02
12/5/79

CC

EPA POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION | 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: VAYDIK, INC. OR AMERICAN WASTE HAULER

B. STREET (or other identifier): 2010 W. MADISON ST.

C. CITY: MAYWOOD

D. STATE: ILL

E. ZIP CODE: 60153

F. COUNTY NAME: COOK

G. OWNER/OPERATOR (if known)

1. NAME: BILL BAYDIK

2. TELEPHONE NUMBER: (312) 681-3999 (WORK) [redacted]

H. TYPE OF OWNERSHIP

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

I. SITE DESCRIPTION

TEMPORARY WASTE STORAGE FACILITY AND TRANSFER THE WASTE TO LICENSED WASTE DISPOSAL SITE.

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

MAYWOOD FIRE DEPARTMENT.

K. DATE IDENTIFIED (mo., day, & yr.): 9-10-79

L. PRINCIPAL STATE CONTACT

1. NAME: Mr. KEN BECHELY

2. TELEPHONE NUMBER: (312) 897-1132

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: [signature]

2. TELEPHONE NUMBER: (312) 886-6143

3. DATE (mo., day, & yr.): 12-5-79

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): LESS THE 1 ACRE.

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.

EPA Region 5 Records Ctr.
288984

T2070-2 (10-79)

Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVI

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
X	4. TRUCK	X	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)		

F. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

RECIEVED WASTE AS BULK OR DRUMS AND TRANSFER THEM TO PROPER DISPOSAL SITE.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

[ ] 1 UNKNOWN [X] 2 LIQUID [X] 3 SOLID [X] 4 SLUDGE [ ] 5 GAS

B. WASTE CHARACTERISTICS

[X] 1 UNKNOWN [ ] 2 CORROSIVE [ ] 3. IGNITABLE [ ] 4 RADIOACTIVE [ ] 5 HIGHLY VOLATILE
[X] 6 TOXIC [ ] 7 REACTIVE [ ] 8 INERT [X] 9 FLAMMABLE

10 OTHER (specify) _____

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

WASTE OIL AND PAINT SLUDGE TYPE WASTE.

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: 2,000	AMOUNT: UNKNOWN	AMOUNT:	AMOUNT:	AMOUNT: UNKNOWN	AMOUNT:
UNIT OF MEASURE: GAL	UNIT OF MEASURE: GAL.	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. FOUNDRY	X 1. LABORATORY PHARMACEUT.
2. METALS SLUDGES	X (2) OTHER (specify)	(2) NON-HALOGNTD SOLVENTS	(2) PICKLING LIQUORS	2. ASBESTOS	2. HOSPITAL
3. LIME	TOTAL STORAG CAPACITY IS Approx. 24,000 GALLON.	(3) OTHER (specify)	(3) CAUSTICS	3. MELTING/ MOLD TAILINGS	3. RADIOACTIVE
4. ALUMINUM SLUDGE			(4) PESTICIDES	4. FOUNDRY SPECIAL WASTES	4. MUNICIPAL
5. OTHER (specify)			(5) DYES/INKS	5. TOTAL FOUNDRY SPECIAL WASTES	5. OTHER (specify)
			(6) CYANIDE	X 6. OTHER (specify) DRUMS.	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify)		

Continue On Page 3

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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).

FLAMMABLE WASTES.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

THE COMPANY APPLIED FOR A PERMIT TO STORE THE WASTE TO IEPA. THE PERMIT APPLICATION IS STILL PENDING.

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			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION	X			
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) HAULING PERMIT STORAG PERMIT PENDING.
- [ ] 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
- [x] 2 NO
- [x] 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
[ ] 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
SPECIAL INSPECTION	10/30/79	STATE	
SPECIAL INSPECTION	9/11/79	USEPA	(S&A)

X. REMEDIAL ACTIVITY (past or on-going)

X 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	ILD000000120

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	
VAYDIK, INC.	2010 W. MADISON ST	
C. CITY	D. STATE	E. ZIP CODE
MAYWOOD	ILL	60153

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

THE SITE IS USED ONLY AS A TEMPORARY WASTE STORAGE AND TRANSFER FACILITY. NO DISPOSAL ACTIVITY ON-SITE. THE COMPANY HAS APPLIED FOR A PERMIT TO STORE ~~THE~~ WASTES TO IEPA. THE PERMIT APPLICATION IS STILL PENDING AS OF THIS DATE. HOWEVER, THEY ARE ALSO A LICENSED HAULER.

