IL-0147-04

ECOLOGY AND ENVIRONMENT, INC.

FIELD INVESTIGATION TEAM

SITE SAFETY PLAN

US EPA RECORDS CENTER REGION 5
492797
932461

A. GENERAL INFORMATION

SITE: Manufacturer's Brass + Aluminum Foundry Co. TDD NO: R5-8303-13

3450 W. 127th Street WSTS NO: ILD000666255

LOCATION: Blue Island IL 05-IL-0147

PLAN PREPARED BY: D. Cozza DATE: 12-14-83

APPROVED BY: John Angelo DATE: 12-20-83

OBJECTIVE (including description of work to be performed):

Perform Site inspection which may include sampling of soils, groundwater and/or surface water

Sampling of Stoney Creek may occur during this site inspection

PROPOSED DATE OF INVESTIGATION: Feb 1, 1984

BACKGROUND REVIEW: Complete: _____ Preliminary: ✓

DOCUMENTATION SUMMARY: OVERALL HAZARD: Serious: _____ Moderate: _____

Low: ✓ Unknown: _____

B. SITE/WASTE CHARACTERISTICS

WASTE TYPE(S): Liquid _____ Solid X Sludge _____ Gas _____

CHARACTERISTIC(S): Corrosive _____ Ignitable _____ Radioactive _____

Volatile _____ Toxic _____ Reactive _____ Unknown X Other (Name) PERSISTANT

FACILITY DESCRIPTION: facility is 35,000 square feet and produces approximately 2400 cubic feet of non-ferrous foundry per year. The site is cleaned up at least once a year

Principal Disposal Method (type and location):

Piles

Unusual Features (dike intergrity, power lines, terrain, etc.): Stoney Creek runs behind the facility

Status: (active, inactive, unknown)

Active 1950 to present

2/83

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FIELD INVESTIGATION TEAM

SITE SAFETY PLAN

A. GENERAL INFORMATION

SITE: Manufacturer's Brass + Aluminum Foundry Co. 3450 W. 127th Street

TDD NO: R5-8303-1B

WSTS NO: ILD006666255

LOCATION: Blue Island IL

05-IL-0147

PLAN PREPARED BY: D. Cozza

DATE: 12-19-83

APPROVED BY: John Angelo

DATE: 12-20-83

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BACKGROUND REVIEW: Complete: ____ Preliminary: X

DOCUMENTATION SUMMARY: OVERALL HAZARD: Serious: ____ Moderate: ____

Low: X Unknown: ____

B. SITE/WASTE CHARACTERISTICS

WASTE TYPE(S): Liquid ____ Solid X Sludge ____ Gas ____

CHARACTERISTIC(S): Corrosive ____ Ignitable ____ Radioactive ____

Volatile ____ Toxic ____ Reactive ____ Unknown X Other (Name) PERSISTENT

FACILITY DESCRIPTION: facility is 35,000 square feet and produces approximately 2400 cubic feet of non-ferrous foundry per year. The site is cleaned up at least once a year

Principal Disposal Method (type and location):

Piles

Unusual Features (dike intergrity, power lines, terrain, etc.): Stoney Creek runs behind the facility

Status: (active, inactive, unknown)

Active 1950 to present

2/83

History: (Worker or non-worker injury; complaints from public; previous agency action): NONE

IEPA will accompany us on this site inspection

C. HAZARD EVALUATION

(Use Hazard Evaluation of Chemicals sheets for specific or representative chemicals present.):

2,400 cubic feet of non-ferrous foundry is produced per year. The material is dumped behind the facility and is reportedly cleaned up at least once a year.

According to a recent 155 inspection by IEPA - All waste is either reclaimed or shipped out to other reclaimers

D. SITE SAFETY WORK PLAN

PERIMETER ESTABLISHMENT: Map/Sketch Attached Yes Site Secured? No

Perimeter Identified? Yes Zone(s) of Contamination Identified? No

PERSONAL PROTECTION

Level of Protection: A ___ B ___ C X D X

Modifications: Level C may be used if HNU reveals organic vapor concentrations above background (1-5ppm) Level C will be Ultratwin with GMC-H filters

Surveillance Equipment and Materials: Above 5ppm we will leave the site - 11.7eV - HNU for site characterization, CN meter, Rad min, dosimeter coveralls, steel toed boots, 5 buckle boots - butyl rubber gloves will be worn if sampling is conducted safety glasses will also be worn, splash protection

BE COGNIZANT OF DUSTING AND WIND CHILL TEMPERATURE

DECONTAMINATION PROCEDURES:

A wash and rinse for boots will be provided. If sampling is conducted, glove and equipment wash will be needed.

