D. 2. 3/26/80

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: Hinsdale / Sexton Landfill

B. STREET *(or other identifier)*: 31st Street

C. CITY: Hinsdale

D. STATE: Illinois

E. ZIP CODE:

F. COUNTY NAME: Cook

G. OWNER/OPERATOR *(if known)*
1. NAME: John Sexton Contractors
William Jackson, general superintendant
2. TELEPHONE NUMBER: (312) 654-1280

H. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION: closed landfill - handled special wastes and municipal-type waste

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

K. DATE IDENTIFIED *(mo., day, & yr.)*: 10-15-79

L. PRINCIPAL STATE CONTACT
1. NAME: Bill Child
2. TELEPHONE NUMBER: (217) 782-6760

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

A. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☒ 5. UNKNOWN

US EPA RECORDS CENTER REGION 5
486831

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: SKSwanson
2. TELEPHONE NUMBER: 312 353 2114
3. DATE *(mo., day, & yr.)*: 3-26-80

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)*: not known

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)*: office

Continue On Reverse

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITIES

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	X	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
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

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 4940	AMOUNT 110,000	AMOUNT	AMOUNT 120,000	AMOUNT 540	AMOUNT 600,000 / unknown
UNIT OF MEASURE yd 3	UNIT OF MEASURE gal	UNIT OF MEASURE gal	UNIT OF MEASURE gal	UNIT OF MEASURE yd 3	UNIT OF MEASURE gal / yd 3
'X' (1) PAINT, PIGMENTS	'X' (1) OILY WASTES	'X' (1) HALOGENATED SOLVENTS	'X' (1) ACIDS	'X' (1) FLYASH	'X' (1) LABORATORY PHARMACEUT.
X (2) METALS SLUDGES	X (2) OTHER (specify): food processing wastes containing oils	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
X (3) POTW		(3) OTHER (specify):	X (3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	X (4) MUNICIPAL
X (5) OTHER (specify): oil recovery waste sludge			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	X (5) OTHER (specify): fuller's earth
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

 Continue On Page 3

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.
more detailed historical records of special waste disposal prior to 1979 not available at time of this assessment.

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	X	X	4-17-79	ponding reported
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS	X	X	5-22-78	additional gas burners installed
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*):				

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- [ ] 1. NPDES PERMIT
- [ ] 2. SPCC PLAN
- [X] 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

- [ ] 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
monthly up until 12-79			

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.

ILD002606467

02
9/14/80

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

EPA

REGION	SITE NUMBER (to be assigned by Hq)
V	IL0000 10100

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: Sexton, John

B. STREET *(or other identifier)*:

C. CITY: Westchester (Hinsdale)

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
Appears to be a landfill, may have lagoons

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)*

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.)*: 9/12/80

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)*:

Continue On Reverse

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		1. FILTRATION	X	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
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (*specify*):
					9. OTHER (*specify*):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED Site has been operating since 1958. Supplemental Permits have been issued to accept a moderate amount of special waste at this site. Water monitor analysis are submitted to the agency quarterly. Site presently accepting demolition debris only

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	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*)		

 Continue On Page 3

Remedial I-D + PA D.V 8/8/80

ecology and environment, inc.
223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415

International Specialists in the Environmental Sciences

DATE: August 8, 1980

TO: Rene Van Someren, AFITL

FROM: April Richards

RE: Illinois/TDD F5-8007-3
Ad Hoc Sites/Sexton

Upon reviewing the Hinsdale/Sexton Landfill, the seriousness of the problem is "low" due to the following:

1) The IEPA makes monthly to bi-monthly inspections of the site.

2) Groundwater samples are taken regularly from the monitoring wells.

3) Special Waste Permits for liquid wastes have been approved by the IEPA who continually monitor acceptance and disposal of these wastes.

In light of the above no further action is required.

AR/df

recycled paper

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: Hinsdale / Sexton Landfill

B. STREET *(or other identifier)*: 31st and I-294

C. CITY: Hinsdale

D. STATE: Ill.

E. ZIP CODE: 61237

F. COUNTY NAME: COOK

G. OWNER/OPERATOR *(if known)*
1. NAME: John Sexton, 900 Jorie Rd. Oak Brook, IL
2. TELEPHONE NUMBER: 654-1280

H. TYPE OF OWNERSHIP
- [ ] 1. FEDERAL
- [ ] 2. STATE
- [ ] 3. COUNTY
- [ ] 4. MUNICIPAL
- [x] 5. PRIVATE
- [ ] 6. UNKNOWN

I. SITE DESCRIPTION: Sanitary Landfill, Sec. 30 T. 39N R12E R11E

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

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

L. PRINCIPAL STATE CONTACT
1. NAME: Ken Beechly
2. TELEPHONE NUMBER: 312/897-1132

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

A. APPARENT SERIOUSNESS OF PROBLEM
- [ ] 1. HIGH
- [ ] 2. MEDIUM
- [x] 3. LOW
- [ ] 4. NONE
- [ ] 5. UNKNOWN

B. RECOMMENDATION
- [x] 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: April Richards
2. TELEPHONE NUMBER: 663-9415
3. DATE *(mo., day, & yr.)*: 8/8/80

III. SITE INFORMATION

A. SITE STATUS
- [x] 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?
- [x] 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
- [x] 2. YES *(specify)*: Office

Continue On Reverse

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		1. FILTRATION	X	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
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER *(specify)*:
					9. OTHER *(specify)*:		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

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.

Yes, IEPA permit applications

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	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.
X (2) METALS SLUDGES	(2) OTHER *(specify)*:	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	X (2) ASBESTOS	(2) HOSPITAL
X (3) POTW		(3) OTHER *(specify)*:	X (3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	X (4) MUNICIPAL
X (5) OTHER *(specify)*:			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER *(specify)*:
Oily sludges			(6) CYANIDE	(6) OTHER *(specify)*:	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			X (10) METALS		
			(11) OTHER *(specify)*		

 Continue On Page 3

Continued From Page 2

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.

Site permitted to accept "special waste"

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			Groundwater monitoring done'y by I-EPA
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS		X		
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
- [x] 3. STATE PERMIT *(specify)*: 63145201 operating supplemental permit to accept special wastes applied for
- [ ] 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
- [x] 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
interview	12-79	I-EPA	observed exposed refuse inadequate cover
interview	3-80	I-EPA	observed adequate cover on portion of exposed area
interview	5-80	I-EPA	observed inadequate cover

X. REMEDIAL 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
Sample	1-78	I-EPA	bailing from groundwater monitor well
sample	4-78	I-EPA	" " "
sample	6-78	I-EPA	" " "

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.

* sample 6-79 I-EPA " " "