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.)
HAK K CHO	(312) 886-6143	3/3/80

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)*		$

«LICENSED 'VASTE HAULER!» LET

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

SUBJECT: Vaydik Inc. NEW DATE: Sept 11, 1979

FROM: A. Rutter

TO: File

On Sept 10, 1979 I received notification from LT Miller of the Maywood Fire Dept of a hazardous situation at Vaydik Inc an industrial waste hauler licensed by the state of Illinois, EPA# 0059/003. I visited the facility on Sept 11, 1979 and I found 38-55gal open drums of paint waste, 55gal drums of various solvents including methylketone, Methanol and acetone. Also found were 4-6000g tanks one of which contained waste oil and an old truck used for waste oil storage - none of which were diked.

EPA Form 1320-6 (Rev. 6-72)

over

The company was cited up for an SPCC violation. The Maywood Fire Dept became involved when some of the solvents were spilled. Evidence suggested small spills of waste oil & other liquids had occurred.

UNITED STATE ENVIRONMENTAL PROTECTION AGENCY
SPILL PREVENTION CONTROL AND COUNTERMEASURE
PLAN VERIFICATION ☐ or NOTICE OF VIOLATION ☒

File No. _____

A. INFORMATION RELATED TO OWNER/OPERATOR:

1. Name Vaydik Inc.
2. Address 2010 W. MADISON ST MAYWOOD IL 60153
3. Company Official Bill Vaydik Office Telephone 312 681 3999 [redacted]
4. Type business organization WASTE HAULER
5. Registered Agent (if Known) —

B. INFORMATION RELATED TO FACILITY:

1. Name SAME
2. Address
3. Person in Charge _____ Telephone _____
4. Facility manned 8 hrs/day: Yes ☒ No ☐
5. Facility Oil storage areas have secondary containment: Yes ☐ No ☒
6. Brief description of facility: WASTE

Company claims oil spill from this facility could not reasonably be expected to reach surface waters because of: N/A

C. INFORMATION RELATED TO SPCC PLAN:

1. What kind of oil (s) stored at facility? WASTE OIL, PAINT WASTE
2. What is total storage capacity of facility?
   a. Above ground storage 24,000 gallons. + 38-55gal open drums of paint wa
   b. Buried, underground storage — gallons.
3. Would spill be expected to reach water course? Yes ☒ No ☐
   Distance from tankage to nearest flowing water 200 ft ~~meters~~.
4. Name of nearest surface waters: City Sewer
5. SPCC Plan available during regular working hours? Yes ☐ No ☒
   But plan at nearest Field Office? Yes ☐ No ☒
   State spill plan only: ☐
   Claims plan developed, but location unknown ☐

6. Who did you ask [illegible] Plan? Name: Bill Vaydik
Title: OWNER
Date: 9:20 AM Time 9-11-79

7. Plan certified by Licensed Engineer? Yes ☐ No ☐ N/A

Name: _____ State Registration No. _____

8. Owner reviewed plan on N/A

Has not reviewed plan by 1/10/78. ☐

9. Facility has certified contingency type plan with a commitment of manpower & equipment on site? Yes ☐ No ☒ Explain _____

10. Extension on file: Yes ☐ No ☒ Unknown ☐

Date: _____

11. Plan properly implemented: Yes ☐ No ☐ N/A

If No, list nonimplemented items: _____

D. OIL SPILL HISTORY:

1. Prior spill over 1,000 gallons within year: Yes ☐ No ☒

2. Two (2) minor spills within year: Yes ☐ No ☒

Case No.'s. (if appropriate): _____

3. Extensive spill history (attach list): Yes ☐ No ☒

4. SPCC Plan verification as result of spill: Yes ☐ No ☒

Case No.: _____

E. RESPONSIBLE OFFICIAL NOTIFIED OF 40 CFR 112.4 requirements: Yes ☒ No ☐

RESPONSIBLE OFFICIAL NOTIFIED OF 40 CFR 112.5 requirements: Yes ☒ No ☐

Name: Bill Vaydik

Title: OWNER Date 9-11-79

SUMMARY OF SPCC PLAN VIOLATION (s):

☒ Not developed.
☐ Not certified.
☐ Not implemented.
☐ Not available.
☐ Not reviewed.

Anthony Potter 9-11-79
(Investigator) Date
DISTRICT OFFICE Central