# STATE OF ILLINOIS
# DEPARTMENT OF PUBLIC HEALTH
## Division of Sanitary Engineering

## APPLICATION FOR REGISTRATION OF REFUSE DISPOSAL SITE OR FACILITY

1. NAME OF REGISTRANT: Landfill Engineering Co.

2. ADDRESS: P. O. BOX 93, Glenview, Illinois 60025
(STREET) (CITY) (ZIP CODE)

3. REGISTRATION REQUESTED FOR: (Check one or combination if applicable)

_____ Dump _____ Incinerator

_x_ Sanitary Landfill _____ Other

4. LEGAL DESCRIPTION OF SITE LOCATION: County Lake Range _____
Township Vernon Section _____ Quarter corner Milwaukee Ave. & Deerfield Rd.

5. IS REGISTRANT THE OWNER OF THE DISPOSAL SITE OR FACILITY? _x_ Yes ____ No

6. IF ANSWER TO (5) IS NO, GIVE NAME & ADDRESS OF OWNER: _____

In conformance with Section 2 of the Refuse Disposal Law of the State of Illinois, application is made herewith for registration of the refuse disposal site or facility described above.

DATE 6/2/69

William J. Burton
Authorized Representative

EPA Region 5 Records Ctr.
358360

**SOLID WASTE DISPOSAL**

Field Inspection (✓) Office Interview ( )

LAKE CO. - S. W. D. REGION: VII

WHEELING / LANDFILL ENG. CO. INSPECTOR(S): KROGH
(Location of Site) (Responsible Party)

DATE: 12-4-70 TIME: 11:30 INTERVIEWED: _____

SITE: (Proposed, Existing), REGISTERED (Yes, No), APPROVED (Yes, No, N/A), DATE OPERATION STARTED: _____

OPERATOR/LESSEE: LANDFILL ENG CO ADDRESS: P.O. BOX 93, GLENVIEW PHONE: _____

PROPERTY OWNER: " " " ADDRESS: " " "

LOCATION: Rt #45 & DEERFIELD Rd

LEGAL DESCRIPTION: Range _____, Twp. VERNON, Sec. 5 DEER FIELD CORNER MILWAUKEE AVE Other _____

Type of Terrain: Gravel Pit ( ), Quarry ( ), Clay Pit ( ), Strip Mine ( ), Gully ( ), Depth _____, Upland ( ), Lowland ( ), Swamp ( ), Other _____

Total Area: _____ Area Completed: _____

ZONING: COUNTY NEAREST MUNICIPALITY: Wheeling (Name) 2 MILES (Distance)

ADJACENT LAND USE: FARM NEAREST HOUSE/BUILDING: ON SITE (Distance)

AREAS/COLLECTORS SERVED: SURROUNDING COMMUNITIES

_____ Contracts Issued: (Yes, No)

AMOUNT OF REFUSE RECEIVED DAILY: At Present: _____ Anticipated: _____

TYPES OF REFUSE RECEIVED: GARBAGE

DISPOSAL RATES: $ _____ DAYS & HRS. OF OPERATION: _____

DISPOSAL METHOD: Open Dump, (Landfill), Landfill Variction, Brush Burning, Approved Incineration, Open Burning, Other _____

LANDFILL METHOD: (Trench), Area Fill, Combination, N/A

TYPE AND CONDITION OF ACCESS ROAD: To Site: PAVED On Site: GRAVEL - DIRT

METHOD OF RESTRICTING ENTRANCE TO SITE: GATE

SHELTER AND SANITARY FACILITIES: Findings: ON SITE

SALVAGE OPERATION: (Yes, (No)) Findings: _____

DEPOSITING HAZARDOUS MATERIALS: (Yes, No) Types: _____

EQUIPMENT AVAILABLE: DRAGLINE - D-8 CAT

COVERING REFUSE DAILY: (Yes, No) DEPTH: 6 inches, Sufficient Cover Available (Yes, No)

Findings: _____

Blowing Litter (Yes, No), Fencing Provided (Yes, No)

PROVIDING FINAL COVER: (Yes, No) DEPTH: _____ inches

Findings: _____

VECTORS: Findings: NONE

Control Activity: AP well

DUMPING IN WATER: (Yes, No) Water Depth: _____ inches, Site Subject to Flooding: (Yes, No)

Method of Diverting/Removing Surface Water from Site: _____

SURFACE WATER: Creek _____ (Name) River _____ (Name) Pond _____ (Name) Lake _____ (Name)

Distance from Fill (if within ½ mile) _____, Leachate from Fill into Water (Yes, No)

WELLS (Potable, Non-Potable): Distance from Fill (if within ½ mile) #1 _____ Feet/Yards

#2 _____ Feet/Yards, #3 _____ Feet/Yards.