Special Equipment, Facilities, or Procedures:

wash tub and materials - trash bags, detergent, 5 gal water container

SITE ENTRY PROCEDURES: in Accordance with facility personnel and safety monitoring Equipment

Team Member	Responsibility
Dan Cozza	Team Leader
~~Don Sewell~~ Glena Cekus	Team member - Site Safety Officer
~~Fran A~~	

WORK LIMITATIONS (Time of day, etc.):

daylight hours only
Be aware of weather extremes

INVESTIGATION-DERIVED MATERIAL DISPOSAL:

May be disposed of in on-site location after the disposables are double bagged and labeled

...ion of Hazardous Wa... ite — Side Two

..., Quantity:

...e an X in the appropriate boxes to ...cate the facility types found at the site.

...n the "total facility waste amount" space ...ive the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☒ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet 2,400 / YEAR

gallons

Total Facility Area

square feet 35,000 S

acres

G Known, Suspected or Likely Releases to the Environment:

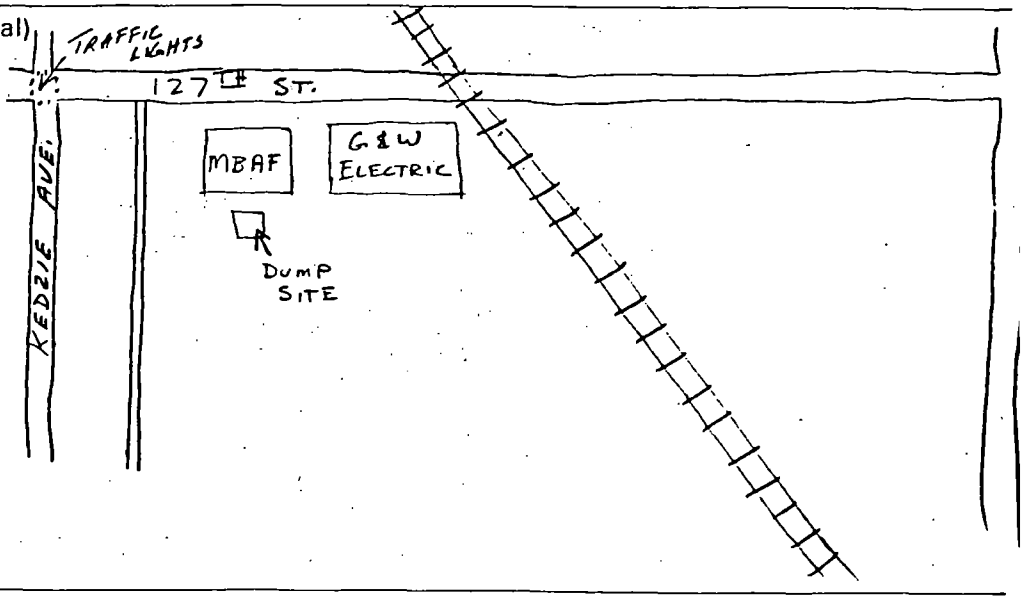
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☒ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.



I ...n of Site: (Optional)

Des... ...e history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

THIS SITE IS CLEANED UP AT LEAST ONCE EACH YEAR.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name GEARY SMITH

Street 3450 W. 127TH ST.

