171304

ADEPT

ENVIRONMENTAL

SOLUTIONS, Inc.

1100 South Waiola Avenue
La Grange, Illinois 60525

Phone {708} 352-9322
Fax {708} 352-9322

ENVIRONMENTAL CONSULTING & ENGINEERING SERVICES

March 4, 1993

Ms. Angela Aye Tin
State Sites Manager
Illinois Environmental Protection Agency
Division of Land Pollution Control #24
Leaking Underground Storage Tank Section
State Sites Unit
2200 Church Road
P.O. Box 19276
Springfield, IL 62794-9276

Re: 45-Day Report - Arrow Gear Company

Reference: Generator ID # 0430305016/DuPage County
Arrow Gear Company
2301 Curtiss Street
Downers Grove, IL 60515
IEMA Incident # 930214

Dear Ms. Tin:

Please find enclosed the original signed copy and a duplicate copy of the 45-Day Report Form for the above referenced facility. A Corrective Action Report will be forwarded following completion of corrective actions at the site.

If there are any questions regarding this material, please do not hesitate to contact me.

Sincerely,

Dana S. Rose
President

enclosure

cc: Arrow Gear Company

Your File Copy

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece next to the article number.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Illinois Env. Protection Agncy
Div. of Land Pollution Cont.
#24
LEAKING UNDERGROUND STORAGE
TANK SECTION
STATE SITES UNIT
2200 CHURCHILL RD.
SPRINGFIELD, IL 62706

Illinois Environmental Protection Agcy
2200 Churchill Rd. P.O. Box 19276
Springfield, Illinois 62794-9276

4a. Article Number

4b. Service Type
☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)
MAR 8 1993

6. Signature (Agent)
Terry A Ahrens

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, October 1990 ★U.S. GPO: 1990—273-861 **DOMESTIC RETURN RECEIPT**

This Agency is authorized to require this information under Illinois Revised Statutes, 1989, Chapter 111 1/2, Section 1004 and 1021. Disclosure of this information is required. Failure to do so may result in a civil penalty up to $25,000 for each day the failure continues, a fine up to $50,000 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

IESDA INCIDENT 930214

Illinois Environmental Protection Agency
LEAKING UNDERGROUND STORAGE TANK PROGRAM
45 DAY REPORT

A. SITE IDENTIFICATION

Site # (IEPA Generator number): 0430305016

(leave blank if unknown)

IESDA #: 930214

Facility Name: ARROW GEAR COMPANY

Mailing address: 2301 Curtiss Street

City: Downers Grove Zip Code: 60515

County: DuPage

WILL THE OWNER/OPERATOR SEEK REIMBURSEMENT FOR CORRECTIVE ACTION COSTS FOR THIS SITE FROM THE UNDERGROUND STORAGE TANK FUND? (CHECK ONE): YES ___ NO XX

Has it been demonstrated that the release associated with this incident has been remediated to Agency clean-up objectives for soil and groundwater. (CHECK ONE) YES___ NO XX

OWNER

Name: ARROW GEAR COMPANY

Address: 2301 Curtiss Street
Downers Grove, IL 60515

Contact Name: James E. Pielsticker

Phone: (708) 969-7640

OPERATOR *(if different from owner)*

Name: same

Address:

Contact Name:

Phone:

CONSULTANT

Firm: Adept Environmental Solutions, Inc.

Address: 1100 South Waiola Avenue
La Grange, IL 60525

Contact Name: Dana Rose

Phone: (708) 352-9322

SURVEYOR

Firm:

Address:

Contact Name:

Phone:

B. TYPE RELEASE *(please check one)*

Minor XX Significant ___ Major ___

C. SIGNATURES

I hereby affirm that all information contained in this 45 Day Report is true and accurate to the best of my knowledge and belief.

OWNER

name: ✓

title: ✓

signature: ✓

date: ✓

OPERATOR *(if different from owner)*

name:

title:

signature:

date:

LAND SURVEYOR

name:

title:

signature:

date:

registration number:

IL 532 2019
LPC 425 9/91

IESDA INCIDENT 930214

PROFESSIONAL ENGINEER

The release from the Underground Storage Tank(s) System associated with Incident number _____ at the facility described in this 45 Day Report has been remediated in accordance with 35 Ill. Adm. Code, Part 731, Subpart F, and other applicable rules and regulations. The remediation has achieved the clean-up objectives set forth by the Agency in _____. I certify under penalty of law that this 45 Day Report, supporting documents and all attachments were prepared under my direction or supervision. To the best of my knowledge and belief, the 45 Day Report, supporting documents, and all attachments are true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

name: _____

title: _____

signature: _____ SEAL

date: _____

registration number: _____

D. REPORTS SUBMITTED

Indicate the name and date of any reports previously submitted and any additional information or documents attached to or submitted with this report which are to be included in the review of this 45 Day Report.