Sample Taken: #1 (Yes, No), #2 (Yes, No), #3 (Yes, No), Ground Water Level: _____ (Feet)

FIRE PROTECTION ARRANGEMENTS: _____

REMARKS:

1. APPEARS TO be IN SATISFACTORY COMPLIANCE

**ENVIRONMENTAL PROTECTION AGENCY • STATE OF ILLINOIS**

**INSPECTION REPORT - SITE INVENTORY NO.** 0313240 1 ~~0 1 1 1 2 4 0 1~~

LAKE COOK CO. - L.P.C. Region II Inspector K. BECHELY

WHEELING (Location) / LANDFILL ENGINEERING (Responsible Party) Samples Taken: Yes ( ) No ( ) Photographs Taken: Yes (X) No ( )

Date 1-21-74 Time 1:50- Weather 35° CLOUDY Interviewed

Previous Inspection 11-29-73 Previous Correspondence 12-17-73 Site Open: Yes (X) No ( )

| AUTHORIZATION: | | TYPE OF OPERATION: | | | OPERATIONAL STATUS: | |
|---|---|---|---|---|---|---|
| E.P.A. Permit | ( ) | Sanitary Landfill | (X) | Storage ( ) | Operating | (X) |
| Variance | ( ) | Random Dump | ( ) | Salvage ( ) | Temporarily Closed | ( ) |
| None | (X) | Other | | A.C.D. ( ) | Permanently Closed | ( ) |
| | | | | | Closed and Covered | ( ) |

SITE EVALUATION

Open Dumping of Garbage ( ) Refuse ( ) Observed
Openly Dumped Garbage ( ) Refuse ( ) Observed
Open Burning ( ) Evidence of Recent Open Burning ( ) Observed
Observed Dumping of Garbage( ) Refuse( ) into Standing Water
Observed Garbage ( ) Refuse ( ) in Standing Water
Evidence of a Water Pollution Hazard Observed ( )
Hazardous ( ) Liquid ( ) Waste Accepted at Site
Leachate Pond or Stream Observed ( ) Leachate Leaving Site ( )
Blowing Litter Observed ( )
Observed Evidence of Vectors ( ) Dust Nuisance ( )
Scavenging Observed ( ) By Operator ( ) By Others ( )
Salvage Area ( ) Operations ( ) Storage ( ) Unsatisfactory
Odor Present ( )
Permit ( ) Board Order ( ) Violation Noted

MATERIAL EXPOSED FROM POOR DAILY COVER.

| | | |
|---|---|---|
| Cover Applied to Refuse Daily | Yes (X) No ( ) | |
| Daily Cover of Adequate Depth | Yes ( ) No (X) | MUCH MATERIAL EXPOSED AT NORTH END. |
| Cover Material of Adequate Quality | Yes (X) No ( ) | SANDY CLAY |
| Final Cover Applied in Required Areas | Yes (X) No ( ) | IN N.W. PART OF FILL |
| Final Cover of Adequate Depth | Yes (X) No ( ) | 2' MIN. |
| Intermediate Cover Applied in Required Areas | Yes (X) No ( ) | EAST SIDE |
| Intermediate Cover of Adequate Depth | Yes (X) No ( ) | |
| Site Access Restricted | Yes (X) No ( ) | LOCKED GATE |
| Spreading and Compacting Adequate | Yes (X) No ( ) | |
| Site Fencing Adequate | Yes (X) No ( ) | |
| Site Posted | Yes (X) No ( ) | HOURS, ETC. |
| Operational (X) Access (X) Road(s) Satisfactory | Yes (X) No ( ) | OPERATIONAL PRETTY MUDDY |
| Adequate Shelter (X) Sanitary Facilities( )Provided | Yes (X) No ( ) | |
| Site Policing (X) Portable Fencing ( ) Provided | Yes (X) No ( ) | |
| Unloading Supervised | Yes (X) No ( ) | |
| Operable Equipment Present on Site | Yes (X) No ( ) | 2 INT. 350 - CRANE |
| Fire Protection Equipment Provided | Yes (X) No (X) EXTING. | |

