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POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER 000000060

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.

SITE NAME AND STREET ADDRESS *(or other identifier)*

Collis Corporation, 2005 South 19th Street

IAD 047 303 771

Chamberlain Mfg Co.

CITY	STATE	ZIP CODE
Clinton	Iowa	52732

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

Plating and munufacturing operation. Metal plating waste sludge with physical/chemical treatment. Sludge disposal site unknown.

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL *(EPA, State, Contractor, Other)*	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG *(mo,day,yr)*
1. IDENTIFICATION OF POTENTIAL PROBLEM	10/77	EPA	Steve Busch	10/79
2. PRELIMINARY ASSESSMENT	10/79	"	"	"
APPARENT SERIOUSNESS OF PROBLEM:	☐ HIGH	☐ MEDIUM	☐ LOW ☐ NONE	■ UNKNOWN
3. SITE INSPECTION				
EPA TENTATIVE DISPOSITION *(check appropriate item(s) below)*				
☐ a. NO ACTION NEEDED				
☐ b. INVESTIGATIVE ACTION NEEDED				
☐ c. REMEDIAL ACTION NEEDED				
☐ d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION *(check appropriate item(s) below)*				
☐ a. NO ACTION NEEDED				
☐ b. REMEDIAL ACTION NEEDED				
☐ c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
☐ d. ENFORCEMENT ACTION NEEDED				
☐ (1) CASE DEVELOPMENT PLAN PREPARED				
☐ (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
STRATEGY COMPLETED				

R00312905
RCRA RECORDS CENTER

RECEIVED
AUG 12 10 54 AM '80
DEPARTMENT ENVIRONMENTAL QUALITY

EPA Form T2070-1 (R.12-79) PREVIOUS EDITION MAY BE USED

FR

U. S. ENVIRONMENTAL PROTECTION AGENCY

REGION VII

POTENTIAL HAZARDOUS WASTE SITE

IDENTIFICATION AND PRELIMINARY ASSESSMENT

This form is completed for each potential hazardous waste site to help set priorities for site inspections. 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.

SITE IDENTIFICATION

Site number (to be assigned by Headquarters): 00000000 60

Site Name: Collis Corp.

Street (or other identifier): 2005 South 19th St.

City, State, Zip: Clinton, Iowa 52732

County Name: Clinton

Owner/Operator (if known): Robert Bell, Division V. Pres. Telephone

/__/ Federal /__/ State /__/ County
/__/ Municipal /X/ Private /__/ Unknown

Site Description: Plating, Manufacturing Operation

How Identified (i.e. Citizen's complaints, OSHA Citations, etc.): NPDES inspection

Date Identified: 11/10/77

Principal State Contact: Ron Kolpa Telephone: 515/281-8925

Fill in pages 2-5 of this form as completely as possible. Then indicate the preliminary assessment in the boxes below:

PRELIMINARY ASSESSMENT

Apparent Seriousness of Problem /__/ High /__/ Medium /__/ Low /__/ None /X/ Unk

/_/ No action needed - no hazard

/_/ Immediate site inspection needed — Tentatively Scheduled for _____ Will be performed by _____

/_/ Site inspection needed — Tentatively Scheduled for _____ Will be performed by _____

/X/ Site inspection needed - low priority

File this form in the Regional Hazardous Waste Log File and submit a copy to:

Site Tracking System
Hazardous Waste Enforcement Task Force
U. S. Environmental Protection Agency
401 M Street SW (EN335)
Washington, D. C. 20460

Prepared by: Stephen Busch

Telephone: 816-374-3307 FTS 758-3307

Date: 11/6/79

SITE INFORMATION

/X/ ACTIVE — Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.

/_/ INACTIVE — Those sites which no longer receive wastes.

/_/ OTHER — Specify: _____
Those sites resulting from incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.