20-Day Certification submitted February 5, 1993.

Field Report dated 02/12/93, Quality Analytical Lab results dated02/19/93.

E. PERSONNEL ON THE SITE

Provide the name, titles and dates of the regulatory or company personnel on-site during the initial abatement activities (e.g. OSFM inspector, IEPA inspector, etc.).

NAME	TITLE	DATE
Aaron Siegler	OSFM Representative	01/20/93
E.D. Kauzlarich	Vice President	01/20/93
Michael Cervinka	Supervisor	01/20/93

F. TANK INFORMATION

Total number of underground storage tanks at this site : 1

For each underground storage tank (UST) system removed or release remediated provide:

Capacity (gal) 1,000

Year of Installation: 1966 Condition of UST system upon removal: several small holes

Product Stored in UST system: quench oil used for heat treatment of parts

Amount released: unknown

Cause of release: small holes in UST

Capacity (gal): _____

Year of Installation: _____ Condition of UST system upon removal: _____

Product Stored in UST system: _____

Amount released: _____

Cause of release: _____

IESDA INCIDENT 930214

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

Capacity (gal): _____
Year of Installation: _____ Condition of UST system upon removal: _____
Product Stored in UST system: _____
Amount released: _____
Cause of release: _____

(ADD ADDITIONAL PAGES AS NECESSARY)

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G. SOURCE REMEDIATION INFORMATION

1. Is this 45 Day Report in response to a release from a UST System containing Used Oil or a Hazardous Substances as defined in 35 Ill. Adm. Code, Subtitle G, Section 731.112? (Check One):
   YES ___ NO XX

   Is the Owner/Operator requesting site specific objectives for a release from a petroleum material other than those for which generic objectives have been established by the Agency? (Check One):
   YES ___ NO XX

   If YES, for either, provide the following information:

   a. Site Name: _____
   b. Site Location: City: _____
      County: _____
      Township: _____
      Range: _____
      Section: _____

   c. Media of concern (such as soil and/or groundwater): _____
   d. Analytical Summaries: _____

   e. Geological/Hydrogeological Summary: (Should include a map showing the location of all private and public water supply well within one mile of the Site) _____

   f. Potentially exposed populations: _____

   g. Potentially exposed environments, surface water, fish and wildlife, vegetation, etc.: _____

   h. Potential dispersion pathways, prevailing winds, direction of groundwater flow (if known): _____

   i. Proposed cleanup techniques; removal and treatment or disposal, in place treatment, etc.: _____

   j. Justification for Site Specific Objectives: _____

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2. Describe the procedures used for cleaning the tank: UST was vented, cut open, and small amount of oil remaining was absorbed with oil-dry then placed into IEPA 55-gallon drum which was left on site for later proper disposal.

3. For any of the following that were removed or generated during the UST system removal, describe the procedures for management and storage, treatment or disposal of this material.

Product: Product was properly disposaed through company's normal waste hauler.

Tank bottoms: _____

Tank sludges: Small amount of product was absorbed with oil-dry and placed into 55-gallon drum for proper disposal at later date.

Product in tanks: _____

Tank rinse waters: _____

Tank waste-water mixtures: _____

Tank system: UST and associated were disposed by Mankoff Equipment as scrap after proper cleaning.

Other (please describe): _____

Date that all tank cleaning operations were completed: 01/20/93

4. Provide copies of manifests used to transport the above material from the site.

H. RELEASE INFORMATION - SEE CORRECTIVE ACTION REPORT

Provide the information below:

1. The steps taken to test for the extent of the release considering the type of the stored substance, type of backfill, depth to groundwater and other factors appropriate for identifying the presence and source of the release.

2. The actions taken to prevent further release of the regulated substance.

3. If the release was associated with the lines or dispenser, briefly describe the problem.

4. Provide a discussion of the potential of utility conduits to provide a pathway for the movement of contamination off-site.

I. FREE PRODUCT ACTION - SEE CORRECTIVE ACTION REPORT

Was free product encountered during the investigation (check one) : YES ___ NO XX

If YES, the following questions must be answered:

1. The name of the person responsible for implementing the free product removal measures.

2. The estimated quantity, type and thickness of free product observed or measured in wells, boreholes and the excavations.

