IL-33-05

ecology and environment, inc.

223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415

International Specialists in the Environmental Sciences

DATE: February 12, 1981

TO: File

FROM: Rod Bloese

SUBJECT: Illinois / TDD# F5-8101-11
Joliet / Carlstrom

On February 9, 1981, Rene' Van Someren and the author conducted an off-site inspection of the subject facility. The facility is an Illinois EPA permitted landfill (# 1973-1) which accepted special non-hazardous wastes in the past. The facility was not open at the time of the off-site inspection.

The inspection revealed that a felt-like roofing material was recently dumped on the site. An employee from the off-site office drove to us to ascertain our purpose in photographying the site. He stated that the site was regularly inspected by the IEPA and that the felt-like material was insulated roofing waste which had been dumped during the last week. No leachate or evidence of past leachate was observed and the site does not appear to be 311 actionable.

Two photographs were taken during the inspection.

No additional follow up actions are warrented as the Illinois IEPA inspects this site on a monthly basis.

RB/dm

EPA Region 5 Records Ctr.
300631

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EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: V

SITE NUMBER (to be assigned by HQ)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms 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: Carlstrom Landfill

B. STREET (or other identifier): 639 Rock Island Avenue

C. CITY: Rockdale

D. STATE: Il.

E. ZIP CODE:

F. COUNTY NAME: Will

G. SITE OPERATOR INFORMATION

1. NAME: Jack Carlstrom Lockport Trucking Co.

2. TELEPHONE NUMBER: 815/723-3965

3. STREET: 1530 N. Broadway

4. CITY: Joliet

5. STATE: Il.

6. ZIP CODE: 60435

H. REALTY OWNER INFORMATION (If different from operator of site)

1. NAME:

2. TELEPHONE NUMBER:

3. CITY:

4. STATE:

5. ZIP CODE:

I. SITE DESCRIPTION: A sanitary landfill (permitted) in an abandoned limestone quarry.

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.):

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME: Rodney T. Bloese

2. TELEPHONE NUMBER: 312/663-9415

3. DATE (mo., day, & yr.): 2-11-81

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: René Van Someren

2. TITLE: Assitant FITL

3. ORGANIZATION: Ecology & Environment, Inc. (FIT)

4. TELEPHONE NO. (area code & no.): 312/663-9415

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
René Van Someren	Ecology & Environment, Inc. (FIT)	312/663-9415
Rod Bloese	Ecology & Environment, Inc. (FIT)	312/663-9415

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
None		

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION: V

SITE NUMBER (to be assigned by Hq)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (*Section II*). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Tack Force (*EN-335*); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

B. STREET (*or other identifier*)

C. CITY

D. STATE

E. ZIP CODE

F. COUNTY NAME

G. SITE OPERATOR INFORMATION

1. NAME

2. TELEPHONE NUMBER

3. STREET

4. CITY

5. STATE

6. ZIP CODE

H. REALTY OWNER INFORMATION (*if different from operator of site*)

1. NAME

2. TELEPHONE NUMBER

3. CITY

4. STATE

5. ZIP CODE

I. SITE DESCRIPTION

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☐ 5. PRIVATE

II. TENTATIVE DISPOSITION (*complete this section last*)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (*mo., day, & yr.*)

B. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME: Rodney T. Bloese

2. TELEPHONE NUMBER

3. DATE (*mo., day, & yr.*)

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME: René Van Someren

2. TITLE

3. ORGANIZATION: Ecology + Environment, Inc (FIT)

4. TELEPHONE NO. (*area code & no.*)

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.

C. SITE REPRESENTATIVES INTERVIEWED (*corporate officials, workers, residents*)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS

III. INSPECTION INFORMATION *(continued)*

D. GENERATOR INFORMATION *(sources of waste)*

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Unknown			

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
Unknown			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
N/A		

G. DATE OF INSPECTION *(mo., day, & yr.)*	H. TIME OF INSPECTION	I. ACCESS GAINED BY: *(credentials must be shown in all cases)*
2-9-81	2:00-2:10 P.M.	☐ 1. PERMISSION ☐ 2. WARRANT Off-site only

J. WEATHER *(describe)*
22°F, mostly sunny

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN *(mark 'X')*	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER	NONE		
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER *(specify)*			

B. FIELD MEASUREMENTS TAKEN *(e.g., radioactivity, explosivity, PH, etc.)*

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
None		

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS
   - [X] a. GROUND
   - [ ] b. AERIAL
2. PHOTOS IN CUSTODY OF: E+E (FIT), DPO

D. SITE MAPPED?

- [ ] YES. SPECIFY LOCATION OF MAPS:

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)
2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

- [X] 1. ACTIVE (Those inductrial 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?