GENERATOR ON SITE No /X/ Yes /_/ If yes, specify generator's SIC Code /_/_/_/_

Area of Site _____ Acres

If apparent seriousness of site is high, specify coordinates
Latitude/_/_/_ /_/_/_ /_/_/_ (deg min sec) Longitude/_/_/_/ /_/_ (deg min)

Are there buildings on the site No /_/ Yes /_/ If yes, specify_____

CHARACTERIZATION OF SITE ACTIVITY

Check off the appropriate activities below:

/_/ TRANSPORTER	/_/ STORER	/X/ TREATOR	/X/ DISPOSER
/_/ Rail	/_/ Pile	/_/ Filtration	/X/ Landfill
/_/ Ship	/_/ Surface Impoundment	/_/ Incineration	/_/ Landfarm
/_/ Barge	/_/ Drums	/_/ Volume Reduct	/_/ Open Dump
/_/ Truck	/_/ Tank, Above Ground	/_/ Recycling/ Recovery	/_/ Surface Impoundment
/_/ Pipeline	/_/ Tank, Below Ground	/X/ Chem/Phys Treatment	/_/ Midnight Dumping
/_/ Other _____	/_/ Other _____	/_/ Biological Treatment	/_/ Incineration
		/_/ Waste Oil Reprocessing	/_/ Underground Injection
		/_/ Solvent Recovery	
		/_/ Other	/_/ Other

Specify details of site activities as needed:

Metal Plating Waste Sludge, phys/chem treatment.
Sludge disposal site unknown

WASTE RELATED INFORMATION

WASTE TYPE:

/__/ UNKNOWN /__/ LIQUID /✓/ SOLID /✓/ SLUDGE /__/ GAS

WASTE CHARACTERISTICS:

/✓/ UNKNOWN /__/ CORROSIVE /__/ IGNITABLE /__/ RADIOACTIVE /__/ HIGHLY

/__/ TOXIC /__/ REACTIVE /__/ INERT /__/ FLAMMABL

/__/ OTHER SPECIFY _____

WASTE CATEGORIES:

Are records of wastes available? Specify items such as manifests, inventories, etc:

unknown

Estimated amount of waste by category:

SLUDGE	OIL	SOLVENTS	CHEMICALS	SOLIDS	OTHER
Unknown					
amt & unit	amt & unit	amt & unit	amt & unit	amt & unit	amt & unit
/__/ Paint, Pigments	/__/ Oily Wastes	/__/ Halogenated Solvents	/__/ Acids	/__/ Flyash	/__/ Lab,Ph
/✓/ Metals Sludges	/__/ Other _____	/__/ Non-halogntd Solvents	/__/ Pickling Liquors	/__/ Asbestos	/__/ Hospit
/__/ POTW		/__/ Other _____	/__/ Caustics	/__/ Milling	/__/ Radioa
/__/ Alum Sldg			/__/ Pesticides	/__/ Mine Tailngs	/__/ Munici
/__/ Other _____			/__/ Dyes/Inks	/__/ Ferrous	/__/ Other Specif
			/__/ Cyanides	/__/ Non-ferr	
			/__/ Phenols	/__/ Other _____	
			/__/ Halogens		
			/__/ PCB		
			/__/ Metal Solvents		
			/__/ Other _____		

LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE: (Place in descending order of

Cr sludge

WASTE RELATED INFORMATION (continued)

Additional comments or narrative description of situation known or reported to exist at the site

_____

_____

_____

HAZARD DESCRIPTION	POTENTIAL HAZARD Check Off	ALLEGED INCIDENT Check Off	DATE OF INCIDENT month/day/yr	REMARKS
No hazard	/__/			
Human Health	/__/	/__/	_____	_____
Non-worker Injury/Exposure	/__/	/__/	_____	_____
Worker Injury	/__/	/__/	_____	_____
Contamination of Water Supply	/__/	/__/	_____	_____
Contamination of Food Chain	/__/	/__/	_____	_____
Contamination of Ground Water	/__/	/__/	_____	_____
Contamination of Surface Water	/__/	/__/	_____	_____
Damage to Flora/Fauna	/__/	/__/	_____	_____
Fish Kill	/__/	/__/	_____	_____
Contamination of Air	/__/	/__/	_____	_____
Noticeable Odors	/__/	/__/	_____	_____
Contamination of Soil	/__/	/__/	_____	_____
Property Damage	/__/	/__/	_____	_____
Fire or Explosion	/__/	/__/	_____	_____
Spills/Leaking Containers/Runoff/ Standing Liquids	/__/	/__/	_____	_____
Sewer, Storm Drain Problems	/__/	/__/	_____	_____
Erosion Problems	/__/	/__/	_____	_____
Inadequate Security	/__/	/__/	_____	_____
Incompatible Wastes	/__/	/__/	_____	_____
Midnight Dumping	/__/	/__/	_____	_____
Other - Specify unknown	/✓/	/__/	_____	_____

