to retain last carbon when sent and follow up if no reply in 5 working days.
2. LUST to return top copy to ERU, when signed as received.
3. LUST to retain remaining carbon in file.

IL 532-1792
EPA 180 6/89

SCREENED

BF

[redacted]

Incident Number 900154

Date: 11/7/90
Time: 1500
Recv'd by: [illegible]

Notify: ILLINOIS EMERGENCY SERVICES & DISASTER AGENCY
1-800-782-7860 or 217/782-7860

1) Caller: JOE BAGARINO 2) Call back number: (618) 337-6400 X-31

3) Caller represents: MID-WEST RUBBER & RECLAIMING CO

4) Type of incident: [ ] Fire [ ] Explosion [X] Leak or spill [ ] Gas or vapor cloud [ ] Water involvement [ ]

5) Incident location: Street 3101 MISSISSIPPI AVE City SAUGET [X] In [ ] Near

County ST. CLAIR Milepost _____ : [ ] R.R. [ ] River [ ] Highway

Section _____ Township _____ Range _____

6) Area involved: [ ] Highway [ ] Waterway [ ] Rail [X] Fixed facility [ ] Air [ ] Other _____

7) Material(s) involved: GASOLINE

Form: [ ] Gas [X] Liquid [ ] Semi-Solid [ ] Solid [ ] Pesticide [ ] Radioactive

UN/NA # _____ CAS # _____

Is this a 302(A) Extremely Hazardous Substance? [ ] Yes [ ] No [ ] Unknown CERCLA? [ ] Yes [ ] No [ ] Unknown

Is this a RCRA Hazardous Waste? [ ] Yes [ ] No [ ] Unknown If Yes, is this a RCRA regulated facility? [ ] Yes [ ] No

8) Container: [ ] Truck [ ] RR Car [ ] Above ground tank [X] Underground tank [ ] Drum [ ] Pipeline

[ ] Other: _____ Container Size: 1-1,000 GAL

9) Amount released: UNK Rate of release: _____ /minute

10) Cause of release: UNK

11) Extent of spill: _____ [ ] Sq. Ft. [ ] Sq. Yd.

12) Incident: [X] Occurred Date: 11/7/90 Time: A.M.
[ ] Discovered Date: __/__/__ Time: _____

13) Local emergency unit(s) contacted

		On-scene:	
[ ] Fire	_____	[ ] Fire	_____
[ ] Sheriff	_____	[ ] Sheriff	_____
[ ] Police	_____	[ ] Police	_____
[ ] Local ESDA	_____	[ ] Local ESDA	_____
[ ] Other	_____	[X] Other	S.E.M.

14) On-scene contact: _____ Phone # (____) _____

- OVER -

001003

15) Number injured: -0- Hazmat related? ☐ Yes ☐ No Where taken: _____

16) Public health risks and/or precautions taken; including # evacuated: No

17) Assistance needed from State Agencies: NONE

18) Containment/cleanup actions and plans: TANK REMOVED, SOIL ON SITE AND BEING TESTED

19) Weather: ☐ Sunny ☐ Rain ☐ Snow ☐ Overcast ☐ Partly Cloudy ☐ Night
Temperature: _____ F° Wind direction: _____ Wind speed: _____

20) Responsible party: #3

Contact person: #1 Phone# (___) #2

Mailing address: 3101 MISSISSIPPI AVE
SAUGET, ILL 62206

21) Narrative/Comments: _____

001009

City Sauget

County St. Clair

PRP Mid-West Rubber + Reclaiming Co.

9	0	0	1	5	4

IESDA INCIDENT ID

INCIDENT TYPE

1. [X] Actual [ ] Potential
2. [X] On Site [ ] Off Site [ ] Transportation
3. [ ] Air [ ] Storm Sewer
   [ ] Surface Water [ ] Sanitary Sewer
   [ ] PWS [ ] Inside Building
   [X] Soil/Ground Water [ ] Impervious Surface
4. [ ] Abandoned Material [ ] HWF [ ] CSA [X] LUST
   [ ] Open Burning Permit [ ] Oil Production
   [ ] Complaint Generated [ ] Agricultural
   [ ] PCB

Contractor For HWF _____

DISPOSAL

1. [ ] Verified
2. [ ] Incomplete
3. [ ] Not Necessary

PERMITS (#s)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

LETTERS

	Type	Sent	Response Required	Response Received
1.		__/__/__	__/__/__	__/__/__
2.		__/__/__	__/__/__	__/__/__
3.		__/__/__	__/__/__	__/__/__
4.		__/__/__	__/__/__	__/__/__

ENFORCEMENT

[ ] Enf Referral Notice Sent __/__/__

[ ] Enf Referral Date __/__/__

[ ] EDG Action __/__/__

[ ] Drop Case

[ ] Proceed with enf

Atty. _____

[ ] DCI Referral __/__/__

IEPA NOTIFICATIONS

Name	Div	Date
Collinsville	FAX	1-17-90

OUTSIDE NOTIFICATIONS

Agency	Name	Date
[X] IESDA		__/__/__
[ ] IDPH		__/__/__
[ ] ISP		__/__/__
[ ] USEPA		__/__/__
[X] SFM		__/__/__
[ ] M&M		__/__/__
[ ] DCI		__/__/__
[ ] NRC		__/__/__
[ ] IDOC		__/__/__
[ ] IDOT		__/__/__
[ ] IDNS		__/__/__
[ ] USCG		__/__/__
[ ] IDOL		__/__/__
[ ] IDOA		__/__/__
[ ]		__/__/__
[ ]		__/__/__

EVIDENCE SAMPLES

	Sample Type (pre or post)	Taken By (Name)	Collected (Date)	To Lab (Date)	Results (Date)
1.					
2.					
3.					
4.					

[ ] Photos

[ ] Videotape # ___:___

RESPONSE

Name	Telephone	On Scene
	__/__/__	__/__/__
	__/__/__	__/__/__
	__/__/__	__/__/__
	__/__/__	__/__/__
	__/__/__	__/__/__
	__/__/__	__/__/__

EVALUATION

1. HMAB
   [ ] FOS [ ] D.O.
   [ ] ERU __/__/__
2. CSA
   Reviewed by _____ Date __/__/__
   IDES No. _____ Covered Facility _____
   IDES SIC _____ IMD SIC _____
   Chem sub-ISCA _____
   Significant _____ Determined __/__/__ By _____
   NOS to RP __/__/__
   Release Report: Due __/__/__ Rec'd __/__/__
   IEPA to ESDA Due __/__/__
   Review by Mngr Env. Prgme __/__/__
   IEPA to ESDA Sent __/__/__
   ESDA to RP Due __/__/__ Sent __/__/__
3. Recovery/Loss
   Recovered Spillage __%
   Unrecovered Loss To
   [ ] Soil/GW [ ] Sanitary Sewer
   [ ] Surface Water [ ] Storm Sewer
   [ ] Air
   [ ] Environmentally sensitive area

Closing Date 1/18/90 by CLOSE Brutlag

[ ] No action

[ ] Clean closure

[ ] Unrecoverable

[X] Referal to LPC/LUST

001010

IL 532-0235
APC 191 8/89