EPA

POTEI L HAZARDOUS WASTE SITE

FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
V	ILD000 10075

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking Syste .; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME	B. STREET	
Land and Lakes Company		
C. CITY	D. STATE	E. ZIP CODE
Park Ridge	Ill.	

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			
B. RE IEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If es, 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

This site is the office address of Land and Lakes Company

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.)
Gregg Worley	—	9/11/80

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 Region 5 Records Ctr.
358240

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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 IDENTIFICATION

REGION	SITE NUMBER
V	IL-0000 10075

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME	B. STREET (or other identifier)		
Land and Lakes Company	123 N. Northwest Highway		
C. CITY	D. STATE	E. ZIP CODE	F. COUNTY NAME
Park Ridge	Illinois	60068	

G. OWNER/OPERATOR (if known)

1. NAME	2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP (if known)

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

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)	K. DATE IDENTIFIED (mo., day, & yr.)

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

M. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)

EPA Form 2070-3 (5-80)