City BLUE ISLAND State ILL Zip Code 60406

Signature Geary Smith Date 6/1/81

☐ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☒ Other

E. EMERGENCY INFORMATION

LOCAL RESOURCES

Ambulance 385-1313

Hospital Emergency Room St Francis 597-2000

Poison Control Center 1-800-942-5969

Police Department Blue Island 385-1313

Fire Department Blue Island 385-1313

Airport N/A

Explosives Unit N/A

EPA Contact ~~Tom Stole~~ Cliff Gould Maywood IEPA 345-9780

SITE RESOURCES

Water Supply Supply own - 5gal container

Telephone 388-6363

Radio NONE

Other

EMERGENCY CONTACTS

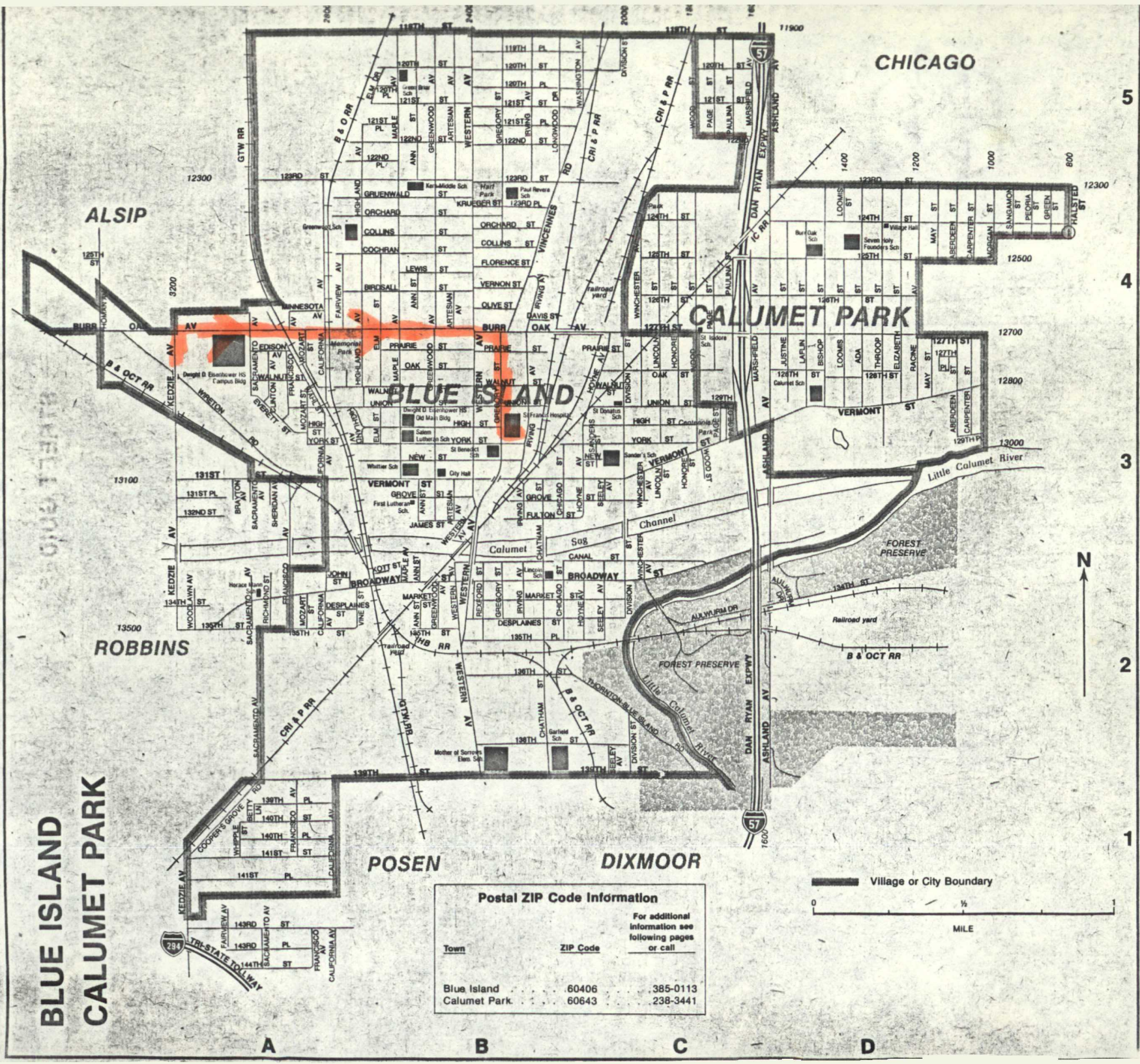
1. Dr. Raymond Harbison (Univ. of Arkansas).... (501) 661-5756 or (501) 661-5757
   MED-TOX..... (501) 370-8263 (24 Hours)
2. Regional Safety Coodinator - John Angelo ... (312) 882-7302
3. FIT Leader - Joseph Petrilli..... (312) 663-9415 NON-RESPONSIVE [redacted]
4. FIT Office..... (312) 663-9415
5. E & E 24 Hour Call Line..... (716) 882-2804
   (24 Hours; Call Forwarding)
6. Regional Health Maintenance Program Contact. PMI - (312) 832-8820
   8:00 a.m. - 5:00 p.m.
7. E & E Emergency Paging System..... (716) 882-2804
8. 24 Hour Hot Line for Corporate Response Team (716) 631-9531
9. Dave Dahlstrom..... (716) 741-2384

F. EMERGENCY ROUTES

(Give road or other directions; attach map)

Hospital: St Francis Hosp. 12935 S. Gregory, Blue Island. From site 127th St (Burr Oak Ave) east to Gregory St south to hospital.

BLUE ISLAND
CALUMET PARK



Postal ZIP Code Information

Town	ZIP Code	For additional information see following pages or call
Blue Island	60406	385-0113
Calumet Park	60643	238-3441

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