Steve Stark X 14

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: V

SITE NUMBER (to be assigned by HQ):

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., S

US EPA RECORDS CENTER REGION 5
410011

I. SITE IDENTIFICATION

A. SITE NAME: Peerless Chain

B. STREET (or other identifier):

C. CITY: Winona

D. STATE: MN

E. ZIP CODE:

F. COUNTY NAME:

G. OWNER/OPERATOR (if known)
1. NAME:
2. TELEPHONE NUMBER:

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

I. SITE DESCRIPTION: 4 ACRES, SECTION 9 TWN 106N RANGE 7W, WILSON TWNSHIP WINONA COUNTY, OPEN FIELD NEXT TO WINONA SANITARY LANDFILL

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.): Conference call

K. DATE IDENTIFIED (mo., day, & yr.): 8-30-79

L. PRINCIPAL STATE CONTACT
1. NAME: GORDY MEYER
2. TELEPHONE NUMBER: 612-296-7218

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)

PREVIOUS INSPECTIONS - NEW SITE RECOMMENDED DUE TO HIGH SOIL SALINITY LEVELS

C. PREPARER INFORMATION
1. NAME: STEVE STARK
2. TELEPHONE NUMBER: 612-296-7391
3. DATE (mo., day, & yr.): 3/12/80

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):
WITHIN CITY OF WINONA

C. AREA OF SITE (in acres): 4

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): FARMSTEAD 300 FEET EAST

IV. 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		1. LANDFILL
	2. SHIP	X	2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
X	4. TRUCK		4. TANK, ABOVE GROUND		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
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY	X	8. OTHER (specify): LANDSPREAD
					9. OTHER (specify): NEUTRALIZED AT PLANT SITE		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

LANDSPREAD NEUTRALIZED PICKLING LIQUOR SLUDGE

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 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

☐ 10. OTHER (specify): GYPSUM AND FeOH CMPDS

C. WASTE CATEGORIES

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

YES - SOME ANALYSES WITH RECORDS OF RATES

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 400,000 gal/yr	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.
X (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): GYPSUM AND FeOH, FeCl3 compounds TRACE OF HEAVY METALS			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(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).

SALTS, HEAVY METALS, i.e. lead, zinc, chromium, iron

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

VI. 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				MINIMAL 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 OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			HIGH SALTS AND IRON VERY IMPERMEABLE
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS	X			NO VEGETATION
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continue On Reverse

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [x] 3. STATE PERMIT (specify): STATE DISPOSAL SYSTEM PERMIT # MNC 041254
- [ ] 4. AIR PERMITS
- [ ] 5. LOCAL PERMIT
- [ ] 6. RCRA TRANSPORTER
- [ ] 7. RCRA STORER
- [ ] 8. RCRA TREATER
- [ ] 9. RCRA DISPOSER
- [ ] 10. OTHER (specify):

B. IN COMPLIANCE?

- [x] 1. YES
- [ ] 2. NO
- [ ] 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): PERMIT UP FOR REISSUANCE

VIII. PAST REGULATORY ACTIONS

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

ROUTINE COMPLIANCE SURVEYS AND INSPECTIONS

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
PERIODIC INSPECTIONS	7/75 – 7/79	STATE	

X. REMEDIAL ACTIVITY (past or on-going)

- [ ] A. NONE
- [x] 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
MEETING, LETTES	7/79	STATE	REQUESTED NEW SITE BE INVESTIGATED. AND NEW MANAGEMENT PRACTICES BE IMPLEMENTED

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.