General Compliance ( ) _____ Improvement Needed _____ Improvement Observed

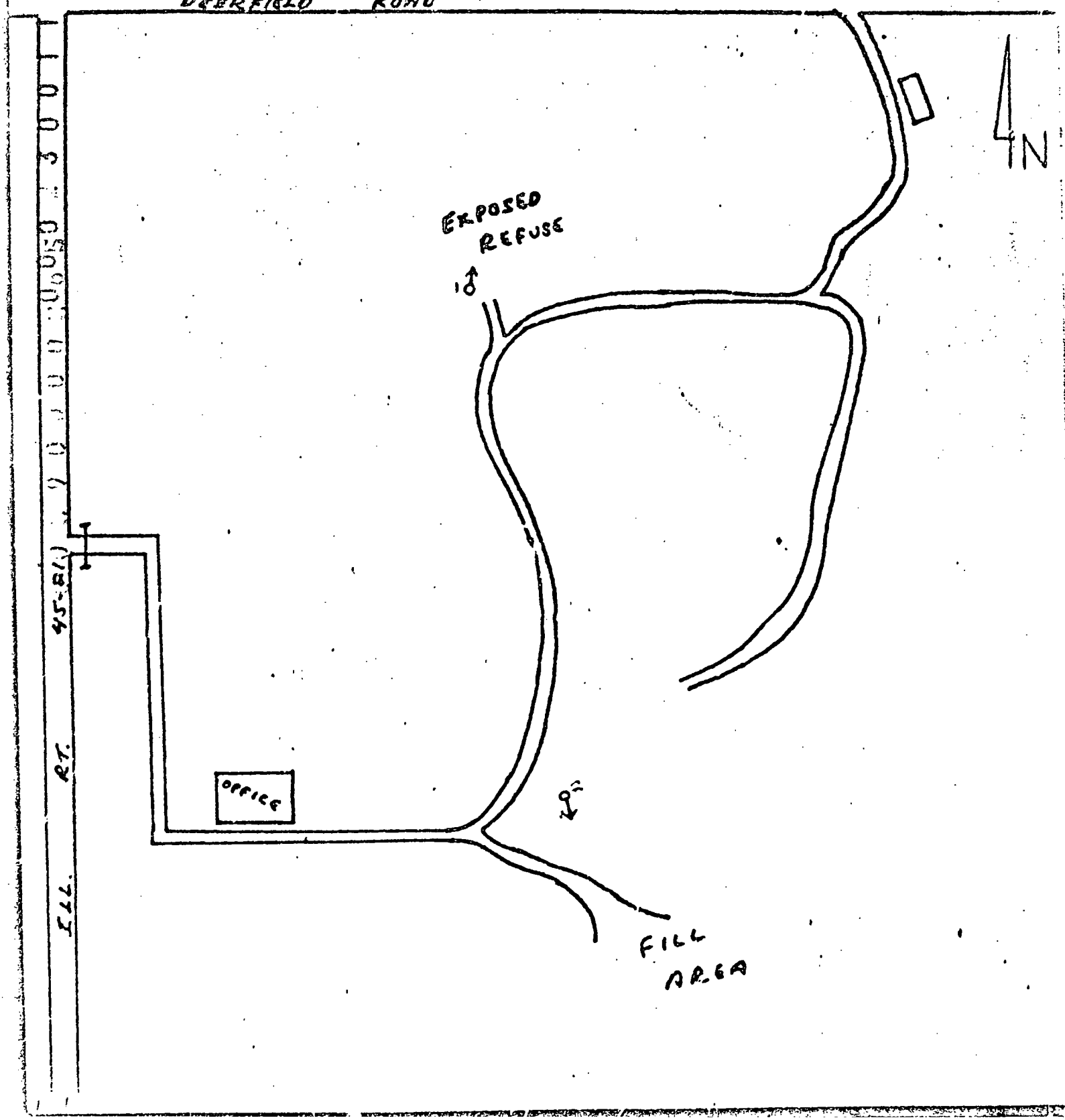
Signature of operator does not necessarily imply agreement with the above noted observations.

MORE DAILY COVER NEEDED AT NORTH END AND SOUTH END NEAR FILL AREA.

Signature David Zellerling. W. M.
Owner/Operator

COOK
LAKE COUNTY - IPC

DATE: 1-21-74

WHEELING / LANDFILL ENGINEERING

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