ACTIONS TAKEN OR PLANNED

PERMIT INFORMATION

List all Applicable Permits held by the site:

/✓/ NPDES Permit /__/ SPCC Plan /__/ State Permit - Specify_____

/__/ Air Permits /__/ Local Permit /__/ RCRA Transporter

/__/ RCRA Storer /__/ RCRA Treator /__/ RCRA Disposer

/__/ Other - Specify_____

In Compliance /__/ Yes /__/ No /✓/ Unknown with respect to _____
Regulation Name/Number

PAST REGULATORY ACTIONS

/✓/ None

/__/ Yes If yes, summarize:_____

INSPECTION ACTIVITY (Past or on-going)

	Date of Past Action	Performed by (EPA/State)	Describe:
/__/ None			
/✓/ Yes - Specify:			
NPDES Inspection	11/10/77	EPA	Solid Waste disposal site withdrew app

REMEDIAL ACTIVITY (Past or on-going)

/✓/ None

/__/ Yes - Specify:

Based on the information on pages 2 through 5, fill out the Preliminary Assessment information on the first page of this form.

U. S. ENVIRONMENTAL PROTECTION AGENCY

REGION VII

POTENTIAL HAZARDOUS WASTE SITE

SITE INSPECTION REPORT

SITE IDENTIFICATION

Site number _____
(obtain from Headquarters)

Site Name Collis Corp.

Street (or other) identifier) 2005 South 19th Street

City, State, Zip Clinton IA 52732

County Name Clinton

Operator of Site Robert Bell, Division V. Pres. _____ Telephone

Street Collis Corp - 2005 S. 19th St.

City, State, Zip Clinton IA 52732

Owner of Realty _____ _____ Telephone
(if different from operator of site)

City, State, Zip _____

Site Description _____

Ownership /__/ Federal /__/ State /__/ County
/__/ Municipal /X/ Private

Fill in pages 2 through 13 of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition.

Estimate date of Tentative Disposition _____

Apparent seriousness of problem /__/ High /__/ Medium /__/ Low /__/ None

File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate supplemental forms in the file. Submit a copy of the forms to:

Site Tracking System
Hazardous Waste Enforcement Task Force
U. S. Environmental Protection Agency
401 M Street SW (EN335)
Washington, D. C. 20460

Prepared by Stephen Busch

Telephone 816/374-3307

Date 11/6/79

INSPECTION INFORMATION

Principal Inspector _____ NPDES inspector
Title

EPA
Organization _____ Area Code and Telephone

INSPECTION PARTICIPANTS

Names			
Organization			
Telephone			

SITE REPRESENTATIVES INTERVIEWED (Corporate Officials, Workers, Residents)

Names			
Title/Telephone			
Address			
Names			
Title/Telephone			
Address			

GENERATOR INFORMATION (List sources of waste)

Names			
Telephone			
Address			
Waste Type Generated			

TRANSPORTER/HAULER INFORMATION

Names			
Telephone			
Address			
Waste Type Transported			

If waste is processed on site and also shipped to other sites, identify off-site facilities used for disposal:

Names			
Telephone			
Address			

INSPECTION INFORMATION (Continued)

Date of Inspection 11/10/77 Time of Inspection _____

Access gained by /__/ Permission /__/ Warrant
(Credentials must be shown in all cases)

Weather _____

SAMPLING INFORMATION

Check off the types of samples taken and indicate where they have been sent e.g. regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

SAMPLE TYPE	COLLECTED	REMARKS	ESTIMATE DATE THAT RESULTS WILL BE AVAILABLE
Groundwater	/__/ Yes		
Surface Water	/__/ Yes		
Waste	/__/ Yes		
Air	/__/ Yes		
Runoff	/__/ Yes		
Spill	/__/ Yes		
Soil	/__/ Yes		
Vegetation	/__/ Yes		
Other_____	/__/ Yes		

FIELD MEASUREMENTS TAKEN (E.g. radioactivity, explosivity, PH, etc.)