MND 006158588

U. S. Environmental Protection Agency

REGION _____

HAZARDOUS WASTE SITE

IDENTIFICATION AND PRELIMINARY ASSESSMENT

SITE IDENTIFICATION SITE NUMBER _____

Facility Name PEERLESS CHAIN

Phone Number

Address (City, County, State) WINONA MINN

Geographical Coordinates _____ (degrees, minutes, seconds)

Owner of Facility _____

Owner of Realty _____

Operator _____

STATE INFORMATION

Date site identified 8/30/79

How site identified 8/30/79

State Contact: Who _____

When _____

TYPE OF FACILITY

Active ☐

Inactive ☒

Abandoned ☐

Generator on-site facility ☒

Generator off-site facility ☐

Treatment ☐

Storage ☐

Disposal ☒

* Type of Waste on Site: A. ☐ Liquid ☐ Solid ☐ Sludge

☐ Volatile B. ☒ Corrosive ☐ Ignitable ☐ Radioactive

☐ Toxic ☐ Reactive ☐ Municipal sludge

☐ Municipal Refuse ☐ Inert ☒ Other (Indicate) HCL, H_2SO_4 and solutions containing heavy metals

*Attach list of all known substances, listed by (A) classification. (Include oil and all petroleum products)

HAZARDOUS WASTE SITE - IDENTIFICATION AND PRELIMINARY ASSESSMENT

Waste Oil or Oil based compounds on site Yes ( ) No ( )

Amount of waste on site /_/_/_/_/ gallons/tons/barrels/cubic yards

Other measure: _____

Source of Information: _____

Manner of Storage, Disposal or Handling:

/_/ Pits /_/ Impoundments

/_/ Drums /_/ Tanks /_/ Deep Wells /_/ Above Ground

/_/ Below Ground /_/ Incineration /_/ Transportation

/X/ Land Farming /_/ Landfill /_/ Chemical Treatment

/_/ Physical Treatment /_/ Biological Treatment /_/ Recycling

/_/ Open Dump (No Facility)

Size or Area of Site: Approximate area and dimensions, if known: _____

SUBSURFACE CONDITIONS (Geology and Geohydrology) (from USGS, etc.)

o Estimate depth to aquifer _____

o Direction of flow _____

o Location of potential or actual recharge and discharge areas _____

o Types of interconnection of aquifers _____

o Ground water use in vicinity _____

o Bedrock formations

--Type: (Circle) Sandstone, limestone, shale, Other _____, Unknown

--Depth from surface

o Soil strata and overburden

HAZARDOUS WASTE SITE - IDENTIFICATION AND PRELIMINARY ASSESSMENT

- 2 a -

HAZARD DEFINITION (Check Appropriate)

- [ ] Contamination or Threatened Contamination of Surface Water
- [ ] Contamination or Threatened Contamination of Air
- [x] Contamination or Threatened Contamination of Groundwater
- [x] Contamination or Threatened Contamination of Soil
- [ ] Threat of Fire or Explosion
- [ ] Access not controlled
- [ ] Population at Risk (Circle: Residential Area, Workforce, Publicity Traveled Area)
- [ ] Non-Compatible Waste
- [ ] Leaking Containers
- [ ] Visible Damage (structure, vegetation, etc.)
- [ ] Water Supplies Threatened
- [ ] Other (indicate) _____

KNOWN OR ALLEGED INCIDENTS

TYPE	DATE	TYPE	DATE
[ ] Spill/Leak		[ ] Surface Water Contamination	
[ ] Promiscuous Dumping		[ ] Fish Kill	
[ ] Incompatible Wastes Mixed		[ ] Wildlife Kill	
[ ] Inadequate Security		[ ] Natural Disaster	
[ ] Fire/Explosion		[ ] Worker Injury	
[x] Groundwater Contamination		[ ] Non-Worker Injury/ Exposure	
		[ ] Property Damage	

HAZARDOUS WASTE SITE - IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGULATORY ACTION TO DATE

All Applicable Permits Held

Reconnaissance, Inspections, or Sampling Survey (List Agency and Date)

