X

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION	SITE NUMBER (to be assigned by Hq)
V	IL0000010082

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: Motor Oils Refining Company

B. STREET *(or other identifier)*:

C. CITY: Mc Cook

D. STATE: Ill.

E. ZIP CODE:

F. COUNTY NAME:

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: rerefining of motor oils

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

K. DATE IDENTIFIED *(mo., day, & yr.)*:

L. PRINCIPAL STATE CONTACT
1. NAME:
2. TELEPHONE NUMBER:

II. PRELIMINARY ASSESSMENT *(complete this section last)*

EPA Region 5 Records Ctr.
392245

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)*

C. PREPARER INFORMATION
1. NAME: Gregg Wrisley
2. TELEPHONE NUMBER: —
3. DATE *(mo., day, & yr.)*: 9/9/80

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)*: operations buildings

Continued From Front

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	X	1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		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
				X	7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (*specify*):
					9. OTHER (*specify*):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED only rerefining of oils takes place at this site - no on site disposal. All wastes hauled off site

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	AMOUNT 7	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	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	(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)*.

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				
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				
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
- [x] 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

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.

EPA

POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION	SITE NUMBER
V	IL0000010087

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	
Motor Oils Refining Company		
C. CITY	**D. STATE**	**E. ZIP CODE**
McCook	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. 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

No apparent RCRA problem. State plans routine surveillance of site. No on-site disposal of wastes

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.*)
G. Wrisley	—	9/9/80

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	$	

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 IDENTIFICATION

REGION	SITE NUMBER
5	IL 0000[illegible]

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)		
Motor Oil Refining	47th Street		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
McCook	Illinois		

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 2070-8 (5-80)