- [X] 1. NO
- [ ] 2. YES (specify generator's four-digit SIC Code): _____

C. AREA OF SITE (in acres)

9.2 acres

D. ARE THERE BUILDINGS ON THE SITE?

- [X] 1. NO
- [ ] 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

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

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

- [ ] 1. STORAGE
- [ ] 2. INCINERATION
- [X] 3. LANDFILL
- [ ] 4. SURFACE IMPOUNDMENT
- [ ] 5. DEEP WELL
- [ ] 6. CHEM/BIO/PHYS TREATMENT
- [ ] 7. LANDFARM
- [ ] 8. OPEN DUMP
- [ ] 9. TRANSPORTER
- [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

- [ ] 1. LIQUID
- [X] 2. SOLID
- [X] 3. SLUDGE
- [ ] 4. GAS

B. WASTE CHARACTERISTICS

- [ ] 1. CORROSIVE
- [ ] 2. IGNITABLE
- [ ] 3. RADIOACTIVE
- [ ] 4. HIGHLY VOLATILE
- [X] 5. TOXIC
- [ ] 6. REACTIVE
- [ ] 7. INERT
- [ ] 8. FLAMMABLE
- [ ] 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

Continue On Reverse

Continued From Page 3

VII. WASTE RELATED INFORMATION *(continued)*

2. Estimate the amount *(specify unit of measure)* of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT: Unknown	AMOUNT:	AMOUNT:	AMOUNT:	AMOUNT: Unknown	AMOUNT: Unknown
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 Sand w/Al oxide	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
X (4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
X (5) OTHER *(specify)*: Lime Sludge Gypsum Sludge			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER *(specify)*: car insulation roofing insulation
			(6) CYANIDE	(6) OTHER *(specify)*:	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER *(specify)*:		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE *(place in descending order of hazard)*

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Dried Gypsum Sludge	X	X				X		Unknown	50	cu. yds/day
Lime Sludge	X	X				X		Unknown	60	tons/week
Sand with Al. oxide	X					X		Unknown	20	tons/week

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

None

Continue On Page 5

Continued From Page 4

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

Unknown

☐ C. WORKER INJURY/EXPOSURE

Unknown

☐ D. CONTAMINATION OF WATER SUPPLY

No

☐ E. CONTAMINATION OF FOOD CHAIN

No

☒ F. CONTAMINATION OF GROUND WATER

Potential contamination of ground water due to landfill location in limestone.

☒ G. CONTAMINATION OF SURFACE WATER

Potential contamination of nearby Des Plaines River

Continue On Reverse

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VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

No

☐ I. FISH KILL

No

☐ J. CONTAMINATION OF AIR

No noticable odors

☐ K. NOTICEABLE ODORS

No

☐ L. CONTAMINATION OF SOIL

No

☐ M. PROPERTY DAMAGE

No

 Continue On Page 7

Continued From Page 6

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

No

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

No

☐ P. SEWER, STORM DRAIN PROBLEMS

No

☐ Q. EROSION PROBLEMS

Site is presently relatively flat

☒ R. INADEQUATE SECURITY Southern portion of site is protected by fence and two (2) gates. Eastern portion of site is accessible from dead end road. However, site office is off of this road.

☐ S. INCOMPATIBLE WASTES

Unknown

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VIII. HAZARD DESCRIPTION *(continued)*

☐ T. MIDNIGHT DUMPING

No

☐ U. OTHER *(specify)*:

No

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE *(specify units)*
1. IN RESIDENTIAL AREAS	Unknown	Unknown	Unknown	1/4 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	Unknown	Unknown	1	1/4 mile
3. IN PUBLICLY TRAVELLED AREAS Interstate 80	Unknown	Unknown	0	1/4 mile
4. PUBLIC USE AREAS *(parks, schools, etc.)*	0	0	0	1/4 mile

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER *(specify unit)*	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
Unknown	toward Des Plaines River (SE)	Unknown
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY** *(specify unit of measure)*	**F. DIRECTION TO DRINKING WATER SUPPLY**
Unknown	Unknown	Unknown

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS* ☐ 2. COMMUNITY *(specify town)*: > 15 CONNECTIONS Unknown