Type	Location of Measurements	Results

Photos Taken /__/ Ground /__/ Aerial Photos in custody of _____

Site Mapped /__/ Yes Location of Maps _____

Latitude /__/__/ /__/__/ /__/__/ Longitude /__ /__/__/ /__/__/ /__/__/
deg min sec deg min sec

SITE INFORMATION

/X/ ACTIVE — Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.

/_/ INACTIVE — Those sites which no longer receive wastes.

/_/ OTHER — Specify: _____
Those sites resulting from incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.

GENERATOR ON SITE No /X/ Yes /_/ If yes, specify generator's SIC Code /_/_/_/_/

Area of Site _____ Acres

Are there buildings on the site No /_/ Yes /_/ If yes, specify_____

CHARACTERIZATION OF SITE ACTIVITY

Check off one or more of the activities below:

/_/ TRANSPORTER	/_/ STORER	/X/ TREATOR	/X/ DISPOSER
/_/ Rail	/_/ Pile	/_/ Filtration	/X/ Landfill
/_/ Ship	/_/ Surface Impoundment	/_/ Incineration	/_/ Landfarm
/_/ Barge	/_/ Drums	/_/ Volume Reduct	/_/ Open Dump
/_/ Truck	/_/ Tank, Above Ground	/_/ Recycling/ Recovery	/_/ Surface Impoundment
/_/ Pipeline	/_/ Tank, Below Ground	/X/ Chem/Phys Treatment	/_/ Midnight Dumping
/_/ Other _____	/_/ Other _____	/_/ Biological Treatment	/_/ Incineration
		/_/ Waste Oil Reprocessing	/_/ Underground Injection
		/_/ Solvent Recovery	
		/_/ Other	/_/ Other

SUPPLEMENTAL FORMS

If the site falls within any of the categories listed below, supplemental forms must be filled out. Indicate which supplemental forms you have filled out and attached to this form:

/_/ Storage	/_/ Incineration	/_/ Landfill
/_/ Surface Impoundment	/_/ Deep Well	/_/ Chem/Bio/Phys Treatment
/_/ Landfarm	/_/ Open Dump	/_/ Transporter
/_/ Recyclor/Reclaimer		

WASTE RELATED INFORMATION

WASTE TYPE:

/__/ LIQUID /X/ SOLID /X/ SLUDGE /__/ GAS

WASTE CHARACTERISTICS:

/__/ CORROSIVE /__/ IGNITABLE /__/ RADIOACTIVE /__/ HIGHLY

/__/ TOXIC /__/ REACTIVE /__/ INERT /__/ FLAMMAB

/__/ OTHER SPECIFY _____

WASTE CATEGORIES:

Are records of wastes available? Specify items such as manifests, inventories, etc:

_____

Estimated amount of waste by category and specify details below:

SLUDGE	OIL	SOLVENTS	CHEMICALS	SOLIDS	OTHER
Unknown	_____	_____	_____	_____	_____
amt & unit	amt & unit	amt & unit	amt & unit	amt & unit	amt & unit
/__/ Paint, Pigments	/__/ Oily Wastes	/__/ Halogenated Solvents	/__/ Acids	/__/ Flyash	/__/ Lab,Ph
/X/ Metals Sludges	/__/ Other _____	/__/ Non-halogntd Solvents	/__/ Pickling Liquors	/__/ Asbestos	/__/ Hospit
/__/ POTW		/__/ Other _____	/__/ Caustics	/__/ Milling	/__/ Radioa
/__/ Alum Sldg			/__/ Pesticides	/__/ Mine Tailngs	/__/ Munici
/__/ Other _____			/__/ Dyes/Inks	/__/ Ferrous	/__/ Other Specif
			/__/ Cyanides	/__/ Non-ferr	_____
			/__/ Phenols	/__/ Other _____	_____
			/__/ Halogens		_____
			/__/ PCB		_____
			/__/ Metal Solvents		
			/__/ Other _____		

LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE: (place in descending order of

	Substance	Form (Solid, Liq,Vapor)	Toxicity (High, Med, Low,None)	CAS Number	Amount and Unit
1	Cr sludge	Semi solid			
2					
3					
4					
5					
6					
7					
8					