3. The dates that free product was discovered, and the steps taken to remove product.

4. The type of free product recovery system used, including plan sheets, diagrams, description of equipment and a site map indicating the recovery system location.

5. An indication of whether any discharge will take place on-site or off-site during the recovery operation and where this discharge will be located.

6. The type of treatment applied to any discharge and the effluent quality expected.

7. The steps that have been or are being taken to obtain necessary permits for any discharge.

8. The disposition of the recovered free product.

9. Pursuant to 35 Ill. Adm. Code, Section 731.165(b) the Owner/Operator must, within 30 days of this 45 Day Report, submit a completed Corrective Action Form that includes a Groundwater Investigation Plan.

J. SOIL EXCAVATION - SEE CORRECTIVE ACTION REPORT

Provide information on the following:

1. Dimensions of excavation(s): _____

   _____

   Original tank backfill material: _____

   _____

   Native soil type: _____

   Quantity of contaminated soil removed: _____

   _____

2. Was groundwater encountered? (check one): YES ___ NO XX

   If YES, pursuant to 35 Ill. Adm. Code, Section 731.165(b) the Owner/Operator must, within 30 days of this 45 Day Report, submit a completed Corrective Action Form that includes a Groundwater Investigation Plan.

3. Describe the steps which have been taken to control and remedy hazards posed by contaminated soils that are excavated or exposed as a result of release confirmation, site investigation, abatement of corrective action activities.

4. Has the owner/operator complied with the requirements of 35 Ill Adm. Code, Parts 702, 703, 705, 722 through 728, 807 through 815 and other applicable rules and regulations for the storage, treatment and/or disposal of soils managed at the site? YES XX NO___

K. SITE MAPS - SEE CORRECTIVE ACTION REPORT

1. Provide topographic map which shows the location of the site and provide the following for the site:
   township: 38N range: 10E section: 12
   latitude: 41° 47' N longitude: 88° 02' W

2. Provide a site map with locations of the:

   - UST System(s)
   - product and dispenser lines
   - pumps and islands
   - sewer, gas, water and electrical utility lines
   - nearby buildings, roads, etc.

3. Provide a site map and cross-section indicating areas of:

   - UST System(s), vertically and horizontally
   - soil excavation
   - soil borings
   - soil and groundwater sampling locations
   - monitoring well locations

4. Provide a map and cross-section showing the extent of soil and groundwater contamination.

L. SOIL BORINGS TO DETERMINE THE EXTENT OF CONTAMINATION - SEE CORRECTIVE ACTION REPORT

If a soil boring sampling program has been undertaken to determine the extent of contamination, provide the following:

1. Drilling method(s) that were used, and why these methods were chosen.

2. The basis for determining the location and minimum number of borings to be placed on site.

3. A discussion of the approach that will be taken to determine the location and number of additional borings required.

4. Activities taken to prevent cross-contamination between boreholes.

5. A discussion of how the sampling interval for each boring was determined and collected.

6. A discussion of how off-site soil contamination impacts will be investigated.

7. Copies of borings logs.

M. SOIL SAMPLING FOR VERIFICATION OF COMPLETION OF REMEDIAL ACTIVITIES

The following must be provided: - SEE CORRECTIVE ACTION REPORT

1. A completed Laboratory Certification Form (attached) must be provided with all soil sample data.

2. A sampling protocol for soil sample collection.

3. Basis for determining the location and minimum number of soil samples taken.

4. Discussion of the approach that will be taken to determine the location and number of additional samples required.

5. Activities taken to prevent cross-contamination between samples.

6. The analytical results from soil sampling in tabular format showing detection limits and with raw data also included as an attachment.

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N. GROUNDWATER SAMPLING FOR VERIFICATION OF COMPLETION OF REMEDIAL ACTIVITIES

SEE CORRECTIVE ACTION REPORT

If groundwater samples were taken, the following must be provided:

1. A completed Laboratory Certification Form (attached) must be provided with all groundwater sample data.
2. A sampling protocol for groundwater collection.
3. Basis for determining the well location and minimum number of groundwater samples taken.
4. Discussion of the approach that will be taken to determine the location and number of additional samples required.
5. Activities taken to prevent cross-contamination between samples.
6. The analytical results from groundwater sampling in tabular format showing detection limits and with raw data also included as an attachment.

