EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
V	

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II *(Preliminary Assessment)*. 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: ACME BARREL COMPANY

B. STREET (or other identifier): 2300 W. 13th St.

C. CITY: CHICAGO

D. STATE: IL

E. ZIP CODE: 60608

F. COUNTY NAME: COOK

G. OWNER/OPERATOR (if known)
1. NAME: Philip A. Pearlman Pres. Jordan A. Pearlman, V. Pres.
2. TELEPHONE NUMBER: 312/829-3838

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: Firm carries out re-conditioning of steel barrels. Major waste generated is the residual contents of the barrels. These either incinerated on site & shipped to Waste Management. Some recovery on site.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): No discharge to sanitary or storm sewers of City.

DATE ~~IDENTIFIED~~ (mo., day, & yr.) INSPECTED/VISITED: 25 JUN 80

L. PRINCIPAL STATE CONTACT
1. NAME:
2. TELEPHONE NUMBER:

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION
☐ 1. NO ACTION NEEDED *(no hazard)*
☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:
b. WILL BE PERFORMED BY:
☒ 4. SITE INSPECTION NEEDED (~~low priority~~) Tour of site is needed. Was offered, but we had no time.

C. PREPARER INFORMATION
1. NAME: Robert J. Maedinger
2. TELEPHONE NUMBER: 312/886-6219
3. DATE (mo., day, & yr.): 29 June 80

III. SITE INFORMATION

A. SITE STATUS
☒ 1. ACTIVE *(Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)*
☐ 2. INACTIVE *(Those sites which no longer receive wastes.)*
☐ 3. OTHER *(specify)*: *(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)*

B. IS GENERATOR ON SITE?
☐ 1. NO ☒ 2. YES *(specify generator's four-digit SIC Code)*:

C. AREA OF SITE *(in acres)*: 3 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES
1. LATITUDE *(deg.—min.—sec.)*
2. LONGITUDE *(deg.—min.—sec.)*

E. ARE THERE BUILDINGS ON THE SITE?
☐ 1. NO ☒ 2. YES *(specify)*:

EPA Region 5 Records Ctr.
283270

IV. CHARACTERIZATION OF SITE ACTIVITY

te the main site activity(ies) and detail lating to each activity by marking 'X' in the ap priate boxes.

A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
1. RAIL		1. PILE	X	1. FILTRATION		1. LANDFILL
2. SHIP		2. SURFACE IMPOUNDMENT	X	2. INCINERATION		2. LANDFARM
3. BARGE		3. DRUMS	X	3. VOLUME REDUCTION		3. OPEN DUMP
4. TRUCK	X	4. TANK, ABOVE GROUND	X	4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
5. PIPELINE		5. TANK, BELOW GROUND	X	5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
6. OTHER (specify):		6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
Empty drums only		Empty drums only. Primarily 55 gal; perhaps 2% are 30 gal		7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
				8. SOLVENT RECOVERY		8. OTHER (specify):
				9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Our offer by Company is outstanding. Site was not toured because of lack of time and sent back to some Company. 50-60% of drums obtained from pesticides or toxics had been opened. Do not accept containers in which system with controls and scrubbing costing $205 million. Incinerate at 1400-1800°F with

V. WASTE RELATED INFORMATION

A. WASTE TYPE Accidental residues in drums, only

☐ 1 UNKNOWN ☒ 2 LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☒ 3. IGNITABLE ☐ 4 RADIOACTIVE ☒ 5 HIGHLY VOLATILE

☐ 6. TOXIC ☒ 7 REACTIVE ☒ 8. INERT ☒ 9. FLAMMABLE

2. Minor Volume 7. Slightly reactive as

☐ 10. OTHER (specify): ketones, alcohols, etc.

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below. Original, acceptable contents included motor oils, paints, glues, inks, resins. No acids, pesticides, herbicides accepted. Have records of all outgoing wastes. No mercaptans accepted

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate residues received

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
'X' (1) PAINT, PIGMENTS	'X' (1) OILY WASTES	'X' (1) HALOGENATED SOLVENTS	'X' (1) ACIDS	'X' (1) FLYASH	'X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			X (5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
Total Brewing Waste 5000 barrels/day 8 pounds/barrel (i.e. 1 gal residue) equals	40,000 pounds/day	Estimate: times	(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

Continue On Page 3

Continued From Page 2

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Unknown. Since no wastes go to sewers, main concern will be those escaping from the incinerator undecomposed.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Saw puff of black smoke momentarily arising from low stack before we entered plant. We were informed this arose in connection with malfunctioning thermocouple which turns off fuel supply and shuts down incinerator. Answer to this problem is being sought.

HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continue On Reverse

VII. PERMIT INFORMATION

INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [x] 3. STATE PERMIT (specify): Incinerator Permit, Hauling Permit
- [x] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify): MSD Permit, Variance from Chicago EPA to Sun Liquid Sludges. (Don Kalley, Chicago EPA)

B. IN COMPLIANCE?

- [ ] 1. YES
- [ ] 2. NO
- [x] 3. UNKNOWN Chicago EPA is aware!

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- [ ] A. NONE
- [ ] B. YES (summarize below) Unknown specifics

IX. INSPECTION ACTIVITY (past or on-going)

- [ ] A. NONE
- [ ] B. YES (complete items 1,2,3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

X. REMEDIAL ACTIVITY (past or on-going)

- [ ] A. NONE
- [ ] B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

One of the largest reconditioners of drums in country
Different processes used for open top vs bung hole drums
Underground storage tanks are on site

Consultant with State: Charles Licht Engineering Associates
Olympia Fields, 721-7882

Chemical Consultant: Larry Fields
Great Lakes Environmental
Glen Ellyn, 858-7290