☐ 3. SURFACE WATER ☐ 4. WELL

Continue On Page 9

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
Unknown				

I. RECEIVING WATER

1. NAME: Des Plaines River

☐ 2. SEWERS ☒ 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Unknown

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE ☒ C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☒ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND	X	Limestone		
X	2. CLAY				
X	3. GRAVEL				

XIII. SOIL PERMEABILITY

☒ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)
☐ D. MODERATE (10 to .1 cm/sec.) ☐ E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☒ 1. YES ☐ 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☒ 1. YES ☐ 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: 1 - 5 %

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: Southeasterly

J. OTHER GEOLOGICAL DATA

Limestone quarry approximately 200+ feet deep before filling operations

 Continue On Reverse

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
State	I.E.PA.	1973-1	1-17-73	None			
State	I.E.P.A.	73-6	2-8-73				
State	I.E.PA.	74-70	5-20-74				
State	I.E.P.A.	75-4	1-8-75				
State	I.E.P.A.	78-1092	6-16-78	None			

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☐ NONE ☒ YES (summarize in this space)

PCB Order # 78-153 adopted on June 22, 1979 among other things ordered Carlstrom's supplemental permits covering certain chemical wastes revoked.

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.

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LANDFILLS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc)*
☐ YES ☒ NO

2. EVIDENCE OF IMPROPER DISPOSAL OF BULK LIQUIDS, SEMI-SOLIDS AND SLUDGES INTO THE LANDFILL
☒ YES ☐ NO FPCB Order revoking special waste permits

3. CHECK RECORDS OF CELL LOCATION AND CONTENTS AND BENCHMARK
☐ YES ☒ NO

4. WASTES SURROUNDED BY SORBENT MATERIAL
☐ YES ☒ NO

5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED
☒ YES ☐ NO Structures along north and east sides of site

6. EVIDENCE OF PONDING OF WATER ON SITE
☒ YES ☐ NO No ponding observed, however numerous depressions with snow were observed