O. REMEDIATION DOCUMENTATION - SEE CORRECTIVE ACTION REPORT

1. Original photographs taken during the cleanup to document the site conditions and remedial activities. Photographs must show all important cleanup activities that took place on the site. Photographs must be in duplicate, mounted, and labeled.
2. A copy of the permit for tank removal issued by the Office of the State Fire Marshal or, if in the City of Chicago provide documentation of approval for removing the tank.

FIELD REPORT

Project Number: 93-103 **Date:** 2-12-93 **Page** 1 **of** 1

Project Name: ARROW GEAR COMPANY **Location:** 2301 CURTISS ST. - DOWNERS GROVE

Client: MICHAEL CERVINKA / HARRY HARTZELL **Contractor:**

Weather: **Temperature:** °F @ am/pm

Present at site: D. ROSE (ADEPT)

Observations: TASK: OBTAIN (1) SAMPLE OF MOST VISIBLY CONTAMINATED SOILS FROM FORMER TANK BED AREA. TANK REMOVED FORMERLY CONTAINED "QUENCH OIL" UTILIZED IN GEAR HEAT TREATING PROCESS. SAMPLE TO BE ("RUSH ANALYZED") FOR BTEX, PNA'S & TCLP METALS PER IEPA SOIL SAMPLING REQUIREMENTS (FEBRUARY 1993). ONE SAMPLE OBTAINED TO DETERMINE IF TOTAL CLEANUP DISPOSAL OF SOILS IS NECESSITATED. ARROW WILL EXCAVATE AREA FOR INSTALLATION OF NEW EQUIPMENT. SOILS WILL BE STORED ON PREMISES WITH PROPER PROTOCOL BEING FOLLOWED (PLASTIC AT BASE & COVERING SOILS) SAMPLE "A-1" OBTAINED 2/12/93 @ APPROX 9:15 AM. GLASS JARS SUPPLIED BY QUALITY ANALYTICAL WERE UTILIZED TO SCOOP SOILS INTO JARS. JARS PLACED INTO COOLER & TAKEN DIRECTLY TO QUALITY FOR ANALYZATION OF BTEX, PNA'S & TCLP METALS. ALL SOILS APPEAR TO BE SAND (GRANULAR). (Petroleum odor was present at sample location)

Copies to:

Signed

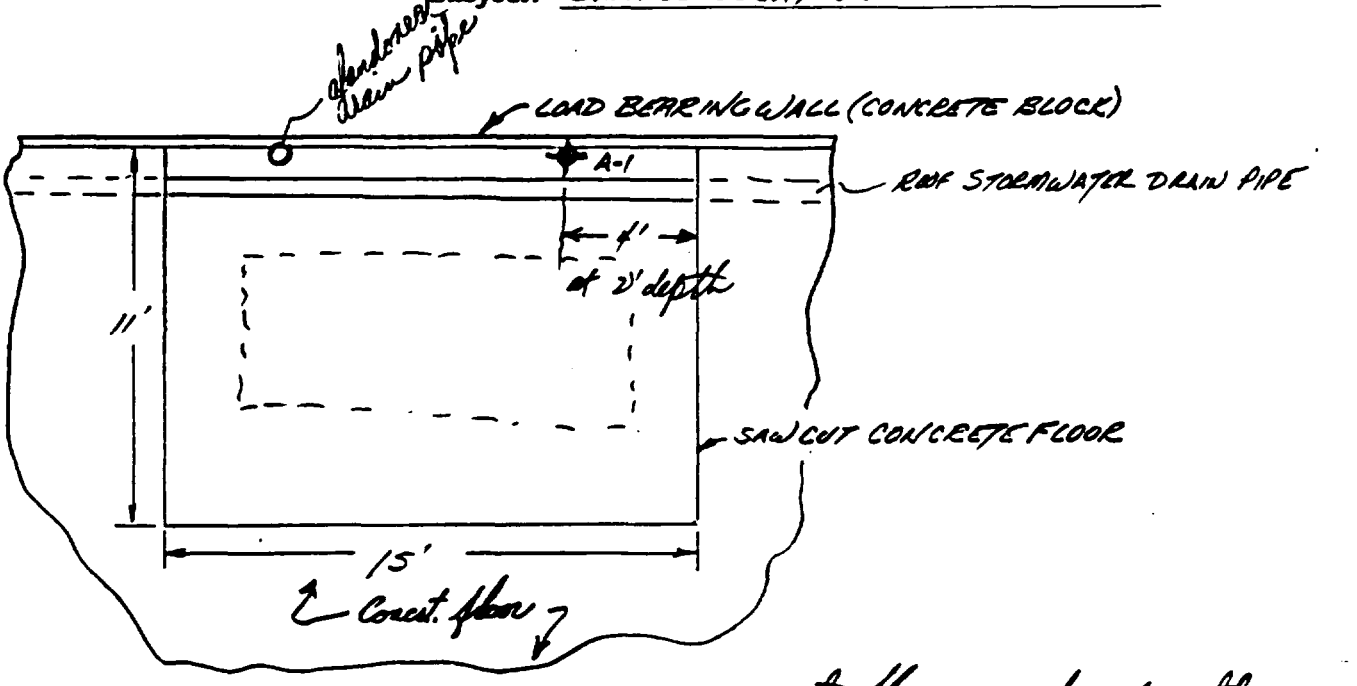
Adept
Environmental
Solutions, Inc.
ENVIRONMENTAL CONSULTING & ENGINEERING SERVICES
1100 South Waiola Avenue
La Grange, Illinois 60525
Phone/Fax
(708) 352-9322

