EPA

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION: V

SITE NUMBER (to be assigned by Hq): IL0000 10182

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: American Louver Co.

B. STREET *(or other identifier)*: 7700 Austin Ave.

C. CITY: Skokie

D. STATE: IL

E. ZIP CODE: 60077

F. COUNTY NAME: Cook

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
Factory with drums on site.

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*
U.S. EPA reconnaissance

K. DATE IDENTIFIED *(mo., day, & yr.)*: 6/18/80

L. PRINCIPAL STATE CONTACT
1. NAME: Jack Moore
2. TELEPHONE NUMBER: 8/956-6760

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)*
Chicago MSD made to track

C. PREPARER INFORMATION
1. NAME: Michael L. Mott
2. TELEPHONE NUMBER: 312/886-6706
3. DATE *(mo., day, & yr.)*: 8/14/80

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)*

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)*: Plant

EPA Region 5 Records Ctr.
288947

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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		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE	X	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. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

7 gallons of sludge and process residues generated per day.

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)*: _____

C. WASTE CATEGORIES

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

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 3000	AMOUNT 5000	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE gallon	UNIT OF MEASURE gallon	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	X (2) OTHER *(specify)*: hydraulic oil	(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
X (5) OTHER *(specify)*: waste varnish-lacquer			(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)*		

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V. WASTE RELATED INFORMATION *(continued)*

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

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

No waste has been removed for 5 years. 94 drums of hydraulic oil and 57 drums of waste varnish-lacquer. Waste Treatment Co. of St. Louis has been contacted for removal.

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				
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	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X	X	8-5-80	Chicago MSD found some drums leaking during their inspection.
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER *(specify)*:				

 Continue On Reverse

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VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT *(specify)*: _____

☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER

☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER

☐ 10. OTHER *(specify)*: None

B. IN COMPLIANCE?

☐ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

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

VIII. PAST REGULATORY ACTIONS

☒ A. NONE ☐ B. YES *(summarize below)*

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
Recon. inspection	8-5-80	Chicago MSD	As yet no action has been made to remove drums.

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.

[redacted] X

EPA

POTENTIAL HAZARDOUS WASTE SITE

FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER

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	B. STREET	
American Louver Co.	7700 Austin Ave	
C. CITY	**D. STATE**	**E. ZIP CODE**
Skokie	Ill	60077

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X	X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE *(If yes, complete Section III.)*					
C. REMEDIAL ACTION *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION *(If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

The State reports 140 drums removed from site to a State approve disposal site. Site has been cleaned-up. (per 3/4/81 HMS conference call)

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED *(mo., day, & yr.)*	G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
S. Rogers	886-6714	3/4/81

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
D. TOTAL ESTIMATED COST	$	

EPA Form 1200-6 (10-79)

Continue On Reverse

Continued From Front:

IV. REMEDIAL ACTIONS

A. SHORT TERM EMERGENCY ACTIONS *(On Site and Off Site)*. List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE *(mo, day, & yr)*	3. ACTION END DATE *(mo, day, & yr)*	4. ACTION AGENCY *(EPA, State, Private Party)*	5. COST	6. SPECIFY 311 OR OTHER ACTION. INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site and Off-Site)*: List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE *(mo, day, & yr)*	3. ACTION END DATE *(mo, day, & yr)*	4. ACTION AGENCY *(EPA, State Private Party)*	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				$	
				$	
				$	
				$	
				$	
				$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN-HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		$
b. STATE		$
c. PRIVATE PARTIES		$
d. OTHER *(specify)*:		$

EPA

POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION: V | SITE NUMBER: IL 0000 10182

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	B. STREET	
American Louver Co.	7700 Austin Ave.	
C. CITY	**D. STATE**	**E. ZIP CODE**
Skokie	IL	60077

II. TENTATIVE DISPOSITION

Indicate the recommended action*(s)* and agency*(ies)* that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY: EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED *(If yes, complete Section III.)*	X			X	
C. REMEDIAL ACTION NEEDED *(If yes, complete Section IV.)*					
D. ENFORCEMENT ACTION NEEDED *(if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)*					

E. RATIONALE FOR DISPOSITION

Chicago MSD will need to re-inspect to see that drums of waste have been removed or leaking has ceased.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION *(mo., day, & yr.)*	G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED *(mo., day, & yr.)*

H. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE *(mo., day, & yr.)*
Michael L. Mott	312/886-6706	8/14/80

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY *(Detailed Information)*

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION *(mo,day, & yr)*	3. TO BE PERFORMED BY *(EPA, Contractor, State, etc.)*	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1) Reconnaissance	unknown	Chicago MSD		
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

Continued From Front

III. INVESTIGATIVE ACTIVITY NEEDED and PART B - PROPOSED INVESTIGATIVE ACTIVITY *(Continued)*

d. TYPE OF LAB ANALYSIS (1)				
(2)				
e. OTHER *(specify)* (1)				
(2)				

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B *(on front & above)* AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER *(specify)*	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY *(On Site & Off-Site)*: List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State, Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

B. LONG TERM STRATEGY *(On Site & Off-Site)*: List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE *(mo,day,&yr)*	3. EST. END DATE *(mo,day,&yr)*	4. ACTION AGENCY *(EPA, State Private Party)*	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				$	
				$	
				$	
				$	
				$	
				$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER *(specify)*		