7. EVIDENCE OF IMPROPER/INADEQUATE DRAINING
☒ YES ☐ NO The site is generally flat - not graded

8. ADEQUATE LEACHATE COLLECTION SYSTEM *(If "Yes", specify Type)*
☐ YES ☒ NO

8a. SURFACE LEACHATE SPRING
☐ YES ☒ NO

9. RECORDS OF LEACHATE ANALYSIS
☐ YES ☒ NO

10. GAS MONITORING
☐ YES ☒ NO

11. GROUNDWATER MONITORING WELLS
☐ YES ☒ NO

12. ARTIFICIAL MEMBRANE LINER INSTALLED
☐ YES ☒ NO

13. SPECIFIC CONTAINMENT MEASURES *(Clay Bottom, Sides, etc)*
☐ YES ☒ NO

14. FIXATION *(Stabilization)* OF WASTE
☐ YES ☒ NO

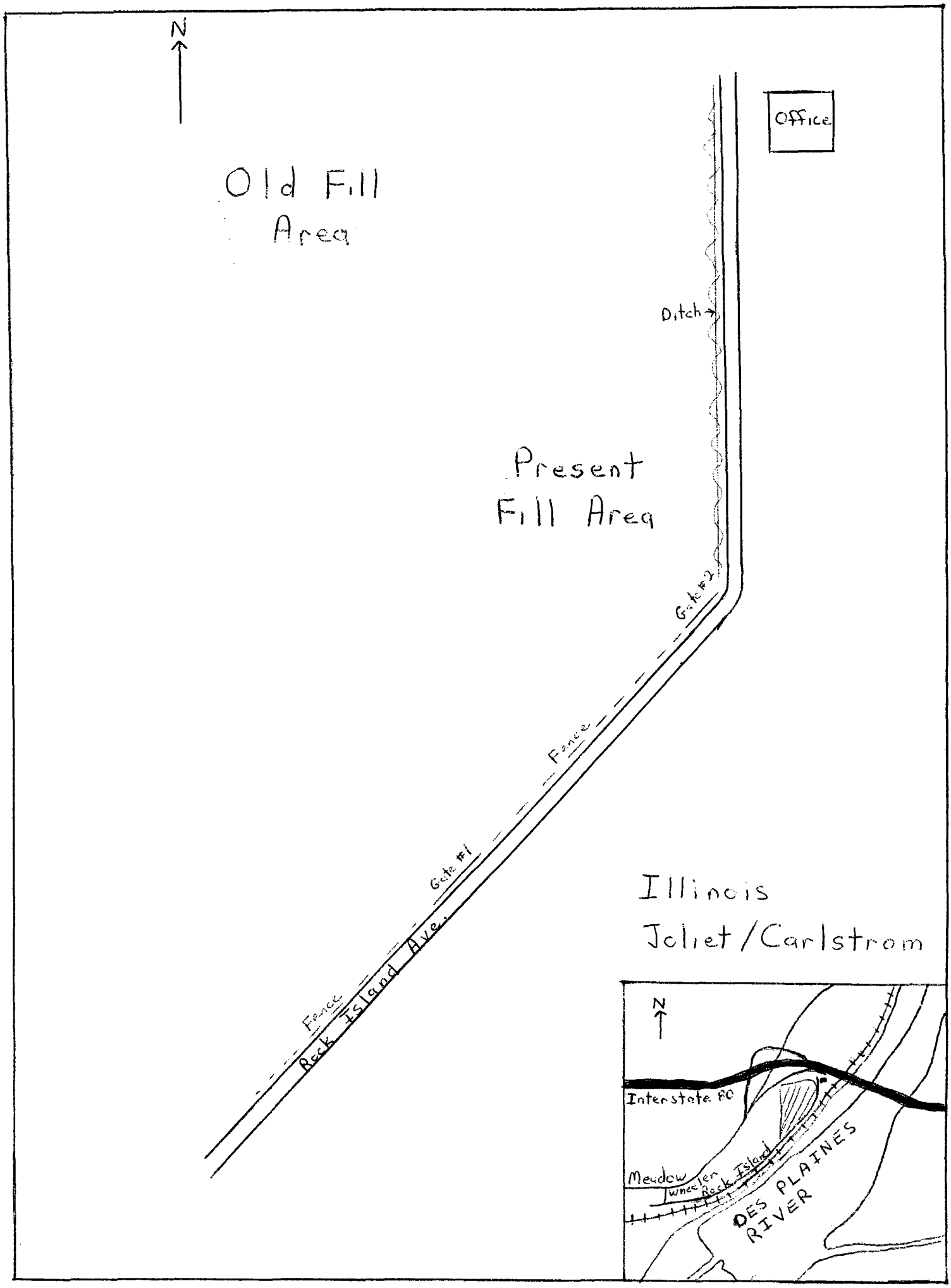
15. ADEQUATE CLOSURE OF INACTIVE PORTION OF FACILITY
☐ YES ☒ NO

16. COVER *(Type)* Truck-in soil

16a. THICKNESS Unknown

16b. PERMEABILITY Unknown

16c. DAILY APPLICATION
☐ YES ☒ NO


N
Office
Old Fill
Area
Ditch
Present
Fill Area
Gate #2
Fence
Fence
Gate #1
Rock Island Ave.
Illinois
Joliet/Carlstrom
N
Interstate 80
Meadow
Wheeler
Rock Island
DES PLAINES
RIVER

Date: February 9, 1981

Time: 2:05 A.M. P.M.

Photograph By:

Rodney T. Bloese

TDD# F5-8011-4A

State- Illinois

Joliet / Carlstrom

Comments: Photograph taken

toward the West

Date: February 9, 1981

Time: 2:10 A.M. P.M.

Photograph By:

René Van Someren

TDD# F5-8011-4A

State- Illinois

Joliet / Carlstrom

Comments: Photograph taken

toward the North

U.S ENVIRONMENTAL PROTECTION AGENCY
REGION V
HAZARDOUS MATERIAL ENFORCEMENT AND RESPONSE PROGRAM

SITE NAME CARLSTROM LANDFILL
SITE ADDRESS 639 ROCKISLAND AVENUE ROCKDALE IL.
HOW/DATE IDENTIFIED ECKHARDT REPORT
SITE DESCRIPTION SANITARY LANDFILL IN ABANDONED QUARRY

WASTE RELATED INFORMATION
HAZARD IDENTIFICATION CONTAMINATION OF WATER SUPPLY; NOTICEABLE ODORS; EROSION PROBLEMS

DATE	COMMENT
6-16-80	THE SITE IS A STATE PERMITTED LANDFILL. THE SITE ACCEPTS UNKNOWN AMOUNTS OF SOLIDS & SLUDGES. THE LANDFILL IS NOT IN COMPLIANCE WITH THE STATE RULES & REGS BUT NO PAST REGULATORY ACTIONS HAVE BEEN TAKEN. THERE IS A LEACHATE PROBLEM. THE APPARENT SERIOUSNESS OF THE PROBLEM IS UNKNOWN WITH A SITE INSPECTION NEEDED.