EPA Region 5 Records Ctr.
354693

SD 8.'85
Watts
4/2/85

EPA LPC#01900000 Gifford/Schigro

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION
01 STATE: IL | 02 SITE NUMBER: D000672592

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site): Schigro Service Co. (AKA: Farmer's Ag Service)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER: 301 S. Park
03 CITY: Gifford	04 STATE: IL; 05 ZIP CODE: 61897; 06 COUNTY: Champaign; 07 COUNTY CODE: 019; 08 CONG DIST: 15
09 COORDINATES LATITUDE: 40 18 20.0; LONGITUDE: 088 01 00.0	Paxton Quadrangle 15' (1957)

10 DIRECTIONS TO SITE (Starting from nearest public road): Located on South Park directly east of grain elevator that is on Main Street

III. RESPONSIBLE PARTIES

01 OWNER (If known): Kenneth Warner	02 STREET (Business, mailing, residential): RR #1
03 CITY: Thomasboro	04 STATE: IL; 05 ZIP CODE: 61878; 06 TELEPHONE NUMBER: (217) 643-7907
07 OPERATOR (If known and different from owner): Farmer's Ag Service	08 STREET (Business, mailing, residential): 301 S. Park
09 CITY: Gifford	10 STATE: IL; 11 ZIP CODE: 61897; 12 TELEPHONE NUMBER: (217) 568-7307

13 TYPE OF OWNERSHIP (Check one)
☒ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)
☐ A. RCRA 3001 DATE RECEIVED: / / (MONTH DAY YEAR) ☒ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 05 04 81 (MONTH DAY YEAR) ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION
☐ YES DATE / / (MONTH DAY YEAR)
☒ NO

BY (Check all that apply)
☐ A. EPA ☐ B. EPA CONTRACTOR ☐ C. STATE ☐ D. OTHER CONTRACTOR
☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: _____ (Specify)
CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one)
☒ A. ACTIVE ☐ B. INACTIVE ☐ C. UNKNOWN

03 YEARS OF OPERATION
1965 (BEGINNING YEAR) | 1985 (ENDING YEAR) ☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
No Potentially Hazardous Substances Known

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
No Potential Hazard Known

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MAR 15 1985
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V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NUMBER
Clifford L. Wheeler	IEPA DLPC/FOS	(217) 786-6892

04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Clifford L. Wheeler	IEPA	DLPC/FOS	(217) 786-6892	03 11 85 (MONTH DAY YEAR)

EPA FORM 2070-12 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D000672592

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

A SOLID
B POWDER, FINES
C SLUDGE
D OTHER None (Specify)
E SLURRY
F LIQUID
G GAS

02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)

TONS
CUBIC YARDS None
NO OF DRUMS

03 WASTE CHARACTERISTICS (Check all that apply)

A TOXIC
B CORROSIVE
C RADIOACTIVE
D PERSISTENT
None
E SOLUBLE
F INFECTIOUS
G FLAMMABLE
H IGNITABLE
I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE	NA	NA	
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

- Lou Busboom - Farmer's Ag Service, Secretary - 217/568-7307
- EPA "Notification of Hazardous Waste Site" form received 5-4-81
- Dennis McTaggart - Farmer's Ag Service, Plant Mgr. - 217/568-7307

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POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
IL	D000672592

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ B. SURFACE WATER CONTAMINATION — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ C. CONTAMINATION OF AIR — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ D. FIRE EXPLOSIVE CONDITIONS — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ E. DIRECT CONTACT — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ F. CONTAMINATION OF SOIL — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 AREA POTENTIALLY AFFECTED _____ (Acres) — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ G. DRINKING WATER CONTAMINATION — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ H. WORKER EXPOSURE INJURY — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 WORKERS POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

01 ☐ I. POPULATION EXPOSURE INJURY — 02 ☐ OBSERVED (DATE _____) — POTENTIAL — ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ — 04 NARRATIVE DESCRIPTION

None Known

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
IL	D0006 72592

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA — 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None Known

01 ☐ K. DAMAGE TO FAUNA — 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

None Known

01 ☐ L. CONTAMINATION OF FOOD CHAIN — 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None Known

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES (Spills, runoff, standing liquids, leaking drums) — 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

None Known

01 ☐ N. DAMAGE TO OFFSITE PROPERTY — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None Known

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None Known

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

None Known

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None Known

III. TOTAL POPULATION POTENTIALLY AFFECTED: 0

IV. COMMENTS

See Executive Summary

V. SOURCES OF INFORMATION (Cite specific references, e.g. state files, sample analysis, reports)

See VI under Part 2

Champaign Co. - S.F.

Resubmitted

EPA Notification of Hazardous Waste Site

FUL 12 1981

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies

MAY 4 1981

TL # 15 810501

ILS-000-001-294

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

PAUL BROWN 614 NORM ROSER

Name: VISTRON CORPORATION

Street: P.O. Box 628

City: Lima, Ohio State: OH. Zip Code: 45802

B Site Location:

Enter the common name (if known) and actual location of the site

ILD000672592

Name of Site: SANGRO SERVICE COMPANY

OR

Street: P.O. Box 357

City: GIFFORD County: CHAMPAIGN State: IL Zip Code: 61847

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): CHARLES BARRY VILVEN (MANAGER)

Phone: 1-217-568-7307

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site

STORAGE ONLY

From (Year): 1966 To (Year): 1981

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☒ Inorganics
3. ☐ Solvents
4. ☒ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

DO NOT WASTE SELL TO FARMERS FOR REMOVAL THEIR FARMING OPERATIONS FOR FIELD CROPS

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☒ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☒ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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Form Approved
OMB No. 2000-0138
EPA Form 3900-1

Notification of Hazardous Waste Site — Side Two

F Waste Quantity

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give 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) None

Total Facility Waste Amount

cubic feet _____

gallons _____

Total Facility Area

square feet _____

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 Description of Site: (Optional)

Describe the 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.

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: Barry Vickery

Street: Box 37

City: Royston State: Ga Zip Code: 30677

Signature: [signature] Date: 1/20/81

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

EXECUTIVE SUMMARY

ILD #000672592
LPC #01900000

Sohigro Service Company
301 S. Park
Gifford, Illinois 61897
Champaign County

The above facility is presently called Farmer's Ag Service and is owned by:

Kenneth Warner
Rural Route #1
Thomasboro, Illinois 61878
217/643-7907

Farmer's Ag Service is a company that sells fertilizer, agrichemicals and custom application. Any waste or excess product generated is disposed of by blending it with a similar type fertilizer product and field applying it.

A CERCLA 103c form was submitted when the company was owned by Sohigro Service Company. The form appears to have been submitted because they were confused about the difference between hazardous product and hazardous waste. There are no known hazardous wastes produced at this site. For this reason I rated the priority for inspection as None.

CW:jg

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