EPA

# 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., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME: Grind-rite Grinding and Manufacturing

B. STREET *(or other identifier)*: 6420 N. Hamlin

C. CITY: Lincolnwood

D. STATE: IL

E. ZIP CODE: 60645

F. COUNTY NAME: Cook 031

G. OWNER/OPERATOR *(if known)*

1. NAME: Ted Kmiec (Secretary - Treasurer)

2. TELEPHONE NUMBER:

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: Manufacturing building and parking lot

J. HOW IDENTIFIED *(i.e., citizen's complaints, OSHA citations, etc.)*: Citizen's complaint

K. DATE IDENTIFIED *(mo., day, & yr.)*: 10/1/80

L. PRINCIPAL STATE CONTACT

1. NAME: Ted Denning

2. TELEPHONE NUMBER: 345-9780

## 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)*
Reinspection by MSD

C. PREPARER INFORMATION

1. NAME: Phil Kaplan

2. TELEPHONE NUMBER: 886-6711

3. DATE *(mo., day, & yr.)*: 10/23/80

## 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)*: Spillage of waste product *(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)*: Manufacturing building

EPA Region 5 Records Ctr.
334752

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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

Company ships out 1800 gal. of spent cutting coolant a week. At time of inspection 50 to 60, 55 gal. drums filled with this waste were outside of plant building. Many of the drums were uncovered and had overflowed onto the parking lot & into combined sewer after rain.

## 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.

IEPA manifests show 1800 gallons of spent cutting coolant shipped out to landfill a week.

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 | AMOUNT 2000 | AMOUNT | AMOUNT | AMOUNT | AMOUNT |
| UNIT OF MEASURE | UNIT OF MEASURE gallons | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE |
| 'X' (1) PAINT, PIGMENTS | 'X' 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)*: | | | (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)*.

Spent cutting coolant oil & metal shavings mixture

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 | | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | ✓ | | | waste spillage causes parking lot to have slippery spots |
| 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 | | | | |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | | ✓ | 10/16/80 | |
| 17. SEWER, STORM DRAIN PROBLEMS | ✓ | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER *(specify)*: | | | | |



*Continue On Reverse*

*Continued From Front*

## 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)*: _____

B. IN COMPLIANCE?

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

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

## VIII. PAST REGULATORY ACTIONS

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

## IX. INSPECTION 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 |
|---|---|---|---|
| Inspection & Sampling | 10/16/80 | MSD | Sampled waste run off into sewer system |
| | | | |
| | | | |

## 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.