No active investigation

Past/Present Federal, State or Local Actions

PRELIMINARY ASSESSMENT *

Apparent Seriousness of Problem /_/ High /_/ Medium

/_/ Low /_/ None

State Action /_/Planned /_/Ongoing /_/Concluded

/_/Adequate /_/Inadequate /_/None

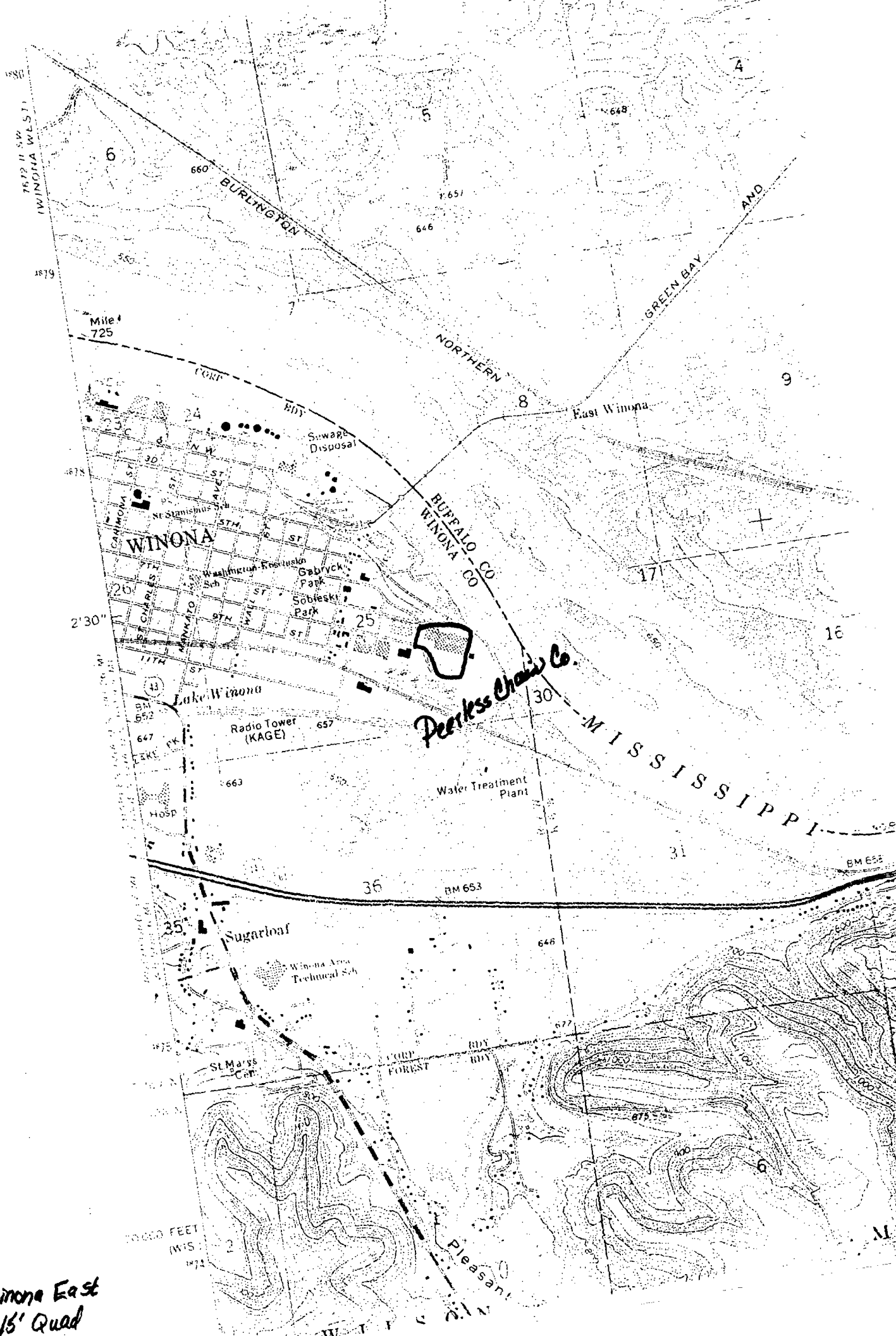
Priority for Site Inspection /_/High /_/Medium

/X/Low /_/None Needed

Date of Assessment 9/05/79

Prepared by: L. E. Townsend

* If as a result of this preliminary assessment no further action is needed, complete the "Final Strategy Determination" Form.



Winona East
15' Quad