Job: ARROW GEAR Co.

Sheet Number: 1 **of** _____

Calculated by: D. ROSE **Date:** 2-11-93

Subject: SAMPLE LOCATION



sample A-1

concrete floor - reinforced with mesh approx 6" thick

QUALITY
ANALYTICAL
LABS, INC.

C.O.C. #: 15777
Project #: 930225
Date: 2/19/93

Adept Environmental Solutions, Inc.
1100 S. Waiola
La Grange, IL 60525

Attn: Dana S. Rose

Sampling Date: 2/12/93
Analyses Date: 2/12-19/93

Identification: One sample taken by Dana S. Rose identified as:

ARROW GEAR COMPANY
PROJECT #93-103

COMPLETE REPORT FOLLOWS:

Sample ID: A-1

BTEX **Method: SW-846 8240 (modified)**

Parameter	MDL mg/Kg	CAS Number	Analysis mg/Kg
Benzene	0.002	71-43-2	BDL
Toluene	0.002	108-88-3	BDL
Ethylbenzene	0.002	100-41-4	BDL
Xylenes (mixed isomers)	0.005	1330-20-7	BDL

PNA'S **Method: SW-846 8310 HPLC**

Parameter	MDL (mg/Kg)	Analysis (mg/Kg)
Acenaphthene	1.2	BDL
Acenaphthylene	0.66	BDL
Anthracene	0.66	BDL
Benzo(a)anthracene	0.0087	BDL
Benzo(a)pyrene	0.015	BDL
Benzo(b)fluoranthene	0.011	BDL
Benzo(ghi)perylene	0.051	BDL
Benzo(k)fluoranthene	0.011	BDL
Chrysene	0.10	BDL
Dibenzo(a,h)anthracene	0.020	BDL
Fluoranthene	0.66	BDL
Fluorene	0.14	BDL
Indeno(1,2,3-c,d)pyrene	0.029	BDL
Naphthalene	0.66	BDL
Phenanthrene	0.66	BDL
Pyrene	0.18	BDL

TCLP Metals **Method: SW846 6010, 7470**

Parameter	MDL (mg/L)	Analysis (mg/L)
Arsenic	0.010	BDL
Cadmium	0.1	BDL
Chromium	0.1	BDL
Lead	0.0012	BDL
Selenium	0.005	BDL
Barium	0.1	1.8
Mercury	0.05	BDL

MDL = Method Detection Limit
BDL = Below Detection Limit

Respectfully submitted,

Paulius T. Alekna

Paulius (Paul) T. Alekna
Lab Director
Quality Analytical Labs, Inc.
ps:AD930225

QUALITY ANALYTICAL LABS, INC.

1938-C University Lane • Lisle, IL 60532 • (708) 512-0061

ADEPT ENVIRONMENTAL SOLUTIONS, INC.
Company Name

1100 S. WAIOLA - LA GRANGE, IL 60525
Address

930225
No. 15777

CHAIN OF CUSTODY RECORD

PROJECT NUMBER: 93-103

PROJECT NAME: ARROW GEAR COMPANY

SAMPLERS: (Signature) Dennis S Rose

ITEM NO.	STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	BTEX (8240)	PNA'S	TCLP METALS				REMARKS
1	A-1	2/12	9:15		X		4	X	X	X				"RUSH ANALYSIS"
2														
3														[illegible]
4														[illegible]
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Dennis S Rose					
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received for Laboratory by: (Signature)	Date/Time	Remarks	
		Brian [illegible]	2/12/93 10:25